Women New Settlers: Groupwork in Resettlement

Psychodrama with Refugee and Immigrant Women living in
Auckland, New Zealand

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Abstract

This research set out to explore whether psychodramatic groupwork was acceptable and useful for refugee and immigrant women resettling in Auckland, New Zealand. Over eighty sessions have been run by the author and her team, for women from many ethnic backgrounds, predominantly from India, Iraq, Iran and Afghanistan.

Psychodramatic groupwork run by a multicultural team which offers therapeutic processes relevant to coping with trauma related to premigration and current events had never been offered in New Zealand.

The feminist research paradigm used incorporated qualitative methodologies and methods based on what the women brought forth in sessions. The group work which also included creative arts therapies, and contributions from the women, was acceptable and useful to many of the women, based on self-report and team observations.

Groupwork for refugee and immigrant women coping with resettlement in New Zealand has rarely been part of policy and service delivery, despite recommendations from United Nations agencies. Gender analysis of government policies is now a requirement for some government departments in New Zealand. There is no such requirement with respect to the Department of Labour which deals with refugee and immigrant women. It is also rare to find such issues addressed in relevant research from non-government sources.

A review of literature from several discourses revealed the importance of including gender-sensitive policies and practice for refugee and immigrant women in resettlement. In particular, feminist research indicated that areas of inequity and invisibility that affect women in wider contexts can have even more damaging effects for these groups of women. As women establish themselves in countries such as New Zealand, changes in legislative contexts related to more human rights for women can produce more equity but also more isolation from their ethnic communities. An ecological context model which incorporated dynamic change was evolved to reflect the many variables involved.

Key informants supported recommendations for women-only therapeutic groups amongst other services for refugees and immigrants and that such services are not overtly linked to mental health organizations..

Further research is recommended in many domains, including exploration of gendered differences at all contextual levels. Further research on groupwork with refugee women who have suffered many traumas and losses is particularly recommended. Research on the similarities for refugee and immigrant women would also contribute to the field. Such research could be concurrent with provision of well-funded groupwork services with adequate infrastructures to support the work.

Acknowledgments

I wish to acknowledge the women of the New Settler groups who were willing to participate in the groups and also to give permission to me to put my interpretation and selection of their narratives into thesis form. In sharing what is usually a private domain, they have enriched my understanding, and I hope that they will do so for others.

The next key contributions came from the team members who still work with me, and who are named and described in the thesis, where their gifts become more evident.

My supervisors were another vital element in creating this thesis. Firstly, I wish to thank Associate Professor Marilyn Waring who never failed to respond to my work in a way that challenged, honoured and extended me but never undermined me. She also encouraged me to bring spontaneity and creativity into an academic process, knowing that the ultimate goal was the far wider one of justice. Secondly, I also wish to thank Carole Adamson, who acted as co-supervisor, with a different style and area of expertise. She particularly focussed on the domain of trauma studies from a wide knowledge base. Neither supervisor ever disappeared into an ivory tower, but kept firmly grounded in the many facets of our lives, with the focus where it needed to be, on writing the thesis. I also wish to thank my clinical supervisor, Dr Mary Lane Dodd, who provided an essential component with many facets.

Without a sponsoring agency, this thesis could not have happened, so I also wish to thank Pat Gilberd, and later Mary Gray, the Directors of Home and Family Society, who saw the possibilities, shared the struggles, and encouraged the Board to sponsor the group. We hope to continue.

My partner, Megan Halbert, provided loving encouragement and lots of practical assistance, a rock of support in many ways without which the project might well have foundered. My family, right down to the grandchildren, also sustained me although they may not have even known it at times.

I wish to acknowledge a large group of friends and colleagues, both in New Zealand and overseas, who assisted me in many ways, from emotional support to the provision of relevant information. In particular, thanks to my 'study buddy' Ruth de Souza, and to Rhiannon Herrick, Maxine Rees and Tony Morrison who gave

inspiration, guidance and practical help. Liz Malcouronne gave me editing assistance with grace and competence.

There are others to whom I am grateful, such as those who funded the provision of the groups and gave assistance in many ways. There are too many to name here, but they deserve acknowledgment.

My son Daniel von Sturmer produced the graphics and patiently transformed the rough drafts into usable diagrams.

Finally I acknowledge the permission given by the Ethics Committee of Massey University to undertake this research.

Preface

If it had been possible, I would have produced a dramatic work using song, dance, visual art works and silence instead of a linear thesis. Such a piece might better convey the sense of dynamic flow with periods of rapid change, shock and confusion which can produce numbing and also strong feelings. I believe that many migrants, and particularly refugees know this process.

When does a thesis really begin? When does a person stop being a refugee? How do I write in a way that brings the stories of women immigrants and refugees alive? Should I even be doing this? What really produces healthy change? These were some of my musings as I began to write, in my sixtieth year, the year of the golden dragon in the Chinese calendar. I began in the context of the Olympic games in Sydney, and finished in the aftermath of the destruction of the World Trade Centre in New York. In that space of time, when we first met with Afghani refugee women, we struggled with the place names: a year later it seemed as if they were on everyone's tongue, and in some quarters there was much more empathy for their situation.

It has been useful to me to see the work we did in the New Settler groups, which is at the heart of this thesis, as a microcosm which reflected the wider world. I hope the more formal introduction will make it evident why there are good theoretical grounds for beginning with aspects of myself as part of that microcosm, making transparent the inevitable power I had to shape the project. My worldview, born out of my history, was an important motivator.

To convey something of that worldview, I went back to when I watched the opening of the Olympic Games in Sydney, on Friday 15th September 2000. I was moved close to tears by the gathering of nations, and the abundance of creative expression, the beauty and hope that was epitomised in the silken Peace banner, white dove flying with an olive branch in its beak; by the line of women bearing the torch on the final approach to the podium, and the moment of glory for Cathy Freeman, a young Aboriginal athlete who lit the final flame. The occasion was marked by many political statements, such as the presence of a representative from East Timor, and North and South Koreans marching together. What optimism there was, what potential for harmony and respect for differences to be a catalyst for long-term creative change. And at the same time, away from the camera, the Aboriginal people remained dispossessed in their own land; international conflicts still raged; innocent people died and the long-

term anguish and trauma was frequently silenced and denied. In terms of feelings, both delight and pain have accompanied me as the thesis has evolved, just as on that evening. In terms of thinking, I continue to hope, and to join those who analyse systems for change. In terms of action, I work for true human rights which include the rights of women.

I was born in 1940, in Melbourne, Australia, a long way from the sites of World War Two. However, during my first five years, my grandfather and two half brothers were imprisoned by the Japanese. All came back scarred in one way or another, emotionally and physically. My Uncle Berrol was killed in France, and that had a devastating effect on my Jewish grandmother, who threatened to disown any other son who went to war. She did become estranged from my father, for many reasons, including his taking a period of war service in Egypt. Sixty years later, as I write this thesis, the long-term effects are still working themselves out in our family. Our experiences are similar to what happened to many families, all over the world. My professional experience in New Zealand and Australia suggests that the topic is slowly coming to the surface but it is still rarely discussed, rarely given significance…a great underground silence. These days I routinely bring it up with clients in my counselling practice and it is often highly significant.

There are positive effects from my family history as well. Social justice has been a major theme in my family, over several generations. Currently, my sister is working in Vietnam, leading a team that is developing services for women and children; my brother was, until recently President of the Australian group of doctors promoting nuclear disarmament, and my cousin and his wife have, as political scientists, published a work on *The Untouchables* in India (Mendelsohn & Vicziany, 1998). For me, however, although I am proud of this tradition, as the eldest female child, I also struggled with the gulf between my father's liberal philosophies espousing equality, and the lived reality where I often felt a second class citizen, and saw my mother treated as such.

My mother's family were Celtic immigrants and although she was often the background figure, she was actually a strong adventurer who was one of the first Australian social workers, and who connected spirituality and the natural world for me. Both parents taught me about the many roles that people have. The same father with whom I struggled also wove magic, through games and stories such as 'little Hallah' - a magical little girl who dived for pearls and could stay under water longer than anyone

else It is no surprise that issues of power and gender have always been at the forefront, particularly as I moved from considering myself a liberal humanist to a feminist.

It took me a while to call myself a feminist, but now it is a way of flagging inequities that are often invisible. For instance, on November 25th, 2001, I sat with my family in a synagogue in Melbourne, to join in the Barmizvah ceremony for my nephew, Joshua. It took place on the International Day against Violence to Women, November 25[th,] but no-one else seemed aware of that, even though Joshua's maternal grandmother is a holocaust survivor whose narrative story is on video.

My father chose, twice, to marry non-Jewish women, and to move away from his spiritual origins and each family member dealt with the consequences in different ways. My brother is non-religious, but expresses his spirituality through his awe for the universe as a research scientist: he could still sit with his son, who has made the choice to return to Judaism. For me, it was a time of honouring my past, and deepening my connections with the present family. One of the many layers of meaning in this event involved reflections on my personal motivation for the work in the New Settler groups, contributing to a world view of inclusiveness and peace that is very different from the conditions that drove my own ancestors out of Poland: I know from my own family history what transgenerational pain and healing is all about.

I believe that such transgenerational effects contributed to a formative step in the production of this thesis when I was at a Psychodrama conference in Oxford, England, in 1994. At one point, I was in a large group being taken by Anne Schuztenberger, one of the twelve original Directors trained by Moreno, who invented psychodrama. She was over eighty years old and still practising internationally, as trainer and therapist. From her base in Paris she had been deeply involved with survivors of war trauma. Her book on *The Ancestor Syndrome* was recently published (Schutzenberger, 1998).

At this workshop Schutzenberger wished to demonstrate elements of the process of working transgenerationally. She called for survivors of the holocaust who had a dream which was important to them, and who would be willing to work with her. There was silence and no-one moved forward. I thought *I survived because my Jewish great-grandparents on my father's side left Poland, then Berlin, and settled in Australia, and yes, I do have just a fragment of a dream that has troubled me for weeks...* I stepped up.

Anne Schutzenberger assisted me to enact my dream picture, with the aid of others, and we created a tableau of three fishes flapping helplessly on a marble slab, clearly dying and calling for help as I stood by, powerless and bewildered. I recognized the

fish as my children. I didn't act in the dream and I still didn't act then. I became aware that the Director had moved very close to me, and she whispered in my ear *think of the messages from your ancestors,* and suddenly I was moving. I named the fish as Jewish children crying for help from the camps, and I recognised that I must act, but that I simply could not do it alone. I asked for assistance and people in the audience from New Zealand, Japan, Korea, USA, Russia came to help and we rescued the children. I now cried with relief, and so did many of them, men and women, and we stopped the drama there. In the next phase people shared their stories around similar themes: one of these was from the daughter of a holocaust survivor who said she could not have stepped forward, as her story was too big, but could now talk as my work had built a bridge for her. Other survivors of genocide and war, or their children from many parts of the world also shared how the effects continued for decades and how they also sought ways to effect positive change and not be passive bystanders.

As those narratives were told, there was great pain, but also moments for healing and hope, and an illustration of a number of themes- common bonds amid great differences, the futility of war, the inter-generational impact of trauma work, and the power of collective action.

My family gave work and shelter to both immigrants and refugees on our farm in Victoria, Australia, and many family friends came from both backgrounds. One significant and loved figure has just died. Her name was Edith Phillips and she was an Austrian doctor, married to a psychiatrist, both Jewish . Her family had fled from Hitler to find new lives in Australia. Both of their sons are now psychiatrists in Sydney. Apart from Edith's role as a mentor, she also introduced me to the differing effects on men and women refugees as they resettle. Because she was a young mother, she was only able to get restricted work, first as a dietician and later as a medical assistant with the Blood Bank. However, her husband suffered a massive heart attack and died in his forties, and she was left widowed and unable to drive. It was only a few years ago that I found out the depths of trauma of this period, when together we successfully overcame a block for her, as she wrote the family history. Simply sitting with her and interviewing her on tape allowed her to face into this period after thirty years of avoidance.

There have been surprising new personal links as well. For instance, the most significant friendship at Melbourne University, over forty years ago, was with Helen Pavlin, but we had lost contact until 2000, and then I found, to my delight, that she has

been supervising members of QPAST- the Queensland Program of Assistance to Survivors of Torture and Trauma. She is, amongst other things, a social worker and a writer who has just published a book of poems called *Through Refugee Eyes* (Pavlin, 2001).

Later in the thesis, I will discuss further the role of the arts, not just creative therapies, in healing trauma and communicating at emotional depth about issues for immigrants and refugees. In my own experience, Helen Schamroth's work does just this. She and I were Playcentre parents, both of us from Melbourne families, adapting with some difficulty to life in New Zealand, the home of our (then) respective husbands. However, it was more than thirty years later that I was inspired by her installation piece called *New World Old Story* drawn in response the listening to the New World Symphony of Dvorak. Her parents were Jewish refugees from Poland, and she wrote of leaving Krakow as a child with tiny diamonds disguised by threads over flowers in her bonnet, a hope for life elsewhere. Her themes of cultural appropriation, the search for home, and an engagement with feminism, are themes we share. The Gallery notes described the piece:

> *Just as the symphony is in four parts, so is Schamroth's installation, each part representing a significant part of her life. They take the form of spirals, continuous paths, arising out of a Star of David at the base. The postwar years in Europe, drab and dreary, have a grey-brown hue, the colour of foggy anxiety; subsequent years in Australia and New Zealand are represented in equally self-explanatory colours.*

> *Each is layered with pattern: old lace is a symbol for Europe, Gum leaves for Australia, fern leaves for New Zealand, readily identifiable generic signifiers.*

> *They are overlaid with silver hieroglyphs representing a personal narrative but yet a magnum opus for all those who experience the discomfort of displacement and alienation. (Schamroth, Fisher Gallery Pakuranga, Auckland, 1997 .*

Her work depicted, with the powerful image of spirals, the dynamic process of life (see next page).
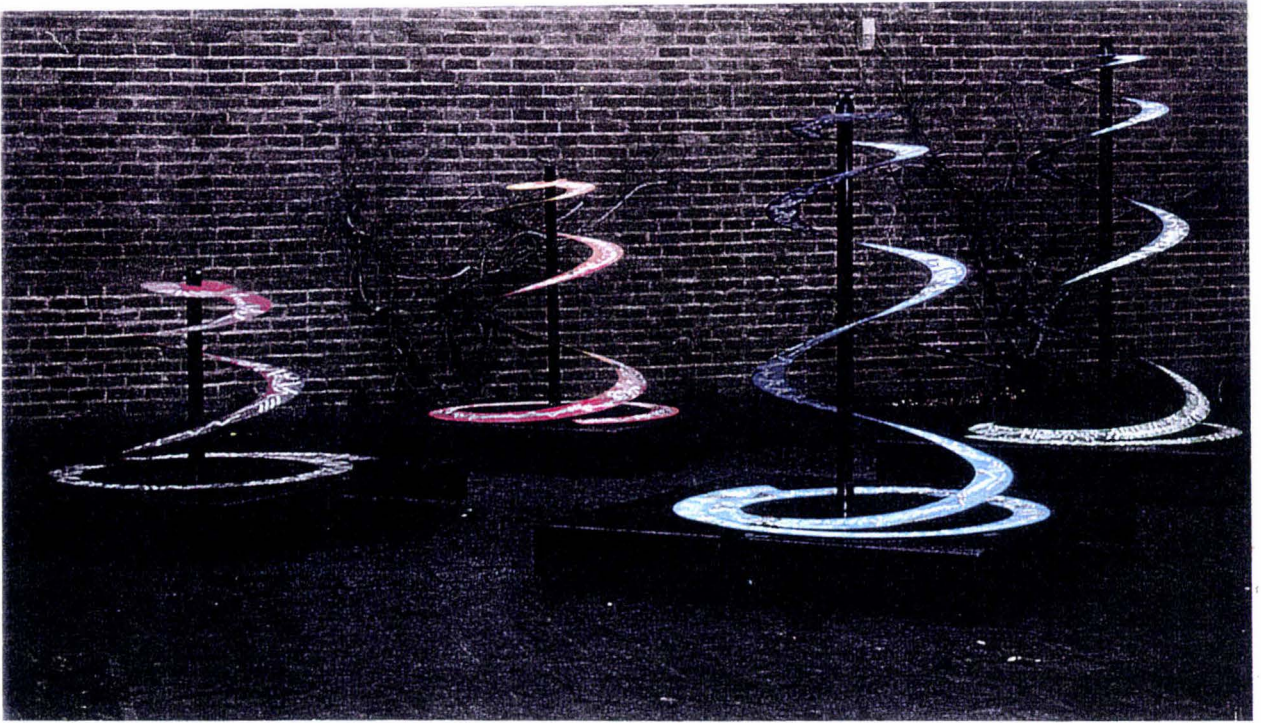
Photograph 1: *New World Old Story,* Helen Schamroth (Fisher Gallery 1997).

As I began to document the outcomes from Oxford, I was inspired by an interview I heard in Australia with an Afghani woman who now lives there[1]. Her name is Mahboba Cina, and she had collected some thousands of dollars for children left in refugee camps, working through a friend who is a woman doctor still working in the camps, Dr Nasrin Nadee. Between them they had the commitment and the integrity that persuaded others to contribute, and I am left with yet more questions about how such work can happen before, rather than after, major trauma.

The preface was designed to introduce myself, and to give some of the personal background for undertaking this thesis. It is now time to move on to a wider introduction.

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[1] Interview with Mahboba Cina, ABC television,December 24th,2001.

Table of Contents

List of Photographs

List of Figures

CHAPTER 1: INTRODUCTION

This chapter is designed to assist the reader to navigate through the thesis by providing a description of the thesis that acts as a map. The theoretical and methodological chapter which follows provides more formal introduction to the researcher, the research question, the parameters of the thesis, background to the project, methodology and method.

The thesis began with a preface that introduced the author in terms of her personal motivation. It also provided an introduction to three major themes in the thesis, that is the power of groups, the constant interplay between contextual levels, and the need for addressing gender inequities.

Chapter two deals extensively with theory and methodology, with the goal of establishing some understanding of the researcher's rationale, and what her feminist perspective entailed. Other relevant perspectives are also introduced, including a post-modern perspective on socially-constructed knowledge, but also some dilemmas around such a perspective. The major theme of a rationale for addressing gender differences amongst refugees and migrants is discussed, with particular emphasis on differentials of power.

Many different discourses impinge on refugee and immigrant women, and on those providing services for them. In order to comprehend the breadth of subject matter involved, and the understanding of the ever-changing nature of the contexts, two models are proposed, one addressing current contexts, and the other addressing inter-generational trauma. Both are based on earlier work by other theorists, but the contribution of this researcher is to incorporate an emphasis on dynamic and constant change.

The chapter closes with a discussion of the methods used to gather and present data, and a rationale for their use. The data is focussed on the thesis goal, to explore whether psychodramatic groupwork is acceptable and useful to women refugees and immigrants in resettlement. Feminist discourse analysis is the primary method, where communication that is brought forward by the women is analysed in terms of content themes, and also in terms of what is not spoken about. Some processes from the group are presented, in the form of extracts from vignettes and dramas.

Chapter three takes up the theme of negotiating contexts, both from the perspective of a woman refugee or immigrant, and also from those assisting her. Two

examples are selected, one from the discourses around migration and the other from those involved with trauma studies. Three different perspectives are apparent in both areas, namely that of white male western research, transcultural research, and feminist research. The generalised categories do not do justice to marked individual differences and ongoing debates within all three areas, but the material in this chapter is designed to illustrate both complexity and flux.

Chapter four is more focussed on what happens for refugee and immigrant women from the point of entry to New Zealand to their ongoing resettlement. Government and non-government institutions and processes are discussed, as well as ongoing research from both domains. The dominant theme here is the lack of separation of issues for the women, as different from the men. The sparse literature on this topic is alluded to, but not explored in detail, as it was seen as beyond the parameters of the thesis. The focus was more on what the women in the New Settler groups were presenting, which is dealt with in a later chapter.

Chapter five begins to focus in on the provision of groupwork for refugee and migrant women elsewhere in the world. The first part of the chapter discusses creative arts therapies for refugees and migrants, with no gender distinctions. However, the groupwork demonstrates the wide range of therapies that have been offered, and a rationale for their effectiveness in transcultural work, especially with people with traumatic histories. The second part of the chapter focuses more on groupwork for women by women, many of whom work from a feminist perspective.

Chapter six gives an introduction to psychodrama in general, and the adapted model entitled the Therapeutic Spiral, which is used with the women in the New Settler groups. Some examples are also given of psychodrama practitioners working elsewhere in the world.

Finally, in Chapter seven, the New Settler groups are presented, as a microcosm reflecting many themes from the earlier chapters. The groups are continuing, and by 2002, over eighty sessions have been run, involving more than eighty women from a range of ethnic backgrounds, but mainly Indian and Middle Eastern.

The processes used in the groups have mostly involved psychodrama, with the addition of other creative arts therapies and contributions from the women themselves. Examples of processes are described, including some photographs.

The content of sessions was determined by what the women themselves brought forward, and the dominant themes are discussed. The themes reflect those that appear

in the literature reviewed, but each one illustrates the complex and gendered nature that emerged when women were together in a group.

Finally, the thesis concludes with discussions and conclusions relevant to policy and service provisions for refugee and immigrant women, including provision of therapeutic groupwork. Brief discussion is included of dilemmas in evaluating such groupwork, especially from an Insider role. Reflections from the researcher about her own process of change complete the thesis.

CHAPTER 2: THEORETICAL AND METHODOLOGICAL ORIENTATION

Introduction

This chapter sets particular contexts for the thesis, and introduces themes that will recur throughout. It is divided into two parts. The first part is then divided into five sections. Section A provides an introduction to the researcher. Section B introduces the research question. Section C discusses the choice of an interpretive paradigm and methodological issues that were addressed. Section D sets the parameters for the thesis. Section E. introduces two dynamic contextual models.

Part 2 is focussed on methods used with the New Settler groups. It is divided into three sections. Section A addresses ethical issues. Section B discusses observation, recording and interpreting the data. Section C acknowledges limitations of the study.

The chapter concludes with a summary.

Part 1: Framing the Thesis

Section A: Introduction to the Researcher

I am a feminist psychologist and psychodramatist[2] who has worked for decades with groups and individuals who have sought professional help for a range of human concerns, including healing from trauma. "Feminism" is discussed later, but as a beginning I consider that the women's issues that I am researching exist in a wider context of inequity and that the research implies working for social change.

During 1995, after travelling in Asia and Europe, I began to orient more to the wider social and political contexts that created refugees, and to consider what I could contribute in my local area. This led to some specialist training with respect to working with trauma. I was aware that groupwork of the sort I could provide was not available in Auckland, and as far as I knew in New Zealand. My original goal was to explore working with psychodrama with refugee women resettling in

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[2] The term 'psychodrama' will be discussed at some length in the body of the thesis. Psychodrama involves a philosophy and practice of working with groups of people in action to explore their life issues.

Auckland. I also set out to document that exploration as a post-graduate study. I became both therapist and researcher, with attendant benefits and problems.

I sought supervision through the Albany campus of Massey University, in what is now the School of Social and Cultural Studies. The choice of this department rather than a Department of Psychology reflected my shift in focus, which was also reflected in working across several disciplines. Initially the relevant discourses were feminisms, trauma studies, and groupwork for refugee women, especially psychodramatic groupwork. By the time I was ready to write the thesis, the domains had expanded to include international and national policies with respect to both immigrant and refugee women, grief studies, and even wider philosophical domains such as postmodernism and cultural anthropology. I want to emphasise that the focus was on provision of services for the women, not on the extensive literature on refugee and immigrant women in general, a thesis of its own.

Clearly, the scope was far beyond a Masters thesis, and yet all of these domains still seem important. An ongoing dilemma involved my need to write in a linear fashion, to use generalisations at times, and to make discrete categories, when my own philosophy and experience was better reflected in systemic flows that changed, inter-related and focussed on individual differences. Each of the methodological issues which are mentioned briefly in the following discussion are actually extensive topics in their own right. They relate to one another in complex ways, and are the subject of ongoing debates within the field.

At one point I jokingly used a metaphor of *putting an octopus in a bottle,* to describe the process of containing the subject in a practical way. Instead, I modified an ecological model to incorporate the notion of dynamic flow and change which will be described below. I mention it at this point as part of the introduction to my own process as researcher, and to situate myself in terms of methodological standpoints I took.

Many of the terms and concepts that are introduced in this section will be interwoven and expanded upon in later sections. I am writing as a feminist researcher, and although there are many different interpretations of what that means, there is widespread agreement about the need for transparency, making explicit relevant aspects of my own background, including my beliefs and values. This process is a step in exploring the inextricable relationship between knowledge

and power. This is particularly important when I, a 'white middle class woman' work with women from very different backgrounds (Tuhiwai Smith, 1999). From a feminist perspective, a personal introduction is a crucial aspect of setting the context for what follows (Oakley, 1981; Reinharz, 1992). It is a way of acknowledging that who I am already shapes what I do and how I do it, and is inextricably bound up with my orientation to knowledge. However, there are inevitable selections and deletions in such a process (Freedman & Combs, 1996). For instance, timing and purpose were important variables in terms of whether I named myself as a feminist or not.

The use of a personal context as a reference point also signals the difference between those who take a viewpoint known as critical epistemology[3], significantly different from a positivist empiricist viewpoint. Victoria Grace, a feminist researcher, described the difference:

> *Those of us who adopt a critical epistemology look for tendencies and patterns so we can develop theoretical knowledge of the social processes that are generating the data we create through the research process...the material we analyse obtains its meaning in the context of the specific politics of the research question and the research process (Grace, 1998:115).*

The politics of the research question and the research process, in the context of who is doing the research, opens up many issues. A dilemma that I faced as a feminist researcher was how to progress without becoming seized up with uncertainty, knowing how naming categories implied a false homogeneity, and how extensive was the discourse around such words as 'sex' or 'woman' or 'refugee'. For instance, Gayatri Spivak (cited in Du Plessis,1998:13), commented that when someone is describing a discourse, just to be able to speak or write, they initially behave as if the category doesn't have divisions and differences. However, if there is no later acknowledgment of such differences and divisions, there can be a different risk, that is of treating those in the category as 'Other,' especially if the people in that category have less power to find their voice. This term was coined by Edward Said [4]to refer to the way that colonial Westerners created the Orient as 'Other' with respect to Europe, with clear implications of

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[3] Epistemology refers to the philosophical theory of knowledge, addressing the question of " how do we know what we know?"(Davidson & Tolich, 1999),

[4] cited by Tuhiwai Smith (1999:2).

western superiority, but based on their own constructions. As a 'western' researcher with women from very different cultural backgrounds, I considered it important to be reflexive about my own practice, as recommended by feminist researchers from those cultures, such as Nabila Jaber, from an Arab background but living in New Zealand (Jaber, 1998:37). Working with women team members from India, Iraq, and Germany also assisted my awareness to develop. However, a central goal of the thesis is to reflect the diversity of the women in the New Settler groups through their own narratives, acknowledging that ultimately I still had power of selection and interpretation.

A related principle to transparency was that of self-reflexivity, a process where I continue to reflect back on the influence of my own history on the research. (Flax, 1990). In my dual roles as researcher and group director, the most important aspect of that transparency was a willingness to answer questions about myself that were important to the participants.

Participant Observation - Insider and Outsider

There are related dilemmas about being an Insider in the New Settler Groups at times, and an Outsider at others. The dichotomy of Insider/Outsider is discussed by Linda Tuhiwai Smith:

> *Most research methodologies assume that the researcher is an outsider able to observe without being implicated in the scene. This is related to positivism and notions of objectivity and neutrality....Feminist research and other more critical approaches have made the insider methodology much more acceptable in qualitative research (Tuhiwai Smith, 1999:137).*

As a woman with other women who were not born in New Zealand, and as a contributor to the group process which was being researched, I could be viewed as an Insider. However, I am also very different from the women in the group, and I can also leave the field in the way that a true Insider cannot, so in many senses I am also Outsider. The experience was more akin to moving in and out of different roles with respect to the group. Thus, I have called myself a participant observer, but the term has distinct limitations.

I have lived in Aotearoa/ New Zealand for more than half of my life, but I still identify as Australian. In the preface, I have described in a more personal way some aspects of my background relevant to the thesis which situated me as mostly an Outsider with respect to immigrant and refugee women, but having some

Insider links through my own history and my own experience. As a woman Director of a psychodrama group, some of the process involved discussing shared experiences as a woman, such as giving birth, and at such points I am very much an Insider. Yet, with respect to Muslim women from Afghanistan or Buddhist women from Sri Lanka,[5] I am an Outsider.

One of the social roles I enjoy most is being a grandmother. Two grandsons have a Maori father, and strongly identify as Maori. A bicultural perspective is not just a legal requirement as laid down by Te Tiriti o Waitangi, (the Treaty of Waitangi) but a powerful variable for us on a daily basis. When I work with the group of immigrant and refugee women, I am within Tauiwi[6] and taking a multicultural perspective. However, biculturalism is now part of my own wider context and also that of the women with whom I worked, and thus it has relevance for the thesis.

I grew up in Australia, but it is from the years in New Zealand that I have grown in respect for my own ancestral origins, and this contributes to my interest in working with women in exile who are resettling in New Zealand. As I described in the preface, my own family background orients me to remember that 'refugee' and 'immigrant' are dynamic and fluid categories.

I have also gained from the growing number of Maori feminist researchers who have written about issues that overlap for indigenous and immigrant women, including the effects of power imbalances through colonisation and in the following discussion, I will refer explicitly to some of these researchers.

Section B: Introduction to the Research Question

The formal proposal of the research question that was accepted by Massey University Ethics Committee was:

> *Exploring psychodrama with groups of refugee and immigrant women resettling in New Zealand - working from a feminist perspective[7].*

The final title reflected changes that included input from the women themselves, who had named the New Settler groups, and from my response to group concerns

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[5] these represent just some of the women in the New Settler groups

[6] Tauiwi is a Maori word for stranger.

[7] See Appendix.Human Ethics Approval MUAHEC 00/019.

about having the word 'feminism' stereotyped, when there was a great diversity of responses within the group itself, as well as outside. My own feminist perspective still shapes the thesis, but there are now other perspectives to be acknowledged.

The initial proposal was to explore whether psychodramatic groupwork could be used with women refugees resettling in Auckland. This plan was described as a research proposal in 1995, but late in 1996 I gave up, as I had found funding[8] but no clients, despite discussions with several agencies. By 1998, renewed discussions with Home and Family Counselling Society resulted in them being the sponsoring agency and providing clients from an existing support group. The therapists who had run the group recognized the need for deeper work with trauma, for which they were not trained, and the Director proposed that they join us as team members.

The group consisted of a mixture of refugee and immigrant women so the decision was made to expand the research proposal rather than reject any clients. However, it was beyond the scope of the thesis to discuss issues for both immigrant and refugee women, so the focus remained on the latter, although even these distinctions became blurred in the group itself.

A number of other explorations were made concurrently with running the group, such as a review of policies and practice in New Zealand and elsewhere with respect to such groups. Nothing quite the same was discovered, but similar undertakings are discussed in the body of the thesis, along with policy and practice which might account for the absence. It soon became apparent that the literature reflected marked differences based on whether gender differences were acknowledged or ignored, and this led to a need to separate out how this theme affected all the major discourses which were seen as relevant. The chapter headings reflect the wide range of topic, from international studies to groupwork for women.

Consideration of the broad philosophical underpinnings of research is part of framing the thesis (Rein, 1983) and involved me in a process called a hermaneutic[9] circle (Crotty, 1998). This process refers to conducting a research enquiry whereby

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[8] Under the auspices of the Waitakere Self Help Trust, the Lottery Board allocated $2,000.

[9] hermaneutics addresses the understanding of lived experience, involving interpretation of such questions as the nature of self, or the nature of knowledge (Crotty, 1998).

the researcher has a rudimentary understanding of an area which is then progressively refined as the topic is explored, and to which the research subjects themselves contribute (Sarantakos, 1993:42). This process has already been illustrated in the discussion of the changing research question. The ultimate worth will be assessed by whether it has *strategic value that leads to reconsideration of present practice* rather than whether it is true or false (Rathgen, 1997:5).

What did I hope to find?

- That it was possible to do such a group - find the clients, the agency, the funding, and have the process accepted by and useful to the women involved.

- That the content and processes produced information that was useful to a wider context, in New Zealand and beyond, in terms of policy and service delivery for refugee and immigrant women.

In Part Two the details of methods used, and the ethical issues addressed will be described.

Section C: Choice of an Interpretive Paradigm-methodological issues

Understanding the phrase 'an interpretive paradigm' means understanding the concept of epistemology first. This term refers to the philosophical theory of knowledge (Davidson & Tolich, 1999:25), and addresses questions related to " how do we know what we know?" This question involves exploring the paradigm being used (Kuhn, 1970). Kuhn also considered that the choice between competing paradigms had to do with politics and power, which shaped key questions about knowledge.

The answers have powerful implications for what is accepted as knowledge. For instance, when I began training as a psychologist acceptable scientific knowledge was measured against the standards of the physical sciences such as chemistry, where the role of the observer was considered to be objective and to use physical measurements. Now, after challenging shifts in understanding the whole field has changed and the research I am discussing in this thesis is legitimate within an academic framework, because what counts as knowledge has changed. There is a major distinction between a positivist paradigm and an interpretive one, the former being espoused by the more traditional sciences, the latter being central to social science research such as this (Davidson & Tolich, 1999).

Many different theorists have contributed to having an interpretive paradigm more accepted, but feminist theorists have been major contributors (Du Plessis & Alice, 1998). The values and culture of the researcher and the participants are now part of what counts as 'good' evidence, but there are continuing challenges that are relevant here. For instance, in the many cultures from which the women in the New Settler group came, wisdom through prayer or from ancestors who have died is considered legitimate knowledge over medical issues, but is often discounted by traditional western doctors.

Two competing paradigms dominate the research field, namely modernism and post-modernism (Davidson & Tolich, 1999). As an introduction, modernism loosely refers to the positivist world of traditional science, where there is faith in rationality, reason and fact finding, with assumptions about essential truths to be found. Researchers working from this paradigm would probably consider it irrelevant to discuss their personal lives or their values as an introduction to a thesis. Postmodernism, in whatever form, rejects the paradigm, and further discussion of this will be given below.

Communication is not necessarily easy across paradigms, and whilst there are times when that may just be of academic interest, in the domain of this thesis, the consequences for people's very lives can be enormous, especially where there is power to decide who lives or dies; who is given asylum; who is allowed freedom of choice; and who is constrained, on the basis of what is accepted as 'truth'. Dichotomies can be involved, such as man/woman; personal/political; rational/emotive; war/peace; or legitimate asylum-seeker versus rejected alien. Often, men in positions of power have set up and enforced categories like this. It has been an important reminder that there are others who point out that such dichotomies are not intrinsic or inevitable, but all too often go into the formation of male identity, and the effects for both men and women are pervasive (Smith, 1992). However, there are references throughout the thesis to many men, past and present, who work from an interpretive paradigm.

The choice of a qualitative research methodology

The choice to work with a qualitative methodology was made very early in the research process, given my experience and training, and my understanding of what would best serve the participants.

Qualitative methodologies are often chosen when the research question is focussed on reflecting how human beings experience their lives and when the answers could not be accessed through numerical analysis. The data can, and did, include a wide range of material, from transcripts of interviews or group sessions to music, pictures, or other means of creative expression (Brown & Sullivan, 1999; Davidson & Tolich, 1999).

From the point of view of a feminist working with women from diverse cultures, qualitative methodologies were more respectful of the women themselves, their choice of what they disclose and how they express themselves (Afkhami, 1994; Graham, 1984; Tuhiwai Smith, 1999). This approach was also consistent with the philosophical underpinnings of psychodrama, where the subjective reality of the participants is paramount. The thesis was also focussed on the process of group sessions as much as on the content, so the methodology needed to reflect something of both. The topic of narratives and narrative therapies will be addressed again below.

The research question had arisen out of my own curiosity as to the applicability of psychodrama groups to the needs of refugee women, so the methodology of grounded theory, where the theory arises from the data, was immediately excluded (Brown & Sullivan, 1999). True participant action research was also not possible, for the same reason, although elements of this methodology were incorporated (Cervin, 2001). The relevant elements involved working with issues that were defined by the participants as important, and also encouraging input which changed the research question.

The social construction of reality - power and knowledge

Implicit in the choice of qualitative methodologies are implications of 'reality' being socially constructed with the other areas of discourse which shaped the methodology, there are debates and differences, and I will simply give examples of some of the major influences on my own decisions.

Social constructionism[10] is one theoretical perspective which contributed to my understanding of the complex relationships between power and knowledge. Knowledge is understood to be constructed out of interactions between human

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[10] Theorists such as Mary Gergen distinguish 'constructionism' from 'constructivism' which is more related to meaning-making of the individual mind (Crotty, 1998).

beings, and developed and transmitted in a social context which reflects culture (Crotty 1998; Davidson & Tolich, 1999). For women from markedly different cultures, living in New Zealand, this is no academic theoretical perspective, but an aspect of their lived experience which requires constant negotiation. It is also central to my work with the particular group of women who are the focus of the thesis. This concept of culture defining reality, and yet being increasingly fluid, will be discussed in more detail below, as it is a recurrent theme in the thesis. Women have moved from Russia, former Yugoslavia, India, Iraq, and Afghanistan, to name a few countries, where variants of this question continue to be explored, sometimes to a level that threatens life itself.

Power and politics

Personal and political power are topics increasingly addressed together. For instance, Andrew Samuels is a psychiatrist, but in his book *The Political Psyche* he gave an analysis of power that addressed how personal therapy can interplay with political change:

> *By politics I mean the concerted arrangements and struggles within an institution, or in a single society, or between the countries of the world, for the organization and distribution of resources and power, especially economic power... There is a second kind of politics: here, political power means struggle over agency, meaning the ability to choose freely whether to act and what action to take in a given situation (Samuels, 1993:1).*

One of the commonalities within feminism also involves an analysis of the relationships between power, knowledge and politics (Tong, 1989). Many different feminists have contributed to an analysis of how women's experience, albeit diverse, has often been rendered invisible, and in discussing feminist perspectives this topic will be addressed further. For the moment, I want to note how central it was throughout the production of the thesis to remain alert to the many ways of addressing power - empowerment of participants, recognition of my own power, exploration of who had the power to dominate and oppress, and so on. No one definition of 'power' can represent these complexities, rather it seemed important to examine power as a set of relationships that could produce liberating outcomes as well as oppression.

Feminisms and research

I have taken the position that many different methods can be used by feminists as long as they do not conflict with the fundamental principles and processes of feminism, (Jayaratne and Stewart,1991; Reinharz, 1992). They are also a source of debate, reflecting diversity and change. In my own view, the common thread is some sense of feminist research being a political process to contribute to better conditions for women, where the researcher is working with the women, not on their behalf.

Shulamit Reinharz pointed to some common aspects of feminist researchers:

- The research is for women and by women.
- There is valuing of subjectivity and personal experience.
- A multiplicity of methods can still be incorporated.
- Researchers are working for both the individual and collective voice.
- Sexism is seen as a paradigm for oppression.

She also emphasised that such research can still be rigorous and systematic, and also that epistemological analysis and dialectic explanations about the nature of research and language are important dimensions.

Her definition of research itself is quite broad:

> *the production of a publicly scrutinizable analysis of a phenomenon with the intent of clarification (Reinharz 1992:241).*

There are many different forms of feminism, and many differences within feminism. Some writers have recognized seven different forms, and at least three waves, over many decades (Tong, 1989). Even within New Zealand/Aotearoa, there is great diversity (Du Plessis & Alice, 1998). It is not the place to explore these differences, nor their philosophical backgrounds, but rather to identify my own position with respect to working with women who are also diverse and changing, some of whom also identified as feminist, and some who did not. However, my identification is not simple, as I continue to be influenced by a number of different viewpoints. Although the use of the term 'feminist' was necessary in a number of settings, such as in this chapter, within the group it was a very rare occurrence, as imposition of my own beliefs would have been, in this context, against my understanding of feminism. This is just one of many problematic concerns that had to be addressed.

For present purposes, I intend to briefly discuss some commonalities and differences within feminism which have shaped my world view. A New Zealand feminist, Lynne Alice, described feminist research as:

> *A self-consciously political practice aiming to change women's lives by producing knowledge about social circumstances that will make a difference to how individuals and groups are organized (Alice, 1999:62).*

For many feminists the concept which reflects the organized male dominance of women in society, albeit in differing degrees, is termed 'patriarchy'. For instance, the term was frequently used by the women contributing to the text on feminism and Islam (Yamani, 1996), and the theme is, again, one that recurs in this thesis. However, as I will discuss later, there are also post-modern feminists who point out that this, like all other words, can be deconstructed. Deconstruction is another term which warrants far wider discussion, but in essence it refers to the challenging of basic practices, meanings, looking for gaps, absences or alternative readings of the text (Tong, 1989). For instance, women who have been called 'women of colour' have challenged both traditional research and western feminisms such as myself:

> *The problems of 'voice' and 'visibility', 'silence' and 'invisibility' become important concerns at a concrete level...For women interested in the emancipatory potential of research, there was considerable work to be done in terms of undoing or deconstructing the dominant paradigms by which most scientific research was bounded and connecting the research enterprise to...a social reality with which feminism connects (Tuhiwai Smith, 1999:166).*

Feminist difficulties with postmodernism

Not all feminists espouse post modernism and feminists such as Nash (1994) suggested flexibility depending on context and purpose to decide what feminist theory best addresses issues in particular situations. Nash addressed a dilemma for many feminists, where any sense of an essential and universal womanhood has been challenged, and yet if identity is constructed in discourse, and is so movable, how can we speak of women being oppressed? In the discussion below another example of different feminisms for different situations will be given.

Feminisms as a counter to the 'grand narratives'

The term 'grand narrative' has been applied to the male-dominated beliefs and values that have shaped many discourses that relate to the thesis topic - international relations, the nature of research, trauma studies, refugee studies and

so on (Middleton 1996; Court, 1999). Hilary Charlesworth and Christine Chinkin, international feminist lawyers, commented:

> *Although many men also suffer forms of oppression that reduce their public autonomy and affect the quality of their lives, it remains true that a category of elite men monopolise all secular, religious, national and international institutional forms of power(Charlesworth & Chinkin, 2000:4).*

A central argument of these authors is that the absence of women in the development of international law has produced legitimization for the unequal position of women, rather than challenged it. They use both the terms 'woman', and 'gender', in different contexts, partly because this reflects the position in the law. They presented a powerful, and by now familiar, analysis of just how much inequality there is between the quality of most men's lives and most women's, citing Waring (1996;1998) in pointing to the invisibility of women's work in economic terms, and to a whole range of indicators which put women in a secondary position, whether in the 'developed' or the 'undeveloped' world. They also quoted Radhika Coomaraswamy, the first UN Special Rapporteur on Violence Against Women (Coomaraswamy, 1995), who pointed to three distinct sites for violence against women - the family, the community and the state. These are considered to be sites of tension by many feminists. The interplay between these three sites is a central concern in this thesis.

In exploring male dominance of women at the level of international law, the authors provided a model of how to use different feminist positions for different purposes.

> *This enquiry can be compared to an archaeological dig. One obvious sign of power differentials...is the absence of women in international legal institutions. Beneath this is the vocabulary of international law,which continues to use the generic male pronoun. Digging further down, many apparently 'neutral' principles and rules can be seen to operate differently with respect to men and women. Another, deeper layer of the excavation reveals the gendered and sexed nature of basic concepts, for examples 'state' 'security' 'order' and 'conflict'. Permeating all stages of the dig is a silence from and exclusion of women...the silences of the discipline are as important as its positive rules and rhetorical structure(Charlesworth &,Chinkin 2000,:4).*

Particular attention is drawn to the position of so-called 'third world feminists' which demands an intricate study of the systems of oppression which also include racism and economic exploitation:

The breadth of strategic analysis needs to pay attention to the complex interaction of gender, race, class, colonial and global capitalism (Charlesworth & Chinkin, 2000:48).

Charlesworth recommended the use of 'situated judgement', which means that in some contexts liberal feminist techniques point out how international law has failed to deliver on promises of equality and neutrality. In exploring apparently neutral principles, there is need for approaches of many feminisms - including radical, postmodern, and third world feminisms. The authors pointed to the complexities in terminology and theory when we try to address global issues for women, and noted how feminists are often walking a tightrope between respect for individual women and theoretical purity. This is a theme which certainly affected me at many times during this project.

The worldview behind many institutional structures which are based on 'grand narratives' is very often based on a positivist paradigm, rather than an interpretive one. The organizational structures rarely fit human experience, particularly the experience of women, but they aim for simplicity, categorisation, and legal rules (Court, 1999). I identify with the many feminists, amongst others, who are working to establish different paradigms, even if there are problems inherently involved in building appropriate organizations.

Marnie Hunter(1997), in reflecting on social work practice in New Zealand described changing the 'grand narratives' by using four principles, which also embody those used by us with the New Settler groups:

- Knowing - using narratives and stories, and acknowledging many ways of knowing.
- Connecting – a holistic approach emphasising collaboration and interconnectedness.
- Caring - acknowledges mutuality and interdependence, empathy, and responsibility, among other things.
- Multiplicity - an acknowledgment of diversity, difference, pluralism and non-duality.

Mary Nash, the principal researcher for a longitudinal study which is also called the New Settler Project[11] echoed similar principles, namely:

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[11] See p.81.

- Analysis at both macro and micro levels, looking at structural and power relations which affect women, but also based on the researcher's own experience of being a woman.

- Integration-recognising differences of class, race, gender and ability, and recognition of similarities between a professional and her client.

- Affirmation-assisting women make sense of their experience in encouraging and non-pathologising ways.

- Empowerment-a term closely linked with affirmation, involving sharing knowledge and skills to solve problems together and to increase understanding.

These principles provided a foundation for establishing and working with the New Settler groups, and for thinking of future practice. However, both women raise concern that there is a risk that acknowledgment of diversity and multiplicity will result in losing the very thing that unites women, namely an analysis of oppression based on gender, race and class (among other variables) and a politics to address this.

Feminism and Islam

An area of change in my own development is an appreciation of Islamic feminist writers (Yamani, 1996). I expected that it might be problematic to put the two together and the topic is addressed further when the New Settler groups are discussed, but what I did not expect was the diversity of viewpoints presented by Islamic feminists. This is an example of the many times I had to confront my own limited world view, and I have since widened my horizons through an internet website on development and gender.[12] Many of the writers debate the relationship between Islam and patriarchy but concluded that the core concern was patriarchy, an institution that goes far beyond Islam. Robin Morgan, a well-known feminist who spent some time talking with Palestinian Muslim women, commented on the broadening of her own horizons. She reflected that rather than 'third wave' feminism what many in the west talk about, we should be recognising thousands of waves of women who have challenged oppression (Morgan, 1989).

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[12] development-gender@yahoogroups.com

Feminisms, post-modernism[13] and post-structuralism

The writing of this section was problematic for two related reasons. Firstly, the indivisibility of some feminisms, post-modernism and post-structuralism posed problems for me, not just in writing about methodology, but also in trying to communicate what such terms meant, and why they were important

The other difficulty involved how to order discussion of concepts such as narrative, gender relations, feminisms and postmodernism when they, too, inter-relate. Rather than finding a resolution, I considered that the dilemma illustrates the very problems to be discussed, so at times terms will be used ahead of an explanation of them. My hope is that by the end of the section, greater clarity will emerge.

Walter Truett Anderson (1990) assisted my own understanding, because he was writing for a non-academic audience. His book was entitled *Reality Isn't What It Used to Be*, and the title provided a good working definition of a post-modern position. He pointed out that for hundreds of thousands of years, human beings have dispersed over the world, and now, at a fast-increasing rate, travel and information technology bring cultures into close engagement. Anderson declared:

> *The question - and it is one of the most important political questions of all time - is this: what will be the basic shape of the global culture? What values will form the overall structure of global civilization?..wherever ways of belief change, structures of power change also. The collapse of a belief system can be like the end of the world. It can bring down not only the powerful, but whole systems of social roles and the concepts of personal identity that go with them....The environment and human rights realities we have created challenge us to... create global culture, and to move continually in and out of our older frameworks (Anderson, 1990:25).*

In the spirit of a post-modern perspective, no term can be rigorously and finally defined. Post-modernists accept a constructed world, as discussed above, and use deconstructing as a way of re-examining what hidden assumptions, deletions, and values are inevitably embedded in the linguistic construction of experience.

Through post-modern eyes, four ideas are related to this worldview:

- realities are socially constructed
- realities are constituted through language

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[13] both 'postmodern' and post-modern' appear in the literature. I have opted for the hyphenated version.

- realities are organised and maintained through narrative
- there is an emphasis on relative rather than essential truth (Anderson, 1990:)

Theorists who espouse a post-modern viewpoint often refer back to Foucault (in Anderson, 1990, a French intellectual who studied, among other things, the various ways that people in Western society have been categorised as 'normal' and 'abnormal', one of those binary distinctions that has huge implications for the person defined. For Foucault, language is an instrument of power, and people have power in a society in direct proportion to their ability to participate in the discourses that shape that society so of course there is an inseparable link between power and knowledge.

Foucault did not directly discuss race, social class and gender yet these are three important areas of discourse which, as we shall see, have been particularly taken up by feminist writers. As mentioned, the term 'grand narrative' refers to the dominant, and often unquestioned theories and explanations which can disempower people around issues of race, social class, and gender. In terms of this thesis, for instance, such themes would be that war is the way to solve conflict; that asylum seekers don't have the human right to a safe haven; that 'ethnic cleansing' can be justified. Part of a post-modern analysis involves deconstruction of such narratives.

Anderson commented that it is hardly surprising that women are deeply involved in every aspect of the post-modern dialogue, as the women's movement has been attempting to change not only laws and power structures, but social constructions of reality.

Anthony Giddens also took up the particular relevance of a post-modern perspective for women in the recent Reith Lectures (Giddens, 1999). His topic was the effects of globalization, which he saw as a complex set of processes, some of which are operating in opposition to one another - for instance a reasserting of fundamentalism and tradition in the face of post-modern challenges to 'sacred truths' in all domains. As well as affecting major economic, cultural, spiritual, and political systems, the private and intra-personal domains are also affected.

Culture and identity as dynamic concepts

A post-modern perspective affects the way that both culture and identity are viewed. For instance, Gupta described how increased transnational flows which

have affected refugee and migrant women, in this instance, challenge any notion of stability of definition:

> ...*All associations of place, people and culture are social and historical creations to be explained, not given natural facts. They are complex and contingent results of ongoing historical processes (Gupta & Ferguson, 1997:12)*

Feminists such as Jane Flax and Sue Middleton (Middleton, 1996:124) have also highlighted the challenge of a fast-changing world:

> *It seems increasingly probable that Western Culture is in the middle of a fundamental transformation...This moment...is pervaded by profound, yet little comprehended change, uncertainty, ambivalence. Psychoanalysis, feminism & postmodern theory all take as their object of investigation at least one facet of what has become most problematic in our transitional state: how to understand and reconstitute the self, gender, knowledge, social relations, and culture, without resorting to linear, teleological, hierarchical, holistic, or binary ways of thinking and being (Flax, 1990).*

Flax pointed out that a fundamental goal of feminist theory is an analysis of gender relations, but this also involves the recognition that even 'gender' can be conceptualised in different ways. This topic is discussed further below.

Jane Flax (1990) also pointed to some of the inevitable problematic relationships between some feminisms and postmodernism - for instance, for women who have been oppressed, to be told there is no objective truth to justify their arguments is problematic indeed.

Post-modernism, and the concept of Self

I have indicated that there are dilemmas and diversities within feminist theories. One relevant area which puzzled me was attempting to clarify distinctions between post-modernism and post-structuralism. Whereas Patti Lather (1991) used the words interchangeably, Crotty (1998) made a distinction between post-modernism, which he saw as reflecting the larger cultural shifts of a post-colonial era, and saw post-structuralism as being the academic theory deriving from that. Marion and Helena Court identified themselves as post-structuralists and put their focus on discourse analysis, emphasising the importance of the social and institutional contexts in which language was used. The meaning of discourse is, then, fluid, as is the concept of self. As they pointed out, identity is changing, a process not a stable entity (Court 1998:128).

Not only does this position reject the notion of 'objective scientific truth', it also rejects the humanist conceptions of a free individual, conceptions which are still central to western political and social organization. Weedon, who identified herself as a post-structuralist, highlighted the complex and changing process of forming an identity and the concern with language:

> *We need a theory of the relation between language, subjectivity, social organization and power...language is the place where actual and possible forms of social organization and their likely social and political consequences are defined and contested...Yet it is also the place where our sense of selves, our subjectivity, is constructed. (Weedon, 1987:357).*

The concept of a constantly-changing self is underscored by theorists such as Wendy Larner:

> *As a Pakeha feminist working on issues of globalization, migration and changes in women's work, it has become evident to me that any notion of a unified womens' experience in New Zealand must be treated extremely cautiously in New Zealand in 1990 (Larner 1993:85).*

In working with the New Settler women, I found it helpful to follow her recommendation to seek affinities in common purposes, not sameness.

The complexities of difference and identity are also addressed by several feminists who were immigrants to New Zealand (Du Plessis & Alice, 1998). Radhia Mohandram noted that immigrant women of colour seemed to be well down the power hierarchy. Nabila Jaber, a specialist in women and Islam, particularly from the Arab world, acknowledged her own situated perspective but quoted Chandra Mohanty (1991) in reminding women like me not to perpetuate the thinking of some western feminists who had described their third world sisters as voiceless victims, mired in tradition and backwardness, especially about assumptions around wearing the veil. Mohanty also emphasized shifting contexts and commented that:

> *It is the intersections of the various systemic networks of class, race, (hetero)sexuality and nation that position us as women(Mohanty, 1991:10).*

Such writers are illustrative of 'third world' feminists who provide a reminder that gender is only one aspect of a complex and changing set of variables.

Postmodernism and cultural identity

Even a simple phrase such as 'returning to my roots' can become problematic under close examination. In a study of African Hutu refugees, Malkki reflected the complexity of how the concept of 'roots' is constructed. Refugees based around towns in Tanzania had established identities located much more in present circumstances, with little overall longing to return, whereas people in refugee camps had constructed identities strongly reflecting historical rights to territory. She expanded research to other identity struggles, particularly with Palestinians and Jews. She concluded:

> *Identity is always mobile, a process, partly self-construction, partly a categorisation by others, a condition, a status, a weapon, a shield, a fund of memories(Malkki,1997,:71)*

However, Malkki does not go far enough in incorporating a gender analysis, according to Doreen Indra who has edited a powerful collection entitled *Engendering Forced Migration* (Indra,1999).The interlocking of all of the key areas that this thesis addresses and the fluidity of these categories is addressed from many nonwestern perspectives. Indra pointed to the shared dilemma between risking meaningless generalities when categories such as *refugee women* or *culture* blur significant differences that are also changing over time, and yet too much emphasis on the individual renders policy-making very difficult. Her recommendation is pertinent: there is still a significant imbalance towards over-generalisations which needs to be countered by sensitive attention to the individual narratives of, in this case, refugee women.

Fazal Rizvi (2001) also highlighted the complexities of social and political relations that are occurring as a result of contemporary global cultural changes. He pointed out that policies based on 'access and equity' simply do not cope with these changes, and that an approach is needed that goes beyond fixed and structured categories which allow for easier bureaucratic management but don't reflect the subtle interactions and changes of the lived experience. In reality, ethnic communities and their origins are in a constant state of flux. It is not so much a question of lost roots but of new and emergent ethnicities linked to contemporary social relations and power. In an era of globalisation, many people are constantly

on the move and less likely to have stable points of origin, clear and final destinations and coherent group identities.

Gender and ethnicity

Gender is another term which recurs throughout the thesis, and in practice the interpretation and use of the term is another area which is not straightforward. (Flax, 1990)·In this context, the term is used to refer to the social constructions of male and female, as distinct from the physiological differences between 'man' and 'woman'. Gender analysis is the term given to exploring such differences in detail, around such criteria as differential access to resources such as education, money, political power, food and water, and a wide range of other things. A good description of this process is given in the document *The Full Picture*, particularly related to the local situation. (Ministry of Women's Affairs, 1996).

In forming my own understanding of gender, I was influenced by Johnella Bird an Auckland feminist and narrative family therapist who challenged her colleagues to constantly engage in self-reflective practice, particularly around issues of power and gender. She described gender as *a relational concept, knitted with power, context and intimate meaning* (Bird, 2000:253)·Given that we are all affected by the ideas and practices of gender relations, many of us are blind to gender differences at all levels .This point is also reiterated by Indra (1999), although she noted that in the domain of enforced migration, there is currently a shift in focus from seeing gender as a subcategory where 'women's issues' were addressed to an acknowledgment of the interplay of gender, power and privilege right from the macro level of beliefs about human rights through to food distribution, for example.

Much of the point of gender analysis is to contribute to seeing such relations as able to move, to be seen as being supported by cultural and economic variables, rather than being fixed universalised statements that imply some unalterable essence of 'man' or 'woman'. Given that this movement is a major theme for many women refugees, it is very important that counsellors and group workers are willing to engage with both the men and women facing these changes Responses to gender have been viewed as ranging from 'alpha bias' to 'beta bias' (Hare-Mustin & Maracek, 1988). Alpha bias is the tendency to exaggerate differences, for example an assertion that ' only men should work outside the

home' whereas beta bias refers to minimizing or ignoring differences. A vivid example of beta bias was given by a friend who worked with emergency relief services in Australia and found that sanitary napkins (or equivalents) were not supplied in emergency packs, as the needs of women were completely overlooked.

Ethical issues

I consider that ethical issues need to be part of the ongoing process of research such as this. In New Zealand particularly, cultural safety has been brought to the forefront in nursing practice, but generalised to other areas. This term is discussed by Irihapeti Ramsden (1993), and emphasises the need for recognition of both an 'insider view' and an 'outsider view'. The risk to be guarded against is that

> *A person from one culture believes that they are demeaned, diminished or disempowered by the actions and delivery systems of the other (Ramsden, 1993:4).*

Janet Finch (1986) also raised concerns for feminist researchers. She pointed to the isolated position of women participants and their social conditioning to please which made them particularly vulnerable to exploitation. In her experience, women gave away a great deal of information, spoke fully and openly with no critical awareness of how the information could be used. She emphasised how it is a political act in itself to help to make women visible, to listen to and value their experience, so that aiming for a non-hierarchical relationship and a non-exploitative one is crucial.

Issues for a 'white' researcher

Many of the writers referred to so far influenced reflections on my own power and privilege, coming from the dominant 'white' culture, albeit a woman within that. As group director and researcher, I was powerful in many ways. One aspect of a self-reflexive praxis involved some examination of my own awareness around these issues. As group director such issues were partly addressed within the team and in supervision.[14]

From that extensive literature, from both feminist and transcultural perspectives, I have selected two examples to illustrate my ongoing development with respect to the topic.

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[14] Both clinical supervision and academic supervision for the research were involved.

Peggy McIntosh drew from her own awareness that initially she was taught to see racism only in individual acts of meanness, not as invisible systems conferring dominance on our group. She described unearned 'skin privilege' and of the ways that she came to be more aware through *unpacking the invisible knapsack*, the title of her article.(McIntosh, 1990). The assumptions examined included everyday activities such as moving house, going shopping, visiting government offices, or responding to police queries without fearing racist judgement. McIntosh commented:

> *One factor seems clear about all of the interlocking oppressions. They take both active forms, which we can see, and embedded forms, which as a member of the dominant group one is taught not to see. To redesign social systems we need first to acknowledge their colossal unseen dimensions. The silences and denials surrounding privilege are the key political tools here. They keep the thinking about equality or equity incomplete, protecting unearned advantage and conferred dominance by making these subjects taboo (McIntosh, 1990:2).*

I would not be naïve enough to believe that I have completed my own self-confrontation, especially when challenged about giving up my own power, but it is part of ongoing work to continue such processes.

Ruth Frankenberg (1993) an American feminist, also addressed the social construction of whiteness, pointing to white skin colour as a location of advantage which most of us do not explore.

Consciousness raising/conscientisation and personal narratives

In attending to the concerns raised above, I reflected on a paradoxical position that as the research progressed, I was developing an increasingly strong feminist perspective but that included not imposing it on other women, some of whom may never have heard the word.

In the early days of the women's movement, there were profound experiences of women coming to a collective understanding of the wider issues that affected, and often oppressed them, by gathering and sharing in a small group with clear guidelines. Such guidelines included not criticising or judging other women, but *respecting other women's voices and finding one's own* (King & Myers 1971). Women often found that they reduced a sense of isolation and came to see that many issues were not personal, but related to the conditions of their society. As a feminist working with a mixture of feminists and non-feminists, one answer, then,

was to watch if the process of the group itself brought women to greater collective awareness.

This process of consciousness-raising is similar to that of *conscientization*, a term coined by Paolo Freire. He was a Brazilian educationalist who launched literacy programs amongst the peasant people of North Eastern Brazil from 1960 onwards. He noted that given the opportunity to meet in groups, dialogue and reflection led people to their own empowerment for action. In the process, the teacher is also taught by the student. His term 'praxis' referred to reflection and action in the world in order to change it, breaking what he called the *culture of silence* (Freire, 1993). Such concepts are particularly useful for working with women whose voices have often been silenced (Rathgen, 1997; Leslie, 1999).

The choice to focus on women's own narratives is another way of ensuring that the respondents' experience can be less fractured and distorted, and where the timing, selection and language can be in the hands of the participants. (Graham, 1984:108).

Section D: Setting the parameters of the thesis

The central concerns of the thesis relate to the content brought forward by the women of the New Settler groups, and the processes with which the team and the group members responded to that information. Many of the topics that I expected to be addressing, such as Female Genital Mutilation, or individual narratives of rape in the context of war, did not come forward from the women, and so are not addressed further.

- It is seen as beyond the scope of the thesis to give a thorough overview of the major topic areas, apart from introductory or salient references. For example, New Zealand resettlement policy is discussed in terms of whether literature pertaining to women, as distinct from men, is incorporated. The extensive literature on women refugees is not discussed in detail.

- The issues of refugee women have been given the foreground when they are different from those of immigrant women.

- On no occasion are real names or identifying details used. The focus is on themes, or when individual narratives are reported, they are disguised to preserve confidentiality and anonymity.

- Literature and policy was addressed up to the arbitrary date of September 1,2001, when the final writing began.

Section E: Contextual Models.

The model below is offered as a visual presentation of the complexities that are described in the methodology section. It brings together ideas from three theorists, and the origins are described further below.
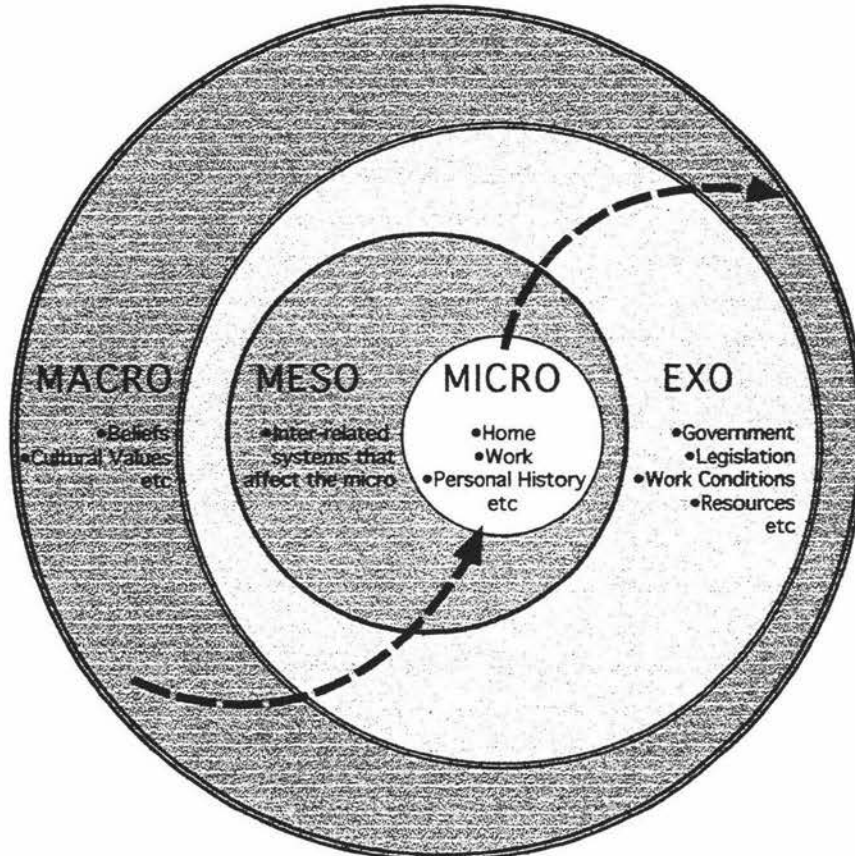
Figure 1. Contextual model (adapted from Adamson 1999).

The series of concentric circles is an adaption from a model produced by one of my supervisors (Adamson, 1999) but based on the work of Uri Bronfenbrenner, (1979) an author who had influenced me many years ago when I was working on training for child care workers in New Zealand (von Sturmer, [15]1986). This model is termed an ecological approach to human systems and is based on the observation that human beings always operate within contexts, and the interpretation and meaning of events plus their systemic impact need to be taken into account:

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[15] I was still married at this time

- At **the macro** level, of beliefs and ideologies, international laws and practices related to culture, gender, ethnicity and class can influence the interpretation of an experience, and the nature of interventions offered and accepted. In the context of this thesis, for instance, there will be such influences on me, and my interactions with the women in the New Settler groups.
- At the **exo** level, there will be effects from government legislation, employment conditions, resources, and so on.
- At the **meso** level of our immediate environment, we will be affected by the nature of inter-relationships amongst many sub-systems
- At the **micro** level, we will be affected by our own immediate environment, and the personality and experience that we bring to it.

Borders and Frontiers - a model of dynamic movement

The second conceptualisation is from the work of a respected Maori woman, Irihapeti Ramsden (Ramsden, 1993) and assists this static model to be understood in dynamic terms, which is much more akin to my own experience, and even more so to that of the New Settler women. The concept was originally used by an early feminist, Gloria Anzaldua. I have added a flow line to Bronfenbrenner's model to represent the constant crossing and recrossing of borders and frontiers – linguistic, philosophical, cultural, geographic, and spiritual, amongst many others.

> *Life for all of those who come from minority or different cultures is often spent on an emotional and spiritual frontier. Identity is a constant series of borders, of crossings and recrossings. (Some) people in this colonised land find themselves dwelling in the worlds of neither one nor the other. Neither fully comfortable in the tight world of the Pakeha nor in te ao Maori.*
>
> *The parameters of the frontier are set by the Pakeha education system, legal system, health system, economic system, and by urbanisation (Ramsden, 1993:345).*

Horizontal and vertical movement

There is another dimension of movement which can affect people facing resettlement. This was described by Karl Manheim, cited in Anderson (1990:30). who recognised that it takes two kinds of mobility to influence change. Horizontal mobility, such as moving from an African village to Auckland, sends people into strange social settings. Vertical mobility can shake up the social order from which a person comes, namely, when a person experiences great changes in their political system, legal system, social and professional status. Examples of such changes

will be discussed later in the thesis. In terms of methodology, Manheim's writing contributed to my emphasis of movement as a significant variable in the contextual model presented below.

The dynamics of change in gender relations which can profoundly affect women immigrants and refugees is represented in a collection of studies brought together by Gina Buijs (1993) under the title *Crossing Boundaries and Changing Identities*. Changes for better and worse are illustrated for a diversity of women including Palestinian women moving to West Berlin and Somali and Asian women moving to Britain The constraints or advantages of the host country made a large difference to the changing identities of such women. A relevant area for many women refugees and immigrants is that of domestic violence, a theme that recurred throughout the New Settler groups and which is illustrated in Chapter 7. Audrey Macklin (1999) undertook a comparative analysis of directives on gender persecution in Canada, the US and Australia. She reflected on the blurred boundary between attitudes to such violence, and the laws that reflect those attitudes, and the wider issues of human rights. As different interpretations get translated into action, the parallels between what happens in the 'private'sphere and the 'public' sphere become more apparent.

Contextual Model 2: the effects of trauma across generations

The model presented below is adapted from Yael Danieli who worked with holocaust survivors and their families (Danieli, 1985:307). She produced a contextual model applied over generations from which the model above derives. Her model named the levels in slightly different ways from those used in Figure 1, namely family; social/communal; religious/cultural; national and international. Although there are shared core issues between people who survive major traumas, there is also great diversity. Provision of effective services also needs to involve the recognition of intergenerational effects at many differing levels.

Generation 3

Generation 2

Generation 1

contextual framing as
described in Figure 1.
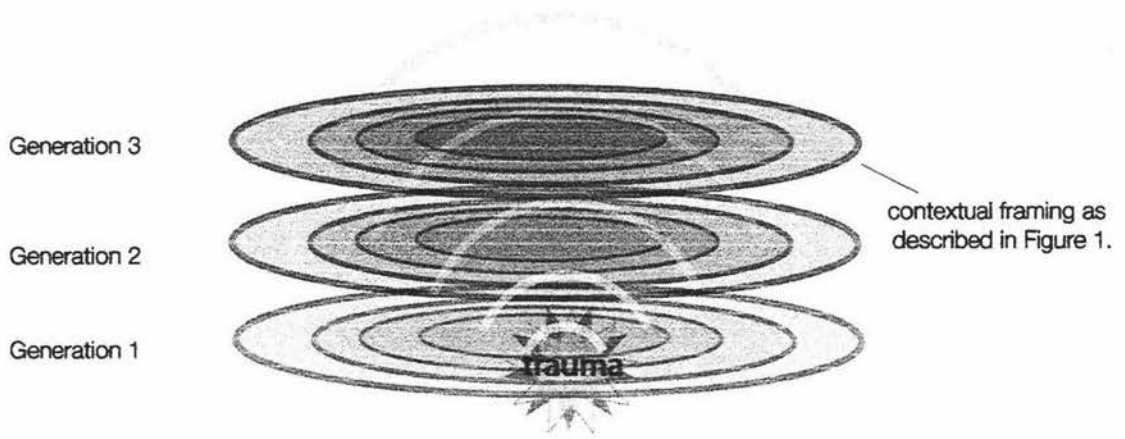
trauma

Figure 2. The effects of trauma across generations (adapted From Danieli 1985).

This diagram is designed to assist an understanding of inter-generational trauma.
The proposition is that major trauma, such as war that leads a refugee family to
flee, can impact on future generations, at many contextual levels. This is especially
likely if there is inadequate assistance at the time of the trauma, or traumas
(Schutzenberger, 1998).

Part 2: Method

In planning the thesis proposal[16] I originally considered a feminist methodology in
line with Jayaratne and Stewart (Jayaratne, 1991) who proposed that many
different methods can be used by feminists as long as they do not conflict with the
fundamental principles and processes of feminism, as described above. I had
intended to provide rigour within a qualitative framework by triangulation, where
several methods are used to provide different perspectives on the interpretation of
symbolic interactions. Those methods were to involve triangulation of:

- The data – through reports of group sessions administration of trauma scales,
  and in-depth interviews.
- The investigators – the use of a focus group involving group members and key
  informants including members of the refugee and immigrant community.
- Theories – juxtaposition of feminist theories with non-feminist theories in key
  areas of trauma and grief work and group work for refugees and immigrants,
  including psychodrama.

However, as the group work progressed, I found that both team members and

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[16] The original plan was part of a Paper in Advanced Research Methods, Massey University. 1995.

participants counselled against going outside of the group process at all, especially with formal measurements such as trauma scales. Later, as the literature will reflect, key informants and other research supported the decision to stay with what the women in the group brought forward. It has been a guiding principle for all aspects of the thesis to have the women's voices be like a rudder which steers both content and process. Of course, one of those 'voices' is mine, and the power inherent in that needed to be addressed and re-addressed.

The process of gaining permission for the research from the Ethics Committee involved addressing many issues related to the method.[17] In summary, the proposal had three goals:

• To conduct action research from a feminist perspective with refugee and immigrant women, and to give a rationale for working with women.

• To explore psychodramatic groupwork and its outcomes.

• To consider implications for policy and practice.

The participants were women who agreed to attend one of the New Settler groups, referred either by a counsellor or by word of mouth. They were told about the research project in their second session, and consent was asked in the next session, after they had time to read the written information. There were times when the women volunteered consent at the first session, once they understood that no identifying details would be published – the focus was on themes except where specific permission for individual narratives was given (still with anonymity preserved).

Two changes from the original proposal took place, on the advice of the team members from India and Iraq. We had noticed that women often left the written information behind, and it became clear that they did not want to take it home. The team members pointed out that this was a way that the women could act from their own autonomy. The second change involved giving a choice for verbal agreement, not only written document, for reasons of safety. This process was another illustration of the importance of responding to the women's concerns, which could be quite different from the men of their culture.

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[17] Full details of the Ethics Committee proposal are given in the Appendix .

The Ethics Committee was also given information to satisfy them that participants would not come to harm, could withdraw from the research without having to withdraw from the group, and could contact me or my supervisors at any time. At the time of writing, no group member has withdrawn from the research, nor expressed concerns, although we do not know if some of the women who only came twice were concerned about the research component.

The Committee also required methods of information collection, handling and storage that dealt with the safety of participants.

Data collection, storage and analysis

When the research was planned, it was still a hope that I would obtain information from a pilot run of eight group sessions. As it turned out, over eighty sessions were run and groups are planned for the current year. Further details are given in chapter seven which focuses on the New Settler groups. Completion of the thesis was delayed for over a year because of health problems, but I was still able to run most group sessions, although the assistant leader did run some.

Data collection and storage

The morning after a group session, I recorded the process and content on computer, without using actual names of participants, and deleting significant personal details where they could allow identification. I had already established a security system, for computer file storage and for storage in filing cabinets. There are inevitable limitations, based on my selection, omission and interpretation, but there were also opportunities given to both the team members and participants to check on a sample of my notes. In line with the methodological perspectives discussed earlier, such interpretation and selection are inevitable.

Other ways of collecting data were used at times, such as photographs or copies of written material from the participants who offered it. Permission was also asked for photographs, and they never involved people. In one case, linked hands were photographed, in other photographs, objects or food was involved.

The only information that was sought outside of the group was from interviews with key informants, which were taped with permission. Transcripts were checked by the informants, with the exception of one who had gone overseas

and did not respond to the request.[18] These interviews were transcribed by a professional typist who had signed a confidentiality agreement. All consent forms, computer notes and tapes are held by me in as secure conditions as possible. They contain far more information than could be reported in this thesis, and may be used for further research. The participants were aware of this.

Data analysis

There were many dilemmas and difficulties involved in dealing with such unusual data, within the constraints of a Masters thesis. There were no research reports of psychodramatic groupwork available, and the reports of groupwork which were available largely described themes, or extracts from individual narratives. Given my goal to put the women's own experiences in the foreground, the first presentation of data will involve examples of psychodramas which illustrate the involvement of the group in both process and content. After that, examples of process and content will be partially separated out. Finally, examples of themes, which mainly illustrate content, will be described.

Thematic content analysis from a feminist perspective

Content analysis involves interpreting people's attitudes, values and behaviour from what they have said and written (Davidson & Tolich, 1999). However, feminist research puts more emphasis on discourse analysis where the way things are said, and what is not said, is just as important. The larger patterning of themes, the silences and the context in which the content emerges are all part of the process. (Reinharz, 1992). Data analysis from the New Settler groups involved thematic analysis, supplemented by my presence as a participant in action research.

The choice of using qualitative data such as this inevitably involved some problems, but I believe that the varied examples from the women themselves attest to the strength of such data on other grounds which have been well described by Miles and Huberman (1994). Such data:

• Focus on naturally occurring events in natural settings – embedded in their own context.

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[18] This informant was sent a copy of what appeared in the thesis.

- Reveal the complexity of the data and have an authenticity that can impact on the reader.
- Are collected over a sustained period which is useful for studying processes.
- Locate the meanings of events for the women because they are based on 'lived' experience.

Of course, as the researcher, I still had the responsibility of reducing the data to be able to display it in thesis format, and to draw conclusions.

Data produced from the groups will be presented and discussed in chapter 7. However, I have contended that different contexts, which inter-relate, are important in order to understand the significance of that data. Considering this contention, the following chapters will present discussion of key areas.

Summary and Discussion

The researcher in this thesis carries dual functions. She is firstly the initiator of the groupwork and director of groups, of immigrant and refugee women and secondly she is a feminist undertaking qualitative research from an interpretive paradigm. There are both problems and benefits from these dual positions. Her personal perspective inevitably shaped the selection and interpretation of material, but it also motivated the commitment to a methodological viewpoint which provided the presentation of the women's concerns as they saw them, and also involved action with respect to those concerns.

As a feminist researcher, there was a recognition of the intersections of power and knowledge in many contexts of relevant to the participants. There was an acknowledgment of the need for transparency and self-reflection, in addition to reflection on process and content through academic and clinical supervision. The decision to work with a multicultural team with diverse theoretical backgrounds added to dimensions of safety for the participants, who also came from many cultural backgrounds. On occasions, both the team and the participants gave feedback which modified the research proposal.

In many research and policy documents where only the categories 'refugee' or 'immigrant' are discussed, the women's experiences are rendered invisible. One function of the research methodology was to make visible gender-specific dimensions of the experiences of both refugee and immigrant women. There was

also a recognition of the ways that gender differences interact with other variables such as ethnicity, cultural views on gender roles and the effects of colonization.

The domain of feminism covers many different areas which are also in flux. In situating herself, the researcher aligned herself with other feminists who respond to the context in which they are working and draw of a variety of feminist viewpoints. in different situations. Post-modernism is particularly useful in conceptualising changes in self and identity that are accelerated for all refugees and migrants, but the changes for women have particular forms and particular consequences. However, there are issues around which women need to gain collective strength from common concerns, and then different feminist positions assist

In common with other researchers, the author also discussed the influence of other theoretical concepts grounded in practical experience. In particular the concepts of consciousness-raising from the women's movement was seen as similar to the process of conscientisation, where people came together to share collective concerns and naturally began to explore the wider contexts which created those concerns. These processes were expected to arise in the New Settler groups.

To provide a framework for understanding the multiple shifts and changes that the researcher, the team and the participants were undergoing, modifications were made to an ecological model of contexts. These modifications drew from other theorists and incorporated concepts of dynamic movement across borders and frontiers which also resulted in changes within a person, and in their structural relations. This model assisted the author, and is offered as a way of developing new paradigms which better reflect the experience of refugee and immigrant women.

In anticipation of the proposal for increasing services for dealing with trauma, the same ecological model was modified to represent intergenerational problems if current issues are not adequately dealt with. This model was also modified on the basis of another theorist's work with long-term issues of holocaust survivors.

The discussion then focussed on the method evolving out of the methodological concerns. The first area to be addressed was that of ethics and safety for the participants and all others involved. The proposal was accepted by the Ethics Committee of Massey University, but the participants and the team

recommended that modifications were made that kept the major goal in mind, namely that empowerment of the women was kept in the foreground. Thus, they decided that written material would be read within the groups, and no interviews would be undertaken outside of the groups. To ensure confidentiality and anonymity, only thematic analysis would be undertaken, except where permission was given to invent names and change identifying material.

CHAPTER 3: NEGOTIATING CONTEXTS – illustrative examples for women refugees and immigrants, and their assistants.

Introduction

The purpose of this chapter is to further illustrate the complex and changing contexts that can be involved for refugee women, and also for immigrant women, as represented by the two models described above. The processes and systems involved are not always easy to understand, and are sometimes in conflict with each other. Different values and jargon are part of shaping quite different views of 'reality'. Equally, those who offer assistance also have to negotiate their way through unstable domains such as law, medicine, or the social sciences with very different perspectives at the macro level. Later, in chapter seven, the experiences of the women in the New Settler groups, will represent a microcosm reflecting in more detail issues raised in this chapter.

The chapter is divided into two sections, although the boundaries are, as ever, fluid. The first will address a few of the negotiations through different contexts concerning migration for women. The second will focus more on the contexts involved in therapeutic interventions for trauma, including who defines such processes and how they are offered.

Section A: Negotiating borders and frontiers of migration

For those not involved, it is easy to forget that migration is an ongoing and complex process (Doktor, 1998; Indra 1999). In every country, migration intersects with a variety of domestic policy questions, such as employment, inter-ethnic relations, and welfare policies. Immigration policies are usually designed to serve the interests of the receiving country by admitting certain categories of foreign nationals and preventing unauthorised entry by all others. Refugee policies on the other hand, arise from the legal and moral obligations incumbent upon open societies by virtue of their membership in an international community.

From the large body of literature on migration issues, I have selected two different examples, one that does not separate out differences in gender, and one that does.

The first reflected participants from many countries who addressed international migration issues (Bernstein & Weiner, 1999). Some major themes that emerged were:

- Governments both need to assure their own populations that migrants can add to a country's growth and that control policies are in place, especially for refugees.
- Controls at the borders are preferable to internal controls, and it is even easier if such controls can be shifted offshore.
- The norm keeps shifting as to what is acceptable for a democratic society with respect to the expulsion of illegal migrants. For instance it is much more acceptable now to return ships carrying illegal migrants as well as to deport screened out asylum seekers.

This extensive overview did not discuss gender at all, and assumptions were made that women and men could be subsumed together under 'migrants'. Despite gender issues being on the research agenda of most major social science disciplines for over two decades, it is only very recently being addressed in the domain of international relations (Halliday, 1991). Yet gender is one of the most basic sources of division around such key issues as who is allowed to vote, to work, to go into combat, hold office, and so on. The lack of gender analysis gave the appearance of transcending gender bias but is, in fact, an example of gender blindness (Grant & Newland, 1991).

The second example illustrates the difference when gender analysis is placed in the foreground throughout the whole process. The most obvious border negotiation for both women immigrants and refugees takes place at the literal border of the country, in terms of who is seen as a 'desirable' immigrant. An exploration of women immigrants in Canada (Arat-Koc et al, 1999) indicated a range of concerns which emphasised the complex interaction of gender, class, race, and age, which affect everyone, including refugee and immigrant women. However, selection on the basis of education, proficiency in English, wealth or business experience immediately gave a bias towards men, who often have greater access to such opportunities. Women were often included as part of the family, rather than having status in their own right.

In terms of work opportunities for women in resettlement, two different themes emerged. The first theme related to women taking up areas of low status and low pay, such as child care and cleaning – work that was not even counted in the

economic equation when done by married women (Waring, 1993). The second theme reflected that women could also have new opportunities and more flexibility, and could obtain work more easily than male partners. At times, this led to increased tension in the relationship as traditional patriarchal patterns were threatened (Macklin 1999).

In an effort to address the breadth of change needed, countries such as Canada have incorporated gender analysis into government policy.[19] In 1995, the Canadian government recognised that policies that provided equal opportunities for women did not necessarily provide for equity. The legislation also acknowledged the diversity among women, in terms of age, ethnicity, ability, sexual orientation, economic status and so on

> *Gender analysis is based on the standpoint that policy cannot be separated from the social context, and that social issues are an integral part of economic issues. Social impact analysis (including gender analysis) is not just an add-on...but an integral part of good policy analysis (Status of Women, Canada, 2000 :3).*

However, as the work cited above indicated, even with the policy in place there is a long way to go before there is full implementation for change. Radical re-structuring would be needed and many feminists see the lack of progress coming from a recognition of the degree of change needed – a paradigm shift at the macro level, where four areas of strategic change in terms of values and beliefs about women would need to be addressed:

- Abolition of a sexual division of labour.
- Greater assistance with domestic care and child care.
- Political equality.
- Adequate measures to counter male violence at all levels.
  (Moser. 1993; Goetz, 1991).

This brief discussion highlights the effects of wider contextual factors for the selection and resettlement of immigrant women, including refugees. However, there are particular issues for refugee women which will be briefly discussed.

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[19]   The New Zealand government has gender analysis documents in place, but there is still no requirement for the Department of Labour (which handles immigrant and refugee issues) to incorporate them. See chapter four.

The role of the United Nations High Commission for Refugees (UNHCR)

The United Nations 1951 Convention Relating to the Status of Refugees defined a refugee as:

> *Any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his[20] nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country (United Nations Declaration on Refugees 1951).*

The sexist language in the definition may be dismissed by some, but it actually reflects another context of gender blindness in the name of equality. Policies that are sensitive to women refugees are slowly emerging, but only after years of struggle (Valji, 2001). A recent figure for refugees worldwide cited by UNHCR was over 30 million, growing by the thousands every day. An estimated 80% are o women and children, but very few of those end up in permanent resettlement in other countries (United Nations, 2001a).

Responsibility for refugees is part of the brief for the United Nations Organization in Geneva (United Nations, 2001a). There are several offices related to special issues for women, including the Special Rapporteur. Since 1946, there has been a Commission on the Status of Women, and since the Fourth Beijing Conference of 1995 there has been the Platform for Action which regularly reviews progress on issues relevant for women. In 1998, the focus was on prevention of violence against women, including issues for women in armed conflict. Gender-sensitive policies are now in place However, the UNHCR does not have legal power or financial resources to implement such policies, and has to depend on host countries (Ulmann, 1999, UNHCR.1991, UNHCR, 1995a, UNHCR, 1997; UN 2001). There is considerable evidence that lack of political will and attendant lack of resources is still a major problem.(Enloe, 1993; UNRISD, 2001; Valji, 2001). In 1995, the UN Rapporteur herself commented:

> *... Sexual violence against refugees is a global problem. It constitutes a violation of basic human rights, instilling fear in the lives of victims already profoundly affected by their displacement. Refugees from Bosnia, Herzegovina, Rwanda, Somalia and Vietnam have brought with them*

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[20] The original definition only referred to 'him' but I noticed that New Zealand documents often used non-sexist language-

harrowing stories of abuse and suffering ... yet many, perhaps most incidents of sexual violence remain unreported for reasons including shame, social stigma and fear of reprisal (UNHCR, 1995 p. 241).

Differing contexts, differing viewpoints

Even the issue of human rights is contested territory, a site of tension Feminist writers are amongst those who have expressed concern (Indra 1999; Macklin 1999) and Marilyn Waring commented:

In the context of these UN human rights instruments, the continuing substantive and conceptual neglect in the international community of human rights against women is an unquestionable hypocrisy....one of the tricks of the questions of gender and international law was to hear what was in the silences, because international law and the law of human rights on gender was about the silence (Waring, 1996:118).

In addressing human rights, men such as Geoffrey Robertson, an international lawyer, took a stand against cultural relativism on the grounds that those cultures which were both patriarchal and based on fundamentalist Islam or Christianity did not promote human rights for women. He noted that women have suffered such problems as female genital mutilation, widow-burning, or refusal of abortion for conceptions from war rape (Roberston, 2000). However, it was feminist international lawyers who looked to the wider context:

Although many men also suffer forms of oppression that reduce their public autonomy and affect the quality of their lives, it remains true that a category of elite men monopolise all secular, religious, national and international institutional forms of power(Charlesworth & Chinkin, 2000).

One feminist raised concerns that a post-modern viewpoint might deflect the issues:

In order to understand the full impact of extreme situations such as genocides,wars, famine, slavery, the Shoah, 'ethnic cleansing' and projects of mass rape and population control, definitions of catastrophe and genocide must be gendered...Despite the linguistic turn in the social sciences which has driven theorists to express social phenomena .as discourses, women know full well the meaning of 'things' in their lives such as genocide, hunger, sexual exploitation and migration (Lentin, 1997:5).

Other feminists such as Cynthia Enloe linked the personal and the political in examining gender issues in the beginning and maintenance of war. Among the many issues she examined, she noted that because of reporting by feminists in Bosnia, Serbia, and Croatia, rape is getting more attention as a state-generated act of war. It was only in 1992 that Amnesty International first reported on rape as a widespread form of state denial of human rights (Enloe, 1993:3).

However, feminists representing 'women of colour' raise concerns that gender inequity can be given prominence at the expense of other inequities, particularly those with which 'third world' theorists such as Chandra Mohanty were concerned (Goetz 1991; Mohanty, Russo and Torres, 1991). The theme here related to intersections of gender with such dimensions as colour, poverty, and lack of education.

A completely different approach to the presentation of refugee women was illustrated by Mahnaz Afkhami who presented a powerful book of narratives from remarkable women, including herself, whom she entitled *Women in Exile* (Afkhami, 1994). These women came from many countries and were currently resettled in the United States. Despite their stories of deprivation, torture and abuse, the emphasis was on their strength and resilience, and the new opportunities that they were able to take up. Many of the women were highly-skilled professionals, and Afkhami's collection of narratives also represented the contribution that refugees make to their country of resettlement. These themes of resilience in the face of multiple loss and trauma and concurrent skill contribution is in contrast to much media presentation of the refugee woman as helpless victim (Ulmann, 1999).

One of the themes that is relevant to this thesis is the blurring of the distinction between the categories of 'immigrant' and 'refugee', especially in relation to women. Different models have proposed distinctions such as migrants being 'pulled' to new opportunities and refugees being 'pushed' into exile. However, as the categories become blurred, so to the reasons for leaving (Abbott, 1989; Cunningham, 1995).

One of the emergent themes of this thesis pertains to the particular issues for Muslim women, simply because these were a significant group which attended. However, at wider contextual levels, such issues are rarely addressed, and it has taken researchers such as Khadija Elmadmad (1999) to point out that there is great diversity within *Muslim women,* but that some of those women suffer gender-based persecution within their own society, as well as from outside, during all phases of migration, forced or otherwise.

This discussion has signalled some of the relevant issues involved in the complex act of migration. The area of trauma studies was chosen as a second example of the contextual negotiations that a migrant or refugee woman may become involved with. This area is also a central one for the rationale used by me in setting up a team to work with the women in the New Settler groups.

Section B: Negotiating borders and frontiers in the area of trauma studies

Not all refugee or migrant women would describe themselves as traumatised, partly because their resilience is great, and partly because they may not recognise trauma as a source of their problems. Those that seek help interact with a range of people. Those people include many sorts of professionals - social workers, doctors, ministers, nurses, psychologists and non-professional volunteers. Each has their own framework, with their own paradigms about knowledge and values, including what they call the people they work with - 'patients' or 'clients', 'people', or in terms of the thesis, 'women'. More and more there are meetings across disciplines and across cultures, as with the International Society for Traumatic Stress Studies (ISTSS), but the research field is still dominated by what has been called the *western medical model* (Wear, 1997), even though there continues to be debates from within,[21] as well as challenges from two main sources, transcultural[22] and feminist workers and researchers.

The imposition of western treatment modalities on refugee populations in refugee camps and in non-western countries is being challenged. Feminist examination of the relationship between war, culture, gender, power relations and mental health gives new perspectives to the discourse on trauma and resilience (Agger, 1992; Anderson, 1999; Gilliland, Spoljar & Rudan, 1995; Arcel, 1995).

Understanding cultural perceptions of mental ill health and the social consequences of psychiatric labelling for women is a fundamental dilemma in developing intervention programmes that will do less harm and more good (Kramer, 1999; Lentin, 1997; Leslie, 1999).

An example of such a programme is the work of Libby Arcel and her team, who worked with women in Croatia who had been traumatised and often sexually abused. The team considered groupwork a treatment of choice, as well as recommending

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[21] In March 2002, Auckland hosted a conference entitled *Beyond PTSD*. I co-presented a Paper on women and PTSD with Annette Mortensen, Refugee Co-ordinator for Auckland Hospital Board.

[22] I have adopted the term 'transcultural' as more acceptable than 'crosscultural'. A rationale for the change is given by the transcultural nursing organization www.tcns.org.

multidisciplinary team work with a balance of professionals and non-professionals who were trained to avoid pathologising terminology. (Arcel, 1995).

A woman psychiatrist, Sandra Bloom also illustrated her own changes as she learned from her clients, deeply traumatised women. She incorporated into her work many areas, drawing from western medicine, feminism, psychodrama and other creative therapies (Bloom, 1997). She also discussed her own movement towards social psychiatry:

> *Through an understanding of how trauma affects the whole human being we were able to see the interconnected and mutually interacting web of biology, individual psychology and social behaviour as well as philosophical, religious, and spiritual beliefs .Patients were at the end of a continuum of traumatic adaption that chains us all together in our common - and often tragic- humanity (Bloom, 1997:8).*

The principles of social psychiatry described by Bloom seemed very close to those proposed by feminists quoted earlier:

- That human behaviour can only be understood in the context of the total social systems and other energies.
- That a person should always be a subject and never an object of an interpersonal interaction .
- That there is a meaningful relationship between the behaviours of one individual and all social and mythological institutions and groups.
- That social problems, including individual, institutional, and group deviant behaviour, cannot be solved without the collaboration between all the institutions and disciplines of human knowledge, influence and action.
- Values of compassion, caring and consideration for all human beings are essential to the operations of social psychiatry (Bloom, 1997:9).

Such principles provided a model for our team to aspire to, but Bloom had to create her own community to put them into practice, and others have also found that non-government agencies are needed, so clients do not feel stigmatised (Danieli, 1985).

Negotiating Post Traumatic Stress Disorder (PTSD)

Despite the models discussed above, many women will have to engage with the concept of PTSD, its strengths and weaknesses. 'Massive trauma' barely describes the phenomena of societies torn apart by conflict, mass population movements and forcible displacement. Given that huge numbers of women and children are involved,

it seems amazing that it is such a struggle to develop gender-sensitive programmes (Pearson, 1998; Taylor et al, 2000).

However, when there is recognition of the dominance of the 'western medical model', it is not so surprising. One area of dominance is the use of the classification of Post Traumatic Stress Disorder (PTSD). PTSD as a diagnostic category emerged in the 1980's in the USA in an attempt to understand and explain the experiences and long-term difficulties faced by many American veterans of the Vietnam war. In this context PTSD was an instrument to deal with psychological distress in men who left a situation of relative 'normality', went into a traumatic experience (the Vietnam War), and then returned to 'normality'. That is the reason for the prefix 'post', but. for many refugees, 'pre' and 'post' need to be replaced with 'ongoing'. For many resettled refugees violence and trauma is very much part of everyday life. For both the men and women, there can be traumatic aspects of resettlement in often distant and alien cultures and societies. Additionally family and communities are often left behind in dangerous and unsafe situations so that the distress or trauma does not become 'post', but remains ongoing (Hamilton, Anderson, Frater-Mathieson, Loewen, & Moore, 2001). [23]

The four defining criteria for PTSD are that the people involved:

1. Have been exposed to an extreme event that lies beyond usual human experience.

2. Repeatedly re-experience the event or parts of the event.

3. Attempt to avoid stimuli that give rise to recollections of the event or experience general emotional numbing.

4 .Continually are in a state of psychological alertness. (American Psychiatric Association, 1994).

Despite continuing use of the classification, PTSD has limitations as a diagnostic tool in response to the presenting psychological symptoms of refugee people. There have been critical debates around the use of this classification from three different areas. Firstly, from transcultural therapists working with refugees in resettlement (Abbott, 1989; Dokter, 1998; Nader, Dubrow & Hudnall Stamm, 1999; Johnson, 1987; Minas, 1994). Secondly, from men working within the *western medical model*

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[23] personal narratives from internal groupwork and local studies, and those of the New Settler Groups will illustrate these issues.

(Friedman, 2000; Valent , 2000) and thirdly, from feminists of differing sorts (Braak, 2000; Pearson, 1998).

The theme of the criticism is that there is too much focus exclusively on the trauma provoking events and following reactions and the classification does not account for the continuous and repeated dangers experienced by war-affected populations. Civil war and conflict, living for years in a refugee camp and resettled life with traumatised family members and communities constitutes repeated and ongoing 'unusual' events (Nader et al, 1999). The multiple experiences of loss and grieving for one's home, family, community, country, identity and employment may present as the phenomena of PTSD, but are however often the process of cultural bereavement (Eisenbruch, 1989).

Bereavement is another topic in its own right, especially the relationship between trauma and grief. For present purposes, I simply want to reflect that narrative therapists have proposed a rationale for working with grief that illustrates many of the concepts discussed in the methodological chapter under the heading of the 'social construction of reality', and which gives flexibility for counsellors to meet their women clients where they are, not where the therapist thinks they should be (Neimeyer, 1993:85; White, 2001).

Grief so often arises in relation to traumatic events, and such therapists focus on the ongoing process of reconstruction of the meaning of life and death, not focussing on categories of normal or abnormal, but a theory that encompassed individual and cultural differences, and changes over time. Such a theory would acknowledge the personal reality of death rather than fixed universal stages, and that for some there may be no 'recovery' but levels of adaption. The willingness to explore a person's own meaning opens the door to an exploration of spirituality, and the role of arts such as music and literature.

Shifts in Trauma diagnosis

The Diagnostic and Statistical Manual, 4th edition (DSM IV), has now added an acculturation stress diagnosis, which offered an alternative mental health category and assistance for refugees, who may not have fitted within a PTSD diagnosis, but are nevertheless experiencing the trauma of huge loss and change (Hamilton et al, 2001).

The experience of trauma can be divided into Type I, single event trauma resulting in PTSD and Type II involving multiple traumas that can lead to particular coping mechanisms, for instance, the massive denial and numbing that develop into characterological and mental health problems (Terr, 1994). Life in a refugee camp constitutes Type II trauma. Herman relates the study of trauma to the social and political conditions, in which it is occurring, linking individual processes of dissociation to societal responses in which:

> ... *The ordinary response to atrocities is to banish them from consciousness ... however, they refuse to be buried ... The systematic study of psychological trauma depends on the support of a political movement ... repression, dissociation and denial are phenomena of a social as well as individual consciousness (Herman, 1992:1).*

Herman proposed a new DSM classification, Complex Post Traumatic Stress Disorder which is similar to Disorders of Extreme Stress not Otherwise Specified.(DESNOS). The DESNOS classification , and Complex PTSD are informally recognised as a more appropriate description than PTSD for people who have experienced multiple trauma and loss (Williams, 2001).

A group of New Zealand consultants, in a literature review prior to planning interventions for refugee children in schools, referred to the original contextual model of Bronfenbrenner (1979). Their summary of the context of trauma is apposite:

> *Whatever diagnosis is made with an individual experiencing symptoms of stress and trauma in her or his life, we need to remember that neither comprises the sum total of the refugee experience. Loss, adaptational experiences, alongside cultural, family and spiritual beliefs that promote resilience and increase protective factors need to be explored (Hamilton et al, 2001:31).*

There are concerns about the very process of diagnosis for refugees. For instance, a recent criticism was made by Watters who argued that the key issue in the expression of disturbed behaviour in refugee populations in resettled countries is the psychological impact of social policies that lead to the labelling of refugees, as pathologized individuals. This has been a major issue in Australia (Silove 2000; Watters 2001), but was also highlighted by Canadian feminists reviewing treatment of women migrants and refugees (Arat-Koc et al, 1999). However, to secure funding it is often necessary to comply with the interpretation of physical and psychological behaviour within a western biomedical model of mental health and illness (Watters, 2001).

Negotiations at the physiological level of stress - tend and befriend

One example from the large domain of trauma and physiology will illustrate that even there, the contexts are changing, and debates continue across academic borders. Recently, an extensive research study reviewed the very fundamentals of a stress response known as 'fight or flight' and re-examined how different the results were when gender was considered (Taylor et al, 2000). This study noted that male animals, across a number of species were used for the original data, but when females across species, and including human females, were researched, their characteristic responses could be classified as ' tend and befriend'. This sort of evidence supported our rationale to work with groups of women coping with trauma amongst their many resettlement issues, by documenting gender-specific

differences.

Transcultural concerns

An increasing number of writers are expressing concerns with concepts such as PTSD and their theoretical underpinnings. For instance, the authors of *Honouring Differences* (Nader 1999) claimed to be opening a new era in traumatology, especially in terms of moving beyond western conceptions of trauma and healing and focussing on cultural issues. They acknowledged the complex and powerful systems that create trauma in the first place, and the necessity for being cautious about using simplistic western models of 'illness' which can divert attention from the wider issues. There were suggestions for rebuilding informal networks for mutual support, listening to local priorities, strengthening community structures, and looking at local healing efforts, but when no distinction is made between issues for the men and issues for the women, and thus no addressing of the power differentials, I doubted the efficacy of such suggestions.

The book addressed 'culture' as a dynamic concept, fraught with contradictions and challenges as people move in and out of many cultures, and also puts the cultural context above conceptions of trauma. An example of a common difference is western psychology's emphasis on cognitive 'working through' trauma, a concept that is often seen as irrelevant or unacceptable in non-western countries, where the emphasis is more on mutual aid, and a spiritual understanding of other cultures, to understand how they managed the forces of hopelessness, meaning and perceived

control. Spiritual discourses frequently try to address such issues, and western medical models of trauma need to recognise this.

Recovery from trauma was seen as involving the reconstruction of meaning, the rebuilding of hope, and a sense of empowerment. These authors contended that it is ethically questionable to address traumas in contexts of political oppression without also working to support human rights and constructive political change. Nevertheless, I noticed that the authors do not apply this contextualisation to gender, and the lack of awareness around many issues of power inequity and abuse, such as rape in the context of war.

There is a growing respect from some traditional medical researchers for the many transcultural therapists who use creative arts in trauma and grief work ; (Valent, 2000 ;van der Kolk, Mcfarlane and Weisaeth). David Read Johnson (1987) bridged both worlds, teaching about creative arts therapies in a psychiatric setting . He also addressed the problematic nature of PTSD, and expressed concern at the misdiagnosis of 'mental illness' instead of delayed manifestations of traumatic experience. He emphasised that sometimes the symptoms do not surface for months or years, partly due to the traumatic responses themselves, but partly because of the many contextual issues around discussing those responses - fear of being called crazy, social ostracism, or protection of loved ones. He was also one of the men in the field who acknowledged the role of the women's movement, along with other contributors, in keeping a focus on psychological trauma in a wider context.

Although this theme has already been mentioned, it seemed fitting to close the chapter with a reminder from Maria Olujic (1995) that in the negotiations involved around migration and trauma there are huge *barricades of silence* to be broken down.

Summary and Discussion

In the previous chapter, two models had been introduced. One illustrated a range of contexts, from the microcosm to the macrocosm which any person could be seen as having to negotiate, and which were themselves in flux. The second model referred to intergenerational effects on these contextual levels if the effects of traumatic events were not adequately dealt with. This chapter took just two examples of areas which affected women immigrants and refugees, but which also affect those working with them. These two contexts were migration and trauma studies.

With respect to migration, many authors acknowledged the complexity and the increasing rate of change that affect migrants and refugees .There are many factors which are increasing mobility across and within countries, and also many factors which are putting pressure on territorial boundaries and limited resources within countries. However, the differential effects on men and women are often left out of research and service provision. Although feminist theory has brought gender equity to the fore in many other domains, it is only slowly coming into the domain of international relations.

Canada provided an example where provisions for gender equity are part of government policy. However, Canadian research which focussed on gender differences for men and women immigrants and refugees indicated how far away substantive equity still is. The research illustrated complex inter-relations between gender, race, age and class, showing the bias towards empowerment of men in many areas. Instances were given across many contexts, from sexual abuse in the context of war through to domestic violence, or from bias towards educated men with economic power because women's unpaid work in childcare and domestic care didn't count.

The role of the UNHCR was then explored, in terms of provisions for women refugees. Although there has been a great improvement in gender-sensitive documents which give the detailed provisions needed for equity for women refugees, without political will and provision of resources from countries involved, there is little scope for change. The area of sexual exploitation of women was highlighted as one where denial or inaction is still prevalent.

Examples were presented from the area of international legal rights, where some male lawyers are acknowledging the inequities, but mostly it is feminist lawyers and theorists who are bringing the issues forward.

This section concluded with a brief illustration from a woman who is herself a feminist in exile and who documented narratives from many other such women who had to flee for their lives. These personal narratives illustrated the common affinities between the women but also many individual differences. The women came from many parts of the world, some were politically active and some were not, but the author highlighted their strengths and resilience as well as the contributions each was making to their country of resettlement.

The second area of discourse that reflected shifting contexts of relevance was the large one of trauma studies. This area affected both the helpers and the women seeking assistance with traumatic experiences and multiples losses. For both, there are times when they are negotiating between several different paradigms at once, particularly across paradigms from western medical views, feminist views or transcultural views.

The literature selected indicated that although categorisations from a mental health perspective are common, especially around such terms as Post Traumatic Stress Disorder (PTSD), there is also ongoing debate within the field, and across disciplines. Concerns have been raised about generalising from the experience of soldiers in a war context, or from one-off natural catastrophes to the experience of refugees, especially women refugees. New categorisations are emerging, and new challenges from such areas as social psychiatry which are more holistic and flexible.

Some of the physiological evidence is also being reviewed, and there are suggestions that females across species are more likely to respond to trauma by tending to young and befriending others to develop collective strength. The previous evidence suggested a universal response of 'fight or flight' but this is being challenged as too simplistic from other areas as well.

There are also growing analyses of the social consequences of pathologising refugee trauma and loss as a mental illness rather than seeing the wider political contexts. For individual women, in particular, ostracism and blame frequently result from such labelling.

The other area of challenge in the field of trauma studies is reflected from transcultural theorists and practitioners who point to the need to put trauma in a cultural context and recognise culturally appropriate language and treatment. This poses dilemmas for a feminist perspective when that culture blames or silences women.

The discussion will change focus in the next chapter to address the local contexts within New Zealand that are relevant to refugee and immigrant women.

CHAPTER 4: NEW ZEALAND POLICY AND PRACTICE FOR WOMEN REFUGEES AND IMMIGRANTS – AN OVERVIEW

Introduction

This chapter will address some of the major New Zealand policies and practices to do with entry and resettlement for women refugees and immigrants.[24] The domains of trauma, grief, and counselling will be mentioned here, but as they are central to the thesis, they will be discussed more fully in Chapter 5. Themes from the previous chapter will permeate this one, reflecting from the macro context to the exo and meso levels of New Zealand systems. A major theme will be the presence or absence of gender awareness, and also the dilemmas and difficulties that arise when there has to be separation of issues that are inter-twined. For example, each of the sub-headings that relate to a woman resettling, such as child care, housing, or employment, can contribute to healing or add grief and trauma, depending on availability and appropriateness of the service.

Another theme will address the provision or otherwise of groupwork services for refugee and immigrant women, in terms of government and non-government policy and research.

The chapter is divided into three parts:

- **Part one** deals with the basics of current practice for immigrant and refugee women.

- **Part two** considers wider contexts where complexities arise.

- It also describes what is currently happening at both government and non-government level. Although there are emergent policies and research projects, the lack of gender analysis is perpetuated, although there are occasional references to issues for women.

- **Part three** involves a summary and discussion of the issues raised in the previous two sections relevant to the contexts which affect the immigrant and refugee women of the New Settler groups.

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[24]   See footnote over page.

Part 1: Current Practice [25]for Immigrants and Refugees

Section A: Immigrants

Introduction

This part of the chapter describes the organizations involved with immigrants, then some key policies that particularly affect women.

Key Sources of Migrants

Migrants currently come from over one hundred and forty countries, dominated by people from the United Kingdom, China and South Africa. There are also significant numbers from other Asian regions, including India, and from the Pacific, particularly Samoa. The areas from which migrants are drawn are quite different from those which produce refugees, although there can be slight overlap. (New Zealand Immigration Service, 2001). At a recent seminar (Indian Social Services Professionals Group, 2001) Rajen Prasad, the former Race Relations Conciliator, pointed to the accelerating rate of change in the number and source of New Zealand immigrants, citing projections for 2046 which indicated that only 50% of people would be from European stock. The rate of change justified the establishment of a new Ministry of Ethnic Affairs, which was set up in May 2001.[26]

The path for a woman immigrant

A woman entering New Zealand as an immigrant has had the paperwork completed and the decision confirmed before she arrives alone or with her family. Once she is through Customs, she is basically on her own, probably as part of a family, possibly alone. She may already know how to contact relevant government and non-government departments. There are, as yet, no automatic formal follow-up processes, although some changes are being proposed and are discussed further in this chapter.

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[25] In setting the parameters(Chapter 2) September 2001 was the arbitrary stopping point re new policy and research- changes continue to be put in place, but not major shifts with respect to the issues raised here.

[26] Fezeela Raza, an Indian Advisor from the Ministry, has met with our New Settler team to offer support.

Organizations involved

The New Zealand Immigration Service (NZIS) which handles the entry and classification of newcomers to New Zealand, is one of the sections of the Department of Labour. A subsection of NZIS handles refugee issues (New Zealand Immigration Service, 2001).

The Policy

The NZIS document pointed out that broad immigration outcomes centre on: increasing New Zealand's human capability, contributing to the development of a culture of enterprise and innovation, and strengthening New Zealand's international linkages whilst maintaining social cohesion.

NZIS provides seven key types of service: Visa and permit management; Border investigations; refugee services; support services for appeal authorities and minister; Ministerial servicing; immigration policy; research on settlement information.

Like so many public documents which contain broad generalisations, the goals sound desirable but the problems lie in the interpretation when specifics are put into action. No overt distinction is made between men and women at this level: it appears to be a gender-equitable policy, but the discussion in the previous chapter, in the next section, and finally the group experiences will indicate otherwise.

The Points System

In 1991 a points system was introduced for the Business Investment category of immigrants, and also for the General Skills Category. Points related to a set of goals which aimed at reducing social exclusion through participation in employment and community activities and attracting quality migrants with entrepreneurial skills innovative ideas and investment capital. There was also a goal to manage costs and risks from 'poor' settlement outcomes.

The legislative framework was provided by the Immigration Act 1987 but entry eligibility is decided by the Minister who can make exceptions to policy. The Immigration Amendment Act 1999 was introduced to strengthen and streamline processing and included provision for the detention of mass arrivals. Immigrants were selected in terms of four main categories: General skills, Business investor, Family, and Humanitarian. This latter category allowed for the situation where there is one relative who was a refugee already established in New Zealand, and the person

to be admitted is at risk of serious emotional or physical harm if they cannot come too. (Department of Labour, 2000).

Most of the women immigrants in the New Settler groups would have been affected by the above policy. However, there have been some recent policy changes affecting immigrants as a whole, which will be outlined below.

Recent Changes in Policy

Reduction of categories

In September 2001 some significant changes became law (NZIS, 2001). There are now three new streams or categories operating independently of one another:

Skilled /Business, Family Sponsored, International-Humanitarian (now the family sponsored stream – see below). Sixty per cent of approvals are set to be in the first category (around 27,000 per annum).

Humanitarian category closed and replaced by the Family Quota

The new Family Sponsored Stream allows for the bypassing of a psychiatric or medical report under some circumstances. Given the anguish and cost that this has entailed in the past, the changes should benefit both men and women, although there is some suggestion that reuniting families is now even more difficult.[27] The particular consequences for women can be punitive, as the data from the New Settlers groups will illustrate.

Family Sponsorship Policy- refugees classified as migrants

There are now three hundred places available for the families of former refugees who have become New Zealand citizens who cannot gain entry through another category. The classification of such people as migrants highlights the inevitable blurring of boundaries between 'refugees ' and 'migrants.'

Many women come as family members with a husband who has negotiated the points system, but many also come in their own right, although figures are not available

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[27] Personal communication with Annette Mortensen, Refugee Health Co-ordinator,Public Health.

Policy for migrant and immigrant women separating because of Domestic Violence

A positive change for women enables ex-partners of New Zealanders to apply for residence when their relationship has ended due to domestic violence and they cannot return home for cultural and social reasons. Prior to September 2001 there were cases of intimidation of women who feared losing their residency status, which had been granted to her only because of her partner's status (one of those gender-biased effects that was largely invisible).

Section B: Refugees

Introduction

This section separates Quota refugees, whose status is clear before they enter New Zealand borders, from asylum seekers, some of whom will become Convention refugees, and others of whom may face deportation if their case for asylum is rejected.

The path for a refugee woman determined by the United Nations Quota [28]

The Policy

Women quota refugees have been accepted before they enter the country. Men, women and children are selected by UNHCR officials and officials from NZIS either in refugee camps or through offices in a country of first asylum and are then resettled to a final destination. In 1997, New Zealand started paying for refugee transport, so the quota was reduced to 750.[29]

The diversity of backgrounds and strengths of the refugee women as well as difficulties, is described in the one document that I located that focussed on refugee women in New Zealand, a booklet produced for International Women's Year by NZIS (Tremewan, 1994).

Resettlement was considered for five categories of refugees (UNHCR, 1994):

- Women-at-risk – where torture and rape, murder of family members, and female genital mutilation are issues (based on gender alone).

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[28] The term quota refugee was defined in chapter three.

[29] The Minister has discretion to increase the number.

- Victims of torture or other forms of violence.

- Physically or mentally disabled refugees.

- Refugees with medical needs which cannot be met in first asylum country.

- 'Longstayers' in refugee camps

New Zealand was the second country in the world to assign a special quota for women-at-risk.

There is some flexibility of policy, to adapt to changing circumstances such as the arrival of Kosovar refugees, or those from the Tampa (New Zealand Immigration Service, 2001). The numbers accepted are still within the quota limit of 750.

Selection of refugees for resettlement

Despite the special categories referred to above, resettlement is regarded as the least desirable option for most refugees because of the major readjustments involved, especially when it is to a far-away country like New Zealand. UNHCR seeks resettlement only in about 1% of the world's refugee cases Refugees are selected by Immigration officials on site, mostly at refugee camps.

Refugees on arrival are granted residential status (UNHCR, 1994), which means that they are immediately entitled to many of the rights of New Zealand residents, such as assistance with education, health, employment and social welfare, but not an invalid benefit (New Zealand Immigration Service, 2001). Women from refugee backgrounds in New Zealand number over 15,000 (NZIS, 2001). Most live in Auckland.

Family reunification

With regard to family reunification, family members still living within the country of origin are not regarded as refugees and special application must be made by the refugee who has reached New Zealand. This is made through the New Zealand Immigration Service. The process involves presentation of numerous documents (often very difficult to obtain) plus a visitor's permit plus airfares, a process which can take years and is very expensive. Some family members come in as immigrants, a process that may increase with the new changes referred to under immigration policy.

Permanent residency application

After residential status has been given, an application for permanent residence can be lodged, although the process may take years, and more money (Shadbolt, 1996).

Organizations involved with resettlement

In New Zealand, refugee resettlement involves co-operation between government agencies, Non-Government Organizations (NGO's), international organizations and volunteers. NZIS is involved in planning programmes, selection, transportation and reception of Quota refugees (Convention). The Ministry of Education provides a refugee education programme of six weeks at Mangere, and English as a Second Language (ESOL) later on. The Department of Work and Income handles emergency and general social welfare grants, as well as re-establishment grants. The Health Funding Authority provides a Refugee Health service at Mangere Reception Centre, Auckland, and some ongoing (and sometimes voluntary) health assistance afterwards.

In a study of refugee needs for early intervention, including asylum needs, an Integrated Comprehensive Support Centre was recommended, and in that, mention was made of the special vulnerability of women and children, but note was made of the lack of existing services (Uprety, 1999:9).

The first stop for Quota refugees landing in New Zealand is at Mangere, where a six-week initial orientation programme is offered. The Centre is managed by the NZIS but other government agencies are involved, providing health checks, basic English lessons, and orientation to New Zealand, including the bicultural Treaty of Waitangi, and the relevant government and non-government agencies with which she will be involved. After this orientation, refugees leave the Centre and may be then supported through sponsors from their own community or other sources.

The Refugee and Migrant Service (RMS) is the NGO responsible for co-ordinating most refugee resettlement through a national network of volunteers who offer a range of things - befriending, advocacy, practical assistance. However, sponsors can become fatigued, especially if they have little training for, and experience of, trauma and grief issues

Further assistance may come from the Refugees as Survivors Centre (RAS) which is now based at Mangere. RAS is the only formal agency that provides ongoing

counselling and other therapeutic services. The Auckland District Health Board[30] does offer health screening and some mental health services, but at the time of writing, groupwork for women was not amongst the services offered, and gender-sensitive policies were not in place.

Section C: Asylum Seekers

Introduction

Many asylum seekers do not know whether they will be accepted as refugees when they arrive at a New Zealand border. They suffer great hardship and take great risks to get to the border, and then may have to wait for long periods of time to know their status. They also have much less in the way of organizational support than a quota refugee.

The path for an asylum-seeking woman

The determination process for asylum seekers is based on New Zealand's responsibility as a signatory of the 1951 United Nations Convention relating to the Status of Refugees. People can seek asylum status on arrival at the borders, or when a temporary visa or permit expires. Successful applicants who meet the requirements of this convention are thus known as Convention refugees. In 1999 this group represented about 275 cases, although it is not clear how many were women. as separate figures were not collated.

Although about 80% of the world's refugees are woman and children, only a tiny minority reach New Zealand:

> *Refugee women (seeking asylum) have particular difficulties in travelling the vast distances to a western country. They may lack financial resources for airfares, travel documents and other expenses, or may be held back by childcare responsibilities and cultural or other restrictions (Tremewan, 1994:9).*

Unless they have been a student, or here under a temporary permit and then seek asylum, women will have arrived at the border not knowing whether their application to become a Convention refugee will be accepted, and they risk being returned to their country of origin, although legally there is a 'non-refoulement' principle which

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[30] A list of such services is available from the Refugee Health Co-ordinators,Public Health,2 Owens Rd, Epsom.

requires that refugees are not returned to countries where the very conditions that led them to flee still put them at risk.

It has been estimated (Broom, 2000) that there are, on average, 200-300 asylum seekers who have their status as Convention Refugees confirmed, and are legally allowed to remain. Considerable numbers are rejected.

In New Zealand, asylum seekers are not usually detained, as in some countries, but recently some male asylum seekers were detained in Mt Eden prison, a decision which aroused local criticism and UN condemnation and both male and female arrivals from the Tampa are, at the time of writing, still under detention conditions..[31]

Organizations involved in resettlement of asylum seekers

The Auckland Refugee Council is contracted to provide some accommodation and services for asylum seekers. RAS offers counselling services to asylum seekers as well as quota refugees. Some church organizations also offer assistance, either through the formal agencies or through informal contacts.

Section D: Resettlement issues - the basic issues for immigrants and refugees

At this point I will simply list the major areas that concern women immigrants and refugees as they re-establish life in New Zealand, either alone or with their families. The list only serves as an introduction and there will be more extensive discussion in Part 2 where the concerns are reflected in government reports, NGO reports, and research studies as well as the independent voices of the women.

The list is not exhaustive, but the themes are:

- Learning English (not always an issue - some women speak several languages).
- Establishing a home.
- Reuniting family members.
- Coping with physical health.
- Coping with mental health.
- Belonging to a community.
- Obtaining employment - in many cases.
- Education – for self and others.

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[31] A group of asylum seekers who had been temporarily housed on the Tampa, a container ship, were recently accepted by New Zealand, for determination of immigration status.

- Coping with pre-migration traumas and losses.
- Coping with changing family dynamics.

The discussion in subsequent chapters will continue exploring these resettlement themes and others, and in particular the dilemmas about how such concerns are categorised and dealt with at all levels of ecological contexts. A major contention is that there needs to be assessment of the changing interactions between these areas, and the differing implications for men and women of the categories themselves if resettlement services are to be effective.

As the thesis progresses there will more and more focus on the diversity and individuality of the women refugees and immigrants involved, and less emphasis on the categories which can render the individuals invisible. The shift to Part 2 begins to reflect such diversity a little more, as government and non-government research is addressed.

Part 2: Wider Contexts

Introduction

From the beginning of this thesis, the interaction of many contexts has been noted, especially the effects on the Micro-context from the Macro level, of beliefs and values that underpin policy. In particular, beliefs and values around either gender awareness or the lack of it have been discussed in terms of effects on myself as the researcher, and on the international studies of refugee policy and practice. This same theme will also permeate later reflections on the literature of trauma studies and groupwork in relation to refugee and immigrant women. In this part, the theme will be discussed with respect to New Zealand policy for, and research on, refugee and immigrant women.

Until 2000, there was no major government-sponsored research project focussing on resettlement experiences for either immigrants or refugees (Gray & Elliott, 2001; Humpage, 1998). There were small-scale and situation specific research studies related to one ethnic group, or gender.

The differences for women when a gender analysis has been undertaken has been illustrated in previous chapters. As ever, the issues arise from the complex and dynamic interactions between the institutions and the people, both clients and service providers.

The experience of someone involved in resettling is rarely linear—'first get the legal documents, then find a house, then find where to buy food'. It is much more akin to what I have called the dynamic movement of 'crossing and recrossing of frontiers ' from one territory to another, both physically and mentally. For instance,' watch the children while thinking about the shopping list, and wondering what to do about lost birth certificates or job references.'

Part 2 of the chapter is divided into five sections, reflecting different contexts within which refugee and immigrant issues are addressed in New Zealand. The first section proposes the need for gender analysis in this domain, and notes two government departments which have such policies, However, policy for immigrants and refugees is not guided by such a macro context, and this is reflected in the following five areas, namely:

- The development of policy for refugees and immigrants.
- A recent NGO report and the government's response.
- Government research into resettlement issues for refugees and migrants.
- Non government research.
- Proposed services for refugees.

Section A: The Macro Perspective- the Need for Gender Analysis

Earlier on (in Chapter two) I discussed the dynamics of power and language as a theoretical issue. Here those dynamics have significant concrete outcomes.

Gender is one of those words that can either open or close a reader's mind, and sometimes adaptability is important, in order to reach the wider goals. This point was stressed by Patti O'Neill, the Specialist Advisor on gender and international development for the Ministry of Foreign Affairs who argued for less jargon and more action:

> *I have a bit of a bug-bear about the gender word – I think it is suffering from a very bad case of over-use syndrome. Too often, I have seen eyes glaze over when such terms are tossed around – and I don't believe that it's because of a lack of commitment or any lack of preparedness to listen and learn – I simply think that such terms can get in the way of understanding.*
>
> *...If gender mainstreaming is to work, we need to more clearly identify the practical benefits it brings to the development and implementation of projects and programmes. Improved statistical evidence, increased involvement of women in the design of projects and policies and a clearer understanding of*

the impacts of policies and programmes can only improve the quality of the project (O'Neill, 2000:1).

Given that I came to this project from a feminist standpoint, and had already years of experience of gender inequity, it was natural for me to explore gender awareness in immigration policy. Of course, an analysis of gender intersects with ethnicity and other factors, as was discussed in Chapter two.

The Ministry of Women's Affairs

The Ministry of Women's Affairs put gender analysis at the core of the Ministry's work, and produced a public document to describe and assist with such analysis (Ministry of Women's Affairs, 1996). They suggested six stages of gender analysis, incorporating key questions at each level. Such an analysis is beyond the scope of this thesis, but I would hope that future policy development would incorporate it, if the needs of women in resettlement were to be truly considered.[32]

NZ Official Development Assistance Policy (NZODA)

New Zealand has an active Overseas Aid policy and within that there is a clear enunciation of the need for gender equity. Guidelines were given on how to reflect on this through gender analysis (Ministry of Foreign Affairs and Trade, 1998).

Many of the women refugees and immigrants entering New Zealand come from 'developing' countries where there are major inequities between men and women. Many of those who get here may be the very ones who have suffered least, and acquired literacy skills, for example, but some have not.

The writers of the Aid policy add:

The equality of women (including in the areas of education and health) is an integral part of universal human rights ... The NZODA Gender and Development Policy reflects New Zealand's commitment to these principles ... The implementation of a Policy on Gender and Development will require integration of gender issues into the analyses and formulation of all policies, programmes and projects, with the objective of ensuring these have a positive impact on women and reduce gender disparities (Ministry of Foreign Affairs and Trade, 1998:29).

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[32] On 11 May 2001, Cabinet agreed to include a gender implications statement for all papers submitted to the Social Equity Committee. However, this did not include the Department of Labour in which responsibility for immigration falls (CO(01)9).

These far-sighted goals could provide a benchmark for assessing what has been done, and what could be done, for women refugees and immigrants, who sometimes bring the legacy of inequities with them. There are some women in the area who are well aware of engendering of refugee issues. For instance, Annette Mortensen (2001), wrote a submission to the Ministry of Women's Affairs which reflected on proposals for women's health from the perspective of refugee women in New Zealand. She commented that although this group is one of the most vulnerable in the country, and is a sizeable and growing segment, it was simply not represented in domestic policy.

As these policies on gender equity have not yet been applied to women in resettlement, the next sections will discuss what is happening in the general area, but separation of the issues for women will be seen to be rare, and only as sub-sections of policy or research documents.

Section B: The Development of Policy on Refugees and Immigrants

Gender differences from the beginning

Refugee women

One of the major themes that has been highlighted already is that the women are notable by their absence, being greatly under-represented in resettlement numbers, especially as asylum-seekers.

The very definition of a refugee is still officially couched in sexist language, because it is the definition adopted by the United Nations Convention. At least one government document has remedied this:

> *Those who were outside their country of nationality and who were unable or unwilling to return to that country because of a well-founded fear of persecution due to their race, religion, nationality, political opinion or membership in a particular social group (Hamilton et al., 2001:7).*

There are many ongoing issues for lawyers in defining and interpreting refugee law (Haines, 2001) including those particularly involving women refugees, For instance, under the Women at Risk category, there have been debates around gender-specific concerns such as FGM (Female Genital Mutilation) although there was a clear stand taken that grounds for torture were to be based on universal human rights, not cultural relativity (Haines, 2001:8).

Immigrant women

No formal definition of 'immigrant' was available. It does not appear in the Immigrant Act of 1999. Recent changes in immigration policy are described in a Briefing Paper for the incoming government (New Zealand Immigration Service, 2001) which noted how international labour is now more mobile, and is affected by both 'push and pull' factors, so that there is a changing expectation that people will move more between countries. There was no mention in this Paper of the complexities around gender which suggested that whilst gender equality may have been assumed, gender blindness is more likely. For instance, who is considered the primary applicant? Who decides on the move? Who has the priority for a paid job in a household? Who gets the first English lessons?

In New Zealand, for the years 1998/1999 and 1999/2000, a target was set at 38,000 immigrants, but there was a shortfall of over 7,000, despite the goal of having a net migration gain of 10,000. There is no automatic disaggregation of figures for men and women,[33] reflected in a lack of planning of services that could address different needs.

Immigration patterns are tied to economic and political changes, within New Zealand and outside of the country. Until the late 1980's the policy was oriented to creating a 'racially similar' population but since the 1987 Immigration Act, there has been more emphasis on personal merit, through the points system, which inevitably leads to the development of greater cultural diversity (Trlin, cited in Madjar, 1998: 37).

In terms of the categories for immigration approval, it is likely that there are marked gender differences (Arat-Koc, 1999). For instance, given the status of women in the world, they are unlikely to be the primary applicant in many cases, whereas the general skills category may be equally distributed between men and women under the points system. The Business investment category is unlikely to include many women, as they rarely have the wealth involved, whereas the Family and Humanitarian categories was likely to have more women than men (Tremewan, 1994). The new category for family reunification, discussed above, may well be the same, but as mentioned, are not routinely kept.

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[33] personal communication with Stephen Dunstan, Department of Labour- figures can be obtained for particular purposes, but it did not seem warranted at this time.

As I reviewed current policy and practice, I was particularly concerned to note whether provision was made, from the research methodology onwards, to reflect awareness of potential gender differences, as it was clear that if the questions were not asked, and asked appropriately, such differences would remain invisible. I consistently found that no formal enquiry separated out women.

Reflecting back to 1989: the first National Conference on Refugee Mental Health

To give some perspective on what has or has not developed for refugee and immigrant women in New Zealand, I returned to the first National Conference on Refugee Mental Health (Abbott, 1989). At that time the estimated number of refugees worldwide was 13 million, and over 10,000 Indochinese had resettled in New Zealand, adding to the changing ethnic profile which was already moving away from immigrants primarily from European stock. Since then the number of refugees has escalated, and the dominant country of origin has changed (New Zealand Immigration Service, 2001).

In an address giving a global perspective on refugees, Iqbel Alimohamed, then Regional representative of UNHCR, pointed out that more than a third of all refugees in the world were from Afghanistan, and many of those were women and children (in Abbott, 1989). He highlighted the double disadvantage of the women, having come from traditional disadvantages, and then often re-abused in the refugee process. He pointed to a particular concern with refugees suffering from torture and trauma and cited research evidence to support the contention that many refugees had perfectly normal healthy lives before needing to flee their country, and that with appropriate services their prognosis was generally excellent (Such appropriate services are still, I believe, at an embrionic level in New Zealand).

Elizabeth Ferris, a representative of the World Council of Churches based in Geneva, was one of the few who focussed on the particular situation for women, although not explicitly taking a feminist stance. She prefaced her article with a series of assumptions reflecting some of the commonalities between the needs of refugee men and women, but emphasising those particular to women:

- Women are less mobile than men, and so are less likely to seek asylum far from home.
- Women and girls make up the bulk of refugees.

- Women are more vulnerable to physical violence, sexual abuse, intimidation and family violence.

- Most refugee programmes still work on an assumed model where a male is the head of the household, and mostly the women's needs are tacked on - such as sewing classes and prenatal clinics. In fact, as women are so central for the family, and for guarding the culture, their needs should be at the forefront.

- The resources of women refugees are considerable, and often under-recognised and utilised.

- Exile may bring pain for the women, but it often brings new opportunities, where women can break through traditional constraints.

- Despite acknowledged difficulties in involving the women; they should participate at all levels, in design, implementation and planning of programmes.

Elizabeth Ferris commented bluntly:

> *The paucity of information about refugee women is appalling. Statistical and demographic data are simply unavailable on a global, regional, and in many cases, even a national basis. The vast majority of the world's refugee women live in camps or as undocumented foreigners in cities (Ferris 1989 :32).*

If I consider the ecological model, the interactions of all levels of the system are represented in her comments. She commented that the perpetrators of violence towards women continued from camp administrators, government and military officials and other refugees and individuals (including vigilante groups). The violence seemed particularly difficult to confront when carried out by military or government officials. In such cases UNHCR and voluntary agencies may be aware of the problem but feel helpless to prevent it. The price of protest may be an order to leave the country. However, she also pointed to some notable exceptions, such as programmes in Jordan and Thailand.

Ferris pointed to some common themes that affect resettlement of women differently from men. Cultural adjustment can have both positive and negative aspects, and may be different for men and women, For instance, male members may be working in lower-paid jobs, or not at all, whereas the women may be working harder, at home and at menial work. Domestic violence can increase, and the mother is often also coping with increased tension from adolescent children, in conflict with old and new values. In some cases, such as Afghani women moving to the West, there was the added difficulty of increased control, through purdah, for instance,

where the men were responding with a combination of insecurity and a wish to regain control.

Another issue, mentioned by others[34], was the struggle to ensure equal access to resources of all sorts, including food and water, sometimes starting in a woman's country or origin, and including the struggle in refugee camps.

Access to counselling and medical services was also less for women, as family responsibilities meant they could not get child care, coupled with a sense of low esteem which meant that they often sought help last. Women often had less education, so had few scholarship and job opportunities, and had no hope of reading written notices about resettlement if they were illiterate, as many are.

In considering what had to be done, Ferris highlighted the need to continue to address why there are refugees in the first place (and why so many are women and children) but until that flow can be stopped, the special needs of women do need to be taken into account. At that stage, the legislation referred to above, for Women at Risk was not yet in place. She also mentioned women's need for childcare and transport, along with other particular needs such as vocational training and counselling. Finally, Ferris argued for greater involvement of the refugee women themselves. In a closing session to this first Conference on Refugee Mental Health, a response was given from Sue Elliott.[35] She remarked about the lack of services, but also dilemmas about the problems that arise when the women become more successful than the men, as sometimes happens as they resettle. One of her cautions was for western feminists to be careful if they encouraged women to leave abusive partners, without realising the price of ostracism from their community. She also observed how women started off in the lowest paid jobs, such as childcare and domestic work.

A Laotian woman, Thongsy Vanviloy had presented a session, which included her concern about the rape of women in the camps, and in reflecting on this, Sue Elliott concluded:

> *Everyone knows about this, including the United Nations, including the churches. No one wants to talk about it. No one wants to do anything about it.*

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[34] an ongoing discussion at sites such as the development-gender network-gender@uea.ac.uk

[35] Sue Elliott was co-author of Refugee Voices, discussed later, and also discussed this thesis with me during 20001.

There are many women in this situation in New Zealand who are in our classes, who are with us all the time (Abbott, 1989 :44).

The conference ended with a presentation of remits and special attention was given to the needs of women refugees, and for services for both men and women who were victims of torture. The remits included the need for more financial support, provision for childcare and for transport to get to English classes, and more assistance to gain appropriate skills. A recommendation was also made that ex-refugee women participate more in planning of services.

The remit that pointed to an urgent need for a specialist centre for refugees has been attended to with the setting up of two Refugees as Survivors (RAS) centres in Auckland and Wellington. From informal discussions[36] with respect to Auckland, it is apparent that the particular needs of women refugees were still not being met in terms of strategic analysis and skilled intervention at a group level.

The Briefing Paper for the incoming government 2000

Just before a change of government in 2000, the Department of Labour produced a Briefing Paper which included a review of its work with immigrants and refugees. The Paper noted that a key issue for government is that migrants who are unable to use their skills in New Zealand are unlikely to settle well and may impose adjustment costs on the state. The report also noted the problems that arise from needing to align immigration points with NZQA[37] frameworks. Again, the particular issues for women were not discussed, and yet women who give priority to husbands learning English or working, and who have dependent children or elders may well become deskilled as they wait for opportunities.

There was acknowledgment that people came from very diverse backgrounds, and that flexibility is needed when assessing suitability, and that poor matching of skills to jobs makes for increased adjustment costs. Recently a Business Migrant Liaison Unit has been set up, but the question remains whether those most in need of it even know about it.

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[36] I do not have permission to be specific, but the concerns expressed came from several key sources over an 18 month period.

[37] New Zealand Qualifications Authority , a government organisation which is charged with determining training standards.

Amongst a list of future developments noted in the briefing paper, there were some positive possibilities, such as:

- NZIS and WINZ were planning improved labour market assistance.
- A review of humanitarian assistance for families.
- Regular meetings with a newly-established Ethnic Council.

Section C: The NGO Report and Departmental Response

Introduction

During the year 2000, the NGO sector produced a report for the incoming government on Refugee Resettlement Policy (Broom, 2000) which was responded to by a Government Interdepartmental Committee. The report was supported by the local UNCHR Liaison officer, reflecting the way the UN processes operate at the local level.

In this section, aspects of the NGO report and the departmental response are discussed, along with my commentary.

The overall project leader, Jenni Broom, was the regional co-ordinator of the Refugee and Migrant Service, the organization most involved with refugees in Auckland, either after their initial processing through the Mangere reception centre, or with asylum seekers who are directed there.[38] Refugee resettlement in this country has always been a partnership between government and civil society, beginning with the acceptance of Polish refugee children at the end of the Second World War. The major goal of this report was to make recommendations for better resettlement processes.

The authors argued that there is a moral imperative to provide effective resettlement policy which can give hope substance. Ineffective policy simply adds to the multiple griefs and trauma already experienced:

> *A humanitarian policy responding to one of the greatest international challenges - the mass displacement of peoples or individual persecution - will incur costs. A well-planned response based on early intervention will lead to resolution of problems and build skills. Without this, costs will compound in health and mental care. Refugee programmes and services are an investment to reduce further expenditure later in the resettlement process (Broom, 2000:6).*

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[38] There are services in the other main cities, but the focus of this thesis is on Auckland.

This report mirrored those in the international literature,[39] which predicted a social and economic underclass if the early investment is not made. The major theme from the NGO report was that lack of provision of adequate resourcing in the short term was likely to result in development of a long-term underclass.

The NGO group also noted how women refugees, in particular, were often portrayed as victims, downplaying resilience, courage, fluency in several languages, and professional skills. Such women might well be vulnerable at time of crisis, but were not permanent victims.

The current Minister of Immigration is Lianne Dalziel, who commented at the beginning of the response that one of her top priorities was the development of national policy for refugee resettlement, and agreed that:

> *There is an urgent need for a comprehensive, cross-sectoral policy on refugee resettlement that recognises the complexity and interconnectedness of the needs of refugees (Department of Labour 2000:3).*

Although Dalziel acknowledged the need for changes in the short, medium and long-term, there still was no mention of gender differences right through the contextual levels. There was acknowledgment of the need for better co-ordination of policy development and service delivery, and the Minister has increased meetings of the Interdepartmental Committee on Refugee Resettlement. There is at least one woman refugee representative, but the selection processes may not have allowed a wide range of applicants.[40]

Establishing Homes

Establishing homes is clearly an urgent need, to cope with larger families who often have no money for even the basics, who have family members with special needs, and extended -family obligations. The current Establishment grant was seen as inadequate, and the criteria too restrictive. There was a need for refugee liaison with Housing NZ.

The Departmental response was that a policy review was in process. However recent research by Lewis Williams from Massey University and a community team (Williams, Wallace, & Maka, 1999) reviewed the availability safety and

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[39] Discussed in Chapter two.

[40] Personal communication to Trudi McNaughton, committee member also involved in equity for women, who reported that the committee has heightened its awareness of such issues.

appropriateness of some of these houses. They summarised their findings with the shocking statement that eighty five per cent of households surveyed expressed dissatisfaction with their relationship with Housing New Zealand. Issues of concern included lack of response to calls; concerns about unhealthy houses; concerns about child safety and concerns about overcrowding. One other factor, of high market rents, has been partially attended to since then by the current government.

The project also addressed ways that people living in these houses could empower themselves. Given that refugee families are part of this community, such assistance could be very useful to them.

Work and Income was not a major focus for NGO criticism, apart from comments such as the inconsistency of applying re-establishment grants—a training document for staff was suggested.

Physical health

Nationally integrated health policies for screening, prevention, education were recommended, to which the Department responded that health sector changes were being planned. Important issues were addressed, such as the need for education around HIV and TB, and the need for better-trained interpreters and stopping the use of children interpreters for parental health issues. However the different issues for men and women in this area were not being systematically discussed, only mentioned in passing.

Mental Health

Mental health needs of refugees have been long understood but services have been slow to develop, and regionally limited. A need for specialist services was acknowledged (but there was no mention of the particular needs for women). The Ministry of Health and HFA (Health Funding Authority) response was to endorse planning for the provision of integrated community-oriented services such as those provided for Kosovar refugees.

However, the current RAS services are still limited in scope, and the promise did not eventuate of Community Mental Health services funding to establish five FTE's[41] to link referrals from refugee agencies to assessment and treatment. The position of

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[41] Full Time Equivalents

Refugee Health Co-Ordinator for the Auckland District Health Board is currently held by Annette Mortensen with whom I have consulted on several occasions. In my most recent discussion[42] I asked her for her reflections on the Ministry of Health's response. Here is her reply:

> *There are some individuals, inside and outside of the hospital system who are seeing refugee clients, but there is nobody else offering the sort of groupwork for women that your team is doing.*
>
> *Having undertaken a Health Needs Assessment for refugees in Auckland, I am endorsing a model where there are multiple points of entry for services. Some of my role, then, is supporting initiatives such as yours, and providing liaison between people in the field.*
>
> *It is clear to me that in the refugee community, there is a major stigma associated with 'mental illness' and services need to take this into account. Such organizations as the People's Centre work because mental health needs can be met in a low-key way, where to the outside world, a person might simply be getting their hair cut or going to the dentist.*
>
> *Any service (for women in particular) that is going to work probably needs to be twenty-to-thirty minutes from home, and preferably within walking distance.*
>
> *My consultations with one woman doctor from Iraq, who sees many refugee women, supports the view that most are not mentally ill, although many are traumatised, and need community education and networking. They would benefit from groups, especially because this keeps a focus on community and family, rather than individual counselling which is often seen as inappropriate, and the therapeutic work can often occur incidentally.*
>
> *We do also need acute and non-acute services for those who are truly mentally ill, but these need to be well managed with good accountability.*
>
> *I am supportive of your idea of providing a 'bridging' service where groupwork for traumatised women, in a non-medical setting, is part of the multiple entry model.*

The Auckland District Health Board (Thorburn, 2001) appointed an Ethiopian-born man, Adem Bessano, to assist with refugee community health liaison. He was to work with the refugee health co-ordinator, to improve services, and also improve communication between the service providers and those needing the services. According to this newsletter, there are about 40,000 refugees in Auckland: it is not clear how many are women, or how many are now New Zealand citizens, but still have needs arising from a refugee background.

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[42] Personal communication 24.10.01.

Although I applauded this development, I noticed that there was no reference in the brief article to the particular needs of refugee women, although informal discussions with Annette Mortensen indicated that she was certainly aware of the issues. For instance, she had been working with the asylum-seekers that arrived off the Tampa, and described needing to be quite proactive in ensuring that planning authorities catered for sanitary supplies for the women in detention. This is an issue that I have noted at the international level and also in discussion with an Australian colleague.

The area of refugee and immigrant women's health is a major topic, including women's treatment around such issues as Female Genital Mutilation (FGM) (Denholm, 1998), appropriate childbirth practices[43] and the need for sensitivity around physical examinations. These issues affect both immigrant and refugee women but for the refugee women the likelihood of trauma from torture experiences is also high, and the need for training in this area for all hospital personnel is great.

Belonging in a Community

The NGO report commented that ongoing progress towards independent living may take many years, and depended on other things such as learning English, family reunification, and full employment. There was no separation of differential needs of men and women in this process.

There was agreement from NZIS that a case management model for refugee resettlement, acknowledging the complexity and multidisciplinary nature of the process, will be part of the development of refugee resettlement policy. A new portfolio of Minister of Ethnic Affairs was established in May 2001. Although this was a desirable move, it remains to be seen whether the particular needs of women will be addressed.

Learning English

The report did mention the essential requirements of proximity, childcare, and local transport if English classes were to be successful, particularly for the women. The government response noted that a review was under way, especially with regard to

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[43] Personal communication. Ruth De Souza is completing her Masters thesis on the double transition of Goan women experiencing childbirth in New Zealand, and coping with the dominant medical model.

the recommendation for free ESOL[44] education and support. Although there was acknowledgment of the necessity for free onsite childcare, it was seen as too costly for the providers. It is a good illustration of how there can seem to be equality of opportunity- both men and women are offered the classes- but there is actually inequity in the provisions.

Employment

Refugees are not supposed to be selected on the basis of skills, but as the NGO report commented they often do have great skills but are up against great disadvantage, so that there exists an inequity of treatment. The Departmental response was to point to the new initiatives which will collect more information for better planning. Again my concern is unless the women's particular issues are explored, they could still be left out or inappropriate assumptions made.

Greater problems for asylum seekers and Convention refugees

Auckland is the main point of entry for such asylum seekers, which, as noted above, mostly involve more men than women. However, there are women involved, albeit in tiny numbers, and policies need to address their concerns, as different from the men. Some new initiatives from the government have seen money for the Grove Road hostel[45], and a clearing of the large backlog of claims.

Section D: Government Research into refugees and immigrants

NZIS immigration research programme: Family Structures in NZ 2001

In July 2001, the NZIS Immigration Service began a review of family - sponsored immigration. As part of that process, the department commissioned a report on family structures (Immigration Service, 2000). This area bridges both immigrants and refugees. Not surprisingly, having surveyed the literature and conducted fifteen interviews with a wide range of migrants in New Zealand, the report concluded that the basic concepts of nationality, ethnicity and family are complex, and challenge legal definitions based on 'white middle class' perceptions.

Relevant findings included:

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[44] ESOL stands for English for Speakers of Other Languages.

[45] Grove Road hostel, in Auckland, provides accommodation for asylum seekers.

- The family was considered much more as a social unit than a biological one, and family needs over-rode individual ones – close networks of extended family are retained, both inside and outside New Zealand.

- In almost all cases, authority remains with males, while females provide domestic support and personal care, and have responsibility for maintaining cultural and family values.

- Families living through radical socio-political change, war or other crises, which often prompt forced or voluntary migration, vary their perceptions of kin relationships according to changing circumstances.

- Migration brings both costs and opportunities, including negative effects from immigration policies and procedure.

Whilst it is a step forward to see the complexities acknowledged, there is still no indication of what changes might result from this report, especially in terms of greater sensitivity to the needs of the women involved.

Refugee resettlement research project – Refugee Voices-2001

Another potentially hopeful development was the beginning of a Department of Labour three-year research project entitled *Refugee Voices* (Dunstan, 2000). Major refugee groups coming to New Zealand over last five years were from Somalia, Ethiopia, Iraq, Iran, Afghanistan, Burma, Sri Lanka, Vietnam and Laos. The research objectives of the project sounded laudable, but without careful attention to gender differences at all levels, crucial elements could be overlooked in this research.

Such elements begin with whether the questions are sensitive to women's safety in terms of where and who asks the questions, and address concerns about services for women's health in a way that women feel safe to answer. From the international literature, it is highly likely that themes will include problems with childcare, transport difficulties, and cultural conflicts between patriarchal structures perpetuated from countries of origin and more equitable rights for women in New Zealand.

The proposal did mention women as one special subcategory amongst others, but this sounded like ' add women and stir' –ie looking at some practical gender differences, rather than a strategic gender analysis throughout the whole process. For instance, in order to explore the research proposal further, I talked with Stephen

Dunstan (see previous footnote) who told me that there was a deliberate decision to avoid 'trauma topics' in case of re-traumatisation.

Although I understand the dilemmas involved, it seems hard to plan for such services if the questions are never asked. To provide safety for women to discuss a range of traumas, which may include rape, for instance, is a major task, yet a necessary one. A review of counselling for refugee women, in the following chapter, will indicate how the information is certainly obtainable if there is a trusting and confidential relationship established, a concern that was addressed in the methodology section, and that is familiar to many feminist researchers.

Refugee Resettlement Research Project 2001- Refugee Voices- Literature Review

Introduction

As part of the Refugee Voices project, Alison Gray and Susan Elliott were commissioned to review the literature on resettlement (Gray & Elliott, 2001). They drew on a wide range of Internet resources and other digitalised catalogues, which, incidentally, provided an excellent bibliography to draw from. They noted that this three-year research programme would be the first New Zealand government research on resettlement of refugees here. To me, this makes it imperative that the needs of women refugees as different from the men are adequately attended to, and it was promising to see from the outset that the authors underscored the need to pay attention to the needs of different subgroups of refugees, including women.

Definitions of resettlement

Since 1985, resettlement has been seen by UNHCR as the least preferred option for refugees. (United Nations High Commissioner for Refugees, 1997). However, there are increasingly situations where resettlement is the only real choice Many conflicts are continuing, and first asylum countries have limited resources.

As a term, resettlement is open to many interpretations and the authors point out that there no agreed definition of what it is or when it has occurred. It is a two-way, complex process as well as a goal, and how it is done is a matter of choice for the individual. However, outcomes may range from assimilation to segregation or marginalisation, with some form of multiculturalism being the most usual outcome (Gray & Elliott, 2001: 24).

Some of the research quoted in the review proposed four stages:

- Learning language, norms, roles and customs.

- Learning to handle new roles and situations.

- Development of new identity and status image.

- Switching from major participation in one's own ethnic group to participation in institutions of the host country.

The authors also cited Bihi (Gray & Elliott, 2001), who was a former refugee, now living in New Zealand who suggested it was more like three simultaneous processes of restoration, maintenance, and transformation. Settlement issues can arise long after arrival, for instance when someone becomes elderly, and has new social needs, or if someone who had regular employment suddenly loses a job. Other potent examples involve someone whose country goes to war, or who loses relatives in either the host country or country of origin and reassesses their 'settledness'. These examples serve as a reminder of the constant movement involved between systems.

Different categories of refugee may adapt very differently- contrast, for instance, a young child, a student, or an elderly person, or and the contrast between an affluent and mobile young man and a dependent woman at home with small children.

Some researchers considered about a ten year period necessary for full settlement, whereas others saw it as a process that may never be complete. The need for stable long-term resettlement services was underscored. However, the literature review reflected that all over the world there is a dilemma between the increasing demands from refugees to respond to humanitarian need, and budgetary constraints and social pressure to restrict that response.

Resettlement as a process

There are many ways of conceptualising the refugee experience. The reviewers discussed that of Derek Silove who pictured this as a continuum:

> *Experiences of social upheaval, danger, deprivation and multiple losses in home country-----------------becoming an internal fugitive-----------------------time in camps or similar(which can be good or bad) -----------------high risk of PTSD, depression, somatic problems------------resettlement traumas after an initial period of enthusiasm and hope (depending on the nature of resettlement experiences). (Silove, 2000).*

There are many issues to be addressed, including when and how to deliver services for people who may fear seeking help, for cultural reasons, or for fear of risking their refugee status.

The reviewers cited international research that suggested that early access to mental health facilities was useful, right from refugee camps onwards. However, this whole area is fraught with dilemmas, some of which will be discussed below. They also highlight the resilience, courage and skills of many refugees, and acknowledge how easy it is to forget that this is a moveable category.

There were many issues discussed in the literature, including:

- No ESL courses for family reunification migrants.
- Lack of adequate social support networks such as family and friends.
- Physical health needs, including HIV/Aids.
- Lack of affordable and trained interpreters.
- Widespread agreement about difficulties gaining employment, and having qualifications accepted.

Altogether, the review highlighted the need for sufficient long-term funding to provide high-quality services, money that is cost-saving in the long term.

Recommendations also included planning issues, so that social clusters of about 300 people from the same background can establish some sort of community, although they note that there is evidence of tensions within communities. Again, and not surprisingly, the need for family re-unification was highlighted.

Particular subgroups were focussed on in the review, including asylum-seekers and women. Problems for asylum seekers include:

- Having to tolerate judgements such as 'queue jumpers' while living with uncertainty and delays about acceptance of asylum status.
- Having to find their own accommodation (after brief time in an emergency hostel).
- Not being eligible for formal language training.
- No introductory programme to New Zealand culture.
- Unassisted in day to day living.
- No income or work permit until first immigration interview re status.
- Only being eligible for emergency benefits.
- Need for expensive legal advice.

Women refugees

All of the issues discussed in the Review are likely to have gender differences, but the review doesn't mention them. The authors do, however, discuss some of the

major concerns that refugee women face. For instance, they cite the work of Colson (in Gray, 2001) who noted how traditional gender roles are disrupted by disruptions of status and power hierarchies, such as geographical dispersal of kinship networks; new residence patterns; loss of economic resources and exposure to strangers with different expectations. As well as this, they cite research to indicate that:

- Women are more likely to come as dependent spouses, with responsibility for children.
- Physical and sexual violence towards women can increase in response to the stresses experienced by male partners.
- Changing roles for women - many different dimensions of these changes, but including the difficulties men can have in coming to terms with lower status, whereas women sometimes found new roles, new opportunities and new status.
- Highly-educated women were often left without professional work.
- Women without partners were often particularly vulnerable, especially if they came in the Women at Risk category.

Many other barriers to resettlement which affected both men and women were listed in the review, including racism and discrimination; delays in family reunification; lack of resources for integration programmes and financial pressures from conflicting goals such as the duty to get remaining family out but worry over day-to-day finances.

The reviewers advocated the involvement of refugees at all levels, from planning policy to service delivery (but again, there are particular problems in effectively involving the women, which need far more extensive analysis).

Finally, the review addresses elements for successful resettlement, drawing on international research, including Australian provisions. Priorities include:

- More extensive English language training.
- Better access to labour markets.
- More settlement information.
- Better access to housing.
- Enhanced support for sponsors.
- Improved translating and interpreting services.
- Integrating services for humanitarian entrants, including torture and trauma counselling.

Under Health initiatives, some particular points are of relevance. To be able to effectively assist refugees to cope with traumatic experiences, better training of health workers, including mental health, was recommended. There seems some evidence that it works better to provide specialist units within the mainstream health services, and to use refugees as cultural mediators. Such treatment needs to be holistic, flexible, and integrated with ordinary practical services to reduce stigma attached to being seen as a mental health patient.

The review concluded with a reminder that proper investment in resettlement services, taking into account the needs of particular groups (including women), allows integration to become the two-way contributory process than it can be.

Ministry of Education Literature Review: Interventions for Refugee Children in New Zealand Schools, June 2000

On the face of it, why should such a review be included when the focus is on refugee women? The rationale is two-fold. Firstly, the review covers significant information about refugee issues in general, including both pre-migration trauma and loss and also resettlement issues. Secondly, at the end of the review there are suggestions for best practice, many of which extend into the community, and would potentially involve women as mothers. From an ecological point of view, children's needs are often embedded in the context of their mother's roles (Hamilton et al, 2001:123-129).

The literature review was undertaken with the goal of developing a model of best practice of interventions for refugee children in New Zealand schools. The five consultants included Kaaren Frater-Mathieson, whose work contributed greatly to this thesis. The consultants for this review showed a rare sensitivity towards the effects of different theoretical perspectives on what data was collected and how it was interpreted. For instance, the literature review separated two broad themes, post-migration stressors and grief and trauma (further reference will be made to this document in Chapter 5 where relevant literature on grief and trauma is discussed). However, in practice, the reviewers noted how arbitrary it is to separate the two areas. In terms of methodological considerations, theorists who focus on displacement and migration seem to focus on post-migration stressors, whereas those who take a mental health perspective focus more on trauma and grief. The people involved, of course, need services that attend to both.

In common with the other New Zealand literature surveyed, no separation of a systemic kind was made between the issues for boy and girl refugees, although some specific mention was made of gender differences, such as a suggestion to *look at the opportunities and roles that correspond with gender in the cultures of refugees.* (Hamilton et al, 2001:60).

Under the theme of post-migration, the concept of 'resilience' was highlighted. This term referred to overcoming adversity to achieve good outcomes, and promoted a focus on strengths and resources, not just problems.

Longitudinal Immigration Survey (LisNZ)- 2001

Another initiative is a Longitudinal Immigration Survey (LisNZ) (Department of Labour, 2001) which is focussed on discovering how well government policies on migration are working, over a period of seven years. The first cohort involves seven hundred and fifty people, as a practice, expanding to about 8,000.

This survey may be good for women migrants, if the interviewing is done with gender sensitivity at all levels, but there is no mention of the gendering of the issues right at the start, and certainly none of the detailed and transparent attention that a true gender analysis would required. In any case, it will be some years down the track before the outcomes will be known, in terms of policy and practice.

Section E: Non-Governmental Research

I have indicated from the outset that I was unable to find any research that was similar to my particular thesis topic, where four different areas of discourse are brought together- feminisms, refugee and immigrant studies, trauma and grief research, and groupwork (particularly psychodrama). In this section, instead of traditional literature review, I have selected a few examples of current research, mostly on refugees rather than migrants, to set a context for the current thesis.

The Massey University New Settler Project on Immigrants

This longitudinal research was begun in 1999 and interviewing will continue until 2000.[46] The research subjects are migrants who have settled in New Zealand since 1998, and several areas of post-migration are being explored. However, in a

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[46] see website at http:newsettlers.massey.ac.nz

discussion with Anne Henderson, one of the research team, it was evident that the issues for women migrants were not being systematically focussed on.

Research on Eritrean and Ethiopian refugees in Auckland- Shadbolt 1996

Maureen Shadbolt (1996) in exploring the resettlement of Ethiopean and Eritrean Refugees in Auckland is one of the few researchers I found who emphasised that women refugees suffer at all levels because of their gender. She also noted the widespread failure to recognise the systemic reasons for the perpetration of violence towards women, in both war and peace, and the inequalities that exist for women both in their countries of origin and in resettlement.

Shadbolt was amongst others who commented that there is as yet very little New Zealand research on refugee resettlement, much less focussing on women.
In her review of the literature, Shadbolt did refer to some studies which highlight gender differences, including feminist Helen Moussa (in Shadbolt, 1996). In her study of Ethiopian women resettling in Canada, Moussa highlighted the lack of recognition, that such women refugees come into the country with many inequalities from their country of origin, some of which increase, and some of which change for the better.

Shadbolt interviewed a small sample of three different groups over the course of 1994, involving a mixture of men and women. Although she did not systematically separate out her findings on a gender basis, some relevant themes were:

- The need for recognising that resettlement processes are undergone with varying degrees of success, which are not helped by fragmented or absent services.
- Such processes cannot be set in a rigid time frame.
- Drawing on Eileen Pittaway's research in Australia (Pittaway, 1993),which was based on the needs of women refugees, Shadbolt recommended that major services need to cover orientation and information; facilities for learning language of the host country; income support; secure and affordable accommodation; childcare; and emotional support and therapy.
- Whilst resettlement may give some women opportunities for a new social status and identity, very few of her sample found this: although equity was espoused, the need for stability and security sometimes increased patriarchal control.

Shadbolt highlighted the need for systemic management of the inter- relationships between the main actors - refugees, agencies, and government. Fragmentation of service provision was seen as reflecting the low political priority given to refugee needs, and the philosophical problems behind that, in terms of the rationale for giving help in the first place.

Resettlement issues

As far as resettlement went, there were generally great hopes of New Zealand (based on little knowledge), especially in terms of finding peace. Some hopes about finding jobs and good education have turned out to be unrealistic, There was appreciation of the Mangere programme, but fears of what health checks may reveal - e.g HIV or TB - and fears that they may be rejected because of those.

After respondents had left Mangere, they expressed appreciation towards RMS and their sponsors, where stories were mostly positive. However, Shadbolt also raised concerns about the real safety to give honest responses. Greater assistance with family reunification was often mentioned, with the now-familiar concerns with it being a long, difficult, and expensive process.

Particular difficulties that did emerge for the women related to finding child care; transport and money to learn English (and often having to wait till last); being socially isolated with small children; only finding work in menial areas; and coping with inappropriate housing.

In terms of changing roles, Shadbolt noted that almost all commented on this to some degree, both men and women. Some of the men were certainly aware that their role of principal earner (when this was so) left their wives waiting till last in line for resettlement services such as learning English and getting jobs.

Family relationships and social supports

Both women and men were affected by losing strong community and family links, but the women, as networkers and cultural brokers, may suffer more. Attempting family reunification, and worrying about those left behind, was a major stressor, often resulting in a sense of powerlessness which affected health and wellbeing.

Issues around enquiring about trauma

Shadbolt commented that she did not dig deeply into respondent's trauma histories, but acknowledged that a need for trauma counselling would emerge later.[47]

In summary, although Shadbolt recognized that she was reporting on a small sample, and generalisations had their danger, she noted that her findings are well in line with the international research, especially from Canada, USA and Australia.

Refugee students in Christchurch - Humpage 1998

Louise Humpage interviewed Somali refugee students in Christchurch. Writing in 1998 (Humpage, 1998), she commented that there was no major analysis and little research on the position of refugees in this country and suggested that resettlement needs are hugely underestimated[48] as reflected by the refugees themselves. Humpage commented that there has been a tendency to ignore refugees once in the country, as they were seen as permanent residents. Although she commented that small-scale qualitative research such as hers couldn't provide conclusive answers, there are some important themes.

Another aspect of this research was that Humpage was one of the few who addressed her role as 'outsider' and sought a cultural adviser, especially as she, like myself, had declared a feminist standpoint. Like her, I have worked with the dilemmas involved, making them transparent, and acknowledging that this colours interpretation of some information.

The government has a limited budget for refugee resettlement, and much of the money goes in initial transportation. The hope is that a short-term resettlement project will set people up adequately enough - what is called the 'front-loaded model of resettlement' which is used by other countries, but with bigger budgets and a longer time frame.

The refugees interviewed were also concerned with many aspects of the policy. (Humpage, 1998). For instance, they singled out WINZ staff who showed lack of specific training for refugee needs, and although they are legally required to provide an interpreter they were told that budget requirements do not permit that:

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[47] The RAS centre was only set up in 1995.

[48] In a discussion I had at the Ministry of Education in Auckland, an African researcher commented on 'refugee research fatigue' meaning that the research subjects were tired of answering questions, seeing no policy changes.

*lack of communication combined with inconsistent interpretation of policy
makes considerable confusion and anguish on the part of refugees inevitable
(Humpage, 1998:26).*

As Humpage commented:

*It could be argued that the relatively small number of refugees New Zealand
resettles each year should make the provision of a comprehensive
resettlement programmes for refugees manageable, but instead this fact is
frequently used to justify inaction and minimal funding. Ironically, ignoring
the need for a government-funded long-term programme to orient refugees to
New Zealand life and provide them with basic English language tuition
creates costs further down the line (Humpage, 1998: 26).*

Power and control in term of policy and practice was one of the themes addressed
briefly in this research. The dominant white class still determined values and beliefs.
through education, law, and language use, but it is not necessarily so that sub-
dominant groups lack agency. Humpage saw many sites of tension where the
struggle also provides potential for improvement. In terms of the ecological model I
have used, I see this as the negotiating of borders at the frontiers of refugee and
immigrant policy which can produce change.

Gender and education

I was struck by a comment that Louise Humpage made with respect to girls and
education:

*The literature tends to no more than briefly mention gender differences in
relation to educational adaption. Consequently, I did not anticipate that
gender would be a significant variable in this research and was surprised to
find that it appears to have a strong effect on the adaption process of Somali
(Humpage, 1998:154).*

What she found was, to me, no surprise:

- That Muslim religion made Somali girls have particular difficulties-e.g wearing
  headscarves, having difficulty in mixed-gender schools.

- Muslim girls live more restricted lives, are used to being more obedient than their
  kiwi counterparts, and sometimes had difficulty interacting with them.

- Modest clothes were experienced as a marker of cultural disparity, as was their
  voluntary exclusion from co-ed camps, or physical education.

- School counsellors were not skilled in coping with emotional difficulties for
  Somali students in terms of past and present traumas. Of course, this affects the
  boys too, but there was a greater likelihood of having to deal with abuse that was
  culturally shaming for the girls.

The role of religion

Islam dominated the roles, rituals and rites of Somali people, and yet, with the exception of Beaglehole's work on Jewish refugees, Humpage noted how the literature has little to say about refugees and religion, but it can be a key variable in the adaption process. For instance, she highlighted the strong positive aspects of having group support and identity from living in an Islamic community.

Bosnian men and women refugees –Madjar 1998

Vladimir Madjar (1998) used his own experience as a Bosnian in New Zealand, and interviewed twelve men and five women from Bosnia. However, he did not discuss his role as a male interviewer with female respondents in terms of gender and power, for instance. The men were all former concentration camp detainees, whilst the women had come through the family reunification policy. His professional background of health management assisted his investigation into the health status and health service needs of this group, especially in the wider contexts of pre and post settlement. Once again there was no separation of men's and women's experiences in his discussion, and he tended to quote the men more, so it is hard to determine where the women really stood.

Several researchers reviewed in the international literature (see chapter two) strongly endorsed the view that although both men and women had horrific experiences through the genocide in Bosnia, their experiences were different. For instance, where women may have been raped and impregnated, the culture often shamed the woman, which makes me wonder whether they would discuss such things with a male interviewer, no matter how caring.

However, some of Madjar's findings are pertinent to the present thesis. He quoted an investigation by Deloitte Ross Tomatsu (in Madjar, 1998) into the special health care needs of refugees which indicated major deficiencies in the appropriateness rather than the availability of such care. (Again, there was no mention of gender differences).

Madjar noted different and opposing views in the refugee literature over physical and mental health – one theme focussed on predispositions before people became refugees, whereas the other saw severe stress and trauma as causing the problems.

Post Traumatic Stress Disorder (PTSD)

Madjar discussed the pro's and con's of using the categorisation of PTSD with refugees: on the one hand it helped focus on the trauma and provided a counterbalance to earlier preoccupations with postmigration stressors, but on the other hand it failed to take account of the current resettlement stressors. These dilemmas recur in the literature and will be discussed further in the next chapter.

New Zealand Refugee health reviewed by Madjar

In his review of the literature, Madjar commented on how little published information there is in New Zealand. There was some focus on resettlement of Indochinese, including a study of Cambodian health issues, and a small study of Cambodian mothers resettling in New Zealand (Tudsri, in Madjar, 1998).

His goal was to add to the 'authentic voice' of refugees to be heard, and his interviews certainly do reflect narratives of torture and witnessing of "ethnic cleansing" where respondents saw death of loved ones and whole communities destroyed, the whole horrible gambit of refugee pre-flight experiences. As the current thesis focuses on the voices of the women, I was interested to select these, but found it difficult to extract their themes, as the researcher didn't do so. He does comment *that those most traumatised are likely to suffer in silence* (Madjar, 1998:196) and I was simply left wondering how that might apply to the women.

In terms of resettlement, there were the now-familiar themes that both men and women shared, including the following:

* Multiple losses and griefs, not necessarily to be seen as 'mental health' issues.
* Lack of choice to come to New Zealand, with some evidence of emotional blackmail or pressure from officials if they objected.
* Difficulties with family re-unification- broken promises and delays. (The five women respondents did eventually come under this category, and none had chosen this country, nor knew much about it. This was the single biggest hurdle, especially where some family members were resettled elsewhere in the world.
* Orientation classes seen as useful, but too short. Transport and childcare problems prevented follow-up classes being used.
* Benefits were too low to provide for anything but the barest necessities, and problems with accessing such benefits were common.
* Lack of appropriate employment was a frequent complaint.

- Changes in family relations.

- Insufficient trained interpreters were available, and informal ones such as family members were used, although this goes against consumer rights

Even though Madjar was researching health, and was well aware of the traumas that his respondents had suffered, he noted how he avoided details of such trauma, for fear of re-traumatisation. Again, as noted above, whilst this is appropriate in this context, it seems crucial to provide contexts where such material can safely emerge, in terms of health planning.

Note was made by Madjar and his respondents, that very little enquiry was made about war traumas by the health professionals themselves, and no systematic mental health assessments. He noted the suspicion and mistrust that his respondents showed, even with him, and certainly towards mental health systems, a theme that recurs from the international literature as well. Great sensitivity in planning of services is thus needed. Only one of the respondents had sought counselling, but all mentioned ongoing problems such as flashbacks and sleeping difficulties. The group had found their own ways of coping - some watched videos related to the war and talked, some avoided such things, and some reported 'coping' by acknowledged over-use of alcohol, smoking, and prescription drugs.

Many of the responses that people described were, as Madjar noted, consistent with a diagnosis of PTSD, but he noted that without a proper diagnosis, treatment was not given, much less assessment of efficacy. (This position has inherent difficulties, some of which will be addressed later in the thesis). Despite recommendations in the literature for early intervention, especially in a group such as the Bosnians who are highly traumatised, no such interventions were offered in the six weeks Mangere programme. He found that although Refugees as Survivors (RAS) reported fourteen Bosnian referrals, it didn't include any from this group, and most had not heard of the service.

Madjar concluded with a strong recommendation for the provision of early and appropriate health services which took into account the real cost of the violent political and social upheaval which created refugees in the first place.

Refugee Experiences of HIV in New Zealand- Worth et al (2000)

The issues around dealing with Human Immune Deficiency Virus (HIV) did not come overtly from the women in the New Settler groups, but indirectly, through the

team's professional networks, we did know that it was highly likely that women dealing with the issue had attended, but been unable to speak out [49] Women can be involved as partners, as parents, and as sufferers, but there are enormous constraints against being able to share the problems. Of course, the difficulties are there for both men and women, and at least one study has addressed the gender differences, in an article entitled *Silence and Secrecy*. This group of researchers (Worth, Ackroyd, & Tamirate-Bowden, 2000) explored the experience of having Human Immune Deficiency Virus (HIV) and being a refugee in Auckland Although current policy does not require mandatory testing of applicants for New Zealand residency, there is in practice an obligation to agree to such tests for refugees accepted under the UNCHR annual quota. The authors noted to lack of local research, but built on concerns raised by an earlier study which highlighted the lack of culturally-sensitive services to follow up HIV positive refugees.

The authors noted the considerable methodological difficulties involved in refugee research in general, and discussed the extra problems in interviewing HIV positive refugees- issues such as mistrust and real fears that broken confidentiality could result in serious outcomes ranging from loss of refugee status to ostracism and even death. Such concerns were seen as greater for the women, who reported facing a cultural context of blame, or were dealing with husbands who had lied about other relationships.

Although there were cases of partners being supportive and the relationship surviving, rejection, relationship break-up, violence or sexual violence (and the fear of these as well) were all very real and not uncommon responses to disclosure.

The recommendation from these researchers for services for refugees who are HIV positive, included gender-sensitive services that took account of the particular complexities for the women, as different from those faced by the men.

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[49] No names and identifying details were given. I also have supervisees who work in the area who have raised the likelihood, and we are exploring offering a group for such women willing to meet with each other, although trust and confidentiality issues are very great.

Evolution of an Action Research model for Exploring Factors Facilitating Resettlement of Government Quota Refugees in Auckland- McDermott(1997)

Another researcher who demonstrated an awareness of the need for collaborative research where refugee participants , including women, could shape the process and have their voice was Keryn McDermott (1997), who was co-ordinating the on-arrival education programme for quota refugees at Mangere Reception Centre, described above. She worked in collaboration with colleagues such as Man Hau Liev, and explored three groups, evolving the research model further with each group. The first group was from Cambodia, the second Assyrian Christians from Iran, and the third was women from Somalia. It is this last group that is most relevant for this thesis.

McDermott demonstrated that she was well aware of power inequities as she was a civil servant from the dominant culture exploring sensitive issues with a disempowered and vulnerable group. She noted that there had been very little research on resettlement, and none which had focussed on women (McDermott 1997:7).Although trauma and disempowerment are characteristic of the refugee experience, women and girls arrive less prepared than male counterparts(for the sorts of wider cultural constraints discussed in Chapter three). The women also showed a relative lack of profiency in English a major barrier to resettlement.

Although the first study began with reflecting on the on-arrival education programme for quota refugees, the final one expanded to all of the factors which affected the success of resettlement with the third group, of Somali women. As with overseas studies, the women pointed to such factors as a need for childcare and transport services if they were to access resettlement services.

The focus of McDermott's work was not on trauma, but as the Somali group of twenty two women contained a higher proportion of Women at Risk than other refugee groups, there were indications that without more gender-sensitive services, discussion of the extent of the issues and the resettlement issues involved would not even begin.

The women did show appreciation for peace and accessibility to education and health services in New Zealand, but also told of experiences of racism and other negative responses. There were clear requests for ongoing resettlement services such as language support, with child care provided.

Section F: A proposal for Family Mental Health Services for Refugees and Immigrants – Isin-Tomic 1999

A proposal for family mental health services was recently made by Adriana Isin-Tomic, who worked at Auckland Hospital (Isin-Tomic, 1999). Part of her concern was to explore how to assess traumatic events for both refugees and immigrants. She briefly listed some of the usual differences between the two, but concluded that from her experience at RAS, where she had worked as a counsellor:

> *In real life, in New Zealand, there is a continuum starting with Asylum seekers, .quota refugees , family reunion, general skills category, business category........ During their own therapy, parents were reporting symptoms of PTSD in their children..and making slower progress due to worries regarding the unaddressed needs of their children. ..My clients were one third refugees, one third asylum seekers and one third migrants and the concerns were exactly the same (Isin-Tomic, 1999:3).*

I would, of course, have liked to know the differences between the fathers and the mothers.

Section G: Migrant Research -Two Indian Studies

Introduction

Although the focus of this research is on refugee women, I have indicated that the New Settler groups also involved immigrant women, mostly from India. In this section, I will discuss two projects which involve Indian women as researchers and subjects. The first was a seminar, based on the research of several Indian women, including one of our New Settler team. The second is the thesis of a colleague. Both sources have provided me with important education, in the dual role of researcher and group director. A key theme was the endorsing of the wisdom of having team members who could act as ' cultural brokers' for the group members.

Coping with Changing Family Dynamics - An Indian Perspective

One of the New Settler team, Muriel Castelino, belongs to the Indian Social Services Professionals Group, which recently sponsored a seminar on working with Indians and their families (Indian Social Services Professionals Group, 2000). Dr Rajen Prasad, himself a Fijian Indian, and recently the Race Relations Conciliator, gave an overview of issues for Indians resettling in New Zealand, in the context of a country with a bicultural policy facing increasing diversity. He considered that the rate of such change is increasing fast, and that many New Zealanders have yet to come to

terms with the growing predominance of non-white faces. Some have already experienced both challenges and gifts when these changes impact on our own families, where there is growing intermarriage involving diverse cultural and spiritual backgrounds.

Some of the group have also published on the topic (Ahmad, Woolaston, & Patel, 2000). They emphasised the diversity within the local Indian community, and the reluctance to seek help for issues considered private. However, they cautiously offered some generalisations, and they also offered their services as cultural advisers.

In many families, the structure remains quite patriarchal, where the man may have either implicit or explicit power within the family, and adult females often support the wider good over individual needs, including their own. Some women may gain status with age, and be conceded to then. They comment that girl children may have greater and longer-lasting sanctions placed on them if they do not adhere to family norms. Many parents express fears about their children becoming westernised, so adolescents, especially girls, often live a double life- one at home and one away from home.

The social workers found situations where violence was used to uphold principles that were considered noble such as loyalty and obedience, despite the knowledge that this was against New Zealand law. An Indian woman who leaves such a situation and faces ostracism needs great courage. The authors commented that if a non-Indian worker challenged such behaviour attempts would be made to deny or minimize the incident. They cautioned:

> *It is important that the social worker is vigilant to aspects such as collusion, emotional blackmail and the valuing of family status more than the individual's status (Ahmad et al, 2000, 18).*

Ruth De Souza- Women from Goa as New Mothers in New Zealand

Ruth De Souza used the dual transition of motherhood and migration to New Zealand for seven women from Goa to highlight how research methodologies that are suitable for minority ethnic groups need to be developed. Such methodologies challenge the dominant paradigms which De Souza contended are:

> *Based on a white middle class elite who possess the power to construct knowledge, define normative methodologies and generate exclusions.*

As a Goan woman and a health educator, De Souza was able to take a particular 'insider' standpoint and interview Goan women who experienced the two major transitions of moving to New Zealand and then giving birth to their first child.

Research such as this which gives prominence to the diversity within categories such as 'immigrant and refugee women' and to the authentic voices of the participants can contribute to more appropriate provisions for the health of those women.

Part 3: Summary and Discussion

This chapter has first described the paths of immigrant and refugee women from the point of entry to New Zealand until they become New Zealand citizens, and beyond that into longer-term resettlement. However, since actual policy does not distinguish between men and women, both have been discussed in terms of what was called 'the basics'. In terms of the contextual model introduced at the beginning of the thesis, the discussion highlighted the way a major macro variable, related to beliefs and values about gender, permeated the area. The complex inter-relationships between variables at each level also became apparent as detailed explorations of resettlement issues were undertaken.

In the second part, I have outlined how there are often major differences between the men and women, for both immigrants and refugees, right through all contextual levels. Such differences are acknowledged in two other government departments, where gender analysis is recommended throughout the system, and these policy documents are briefly discussed, to provide a suggestion for future policy development which would better serve both immigrant and refugee women.

As there was no research directly comparable to this thesis, three areas that bore some relationship to the topic were discussed. These were existing and proposed government policy, non-government commentary, and academic research. Some of the proposed policy incorporated literature reviews. Although there were examples of attention to the needs of women, and rare examples where the methodological concerns of power, gender and ethnicity were touched on, there was no systemic analysis of the effects of both gender and ethnicity on policy.

Although the major area of trauma and mental health will be discussed further, it inevitably came into discussion of policy and planning, and the following themes emerged:

- Acknowledgments, from many areas, that better services were needed for both immigrants and refugees, but that more information was needed from respondents who use the services.

- Some awareness of a continuum between refugees and immigrants, rather than discrete categories.

- Recognition of the need for early provision of appropriate services so that resettlement was as positive as possible, and did not add to the stressors already experienced. Inadequate provision was seen as likely to assist the development of an 'underclass'.

- Reminders of the talents, strengths and resilience, especially of refugees, which can be under-utilised and under-recognised.

- Amongst the many resettlement issues to be faced, some reference to the patriarchal societies that many (but not all) refugee and immigrant women come from. Resettlement can provide new opportunities as well as increase difficulties. Some of these opportunities involved more freedoms for women, which sometimes had big social costs such as ostracism from their community.

- Recurring themes of lack of money, job opportunities, childcare and transport help.

- Suggestions were made for early assessment of trauma and mental health difficulties, but there was some debate about how to do this, and how to make services appropriate and safe.

Overall, it was difficult to assess both research and government policy in terms of the particular issues for refugee and immigrant women as so few of the sources discussed separated them out from the men. The general themes were of silence around key issues or absence of attention to them, with the exceptions noted.

This chapter has focussed on a meso context for immigrant and refugee women in the New Settler groups, but illustrated how other contextual levels impinge and change all the time. However, before that work is presented, three other areas need to be discussed, namely trauma and grief studies; groupwork for refugee and immigrant women, and an introduction to psychodrama, the main groupwork method used in the New Settler groups.

CHAPTER 5: GROUPWORK WITH REFUGEE AND IMMIGRANT WOMEN

Introduction

Although the goal of this chapter is to review the literature on groupwork with refugee and immigrant women,[50] many of the books and articles in the field do not draw a distinction between working with men and working with women. However they have contributed to the work of the team in the New Settler groups and they are still the dominant reference point for anyone entering the field. Accordingly a brief review of selected references will be given, or at times comments from key informants may apply to both men and women.

Although psychodrama is occasionally mentioned and used by the authors discussed under groupwork, a separate chapter will be devoted to the topic. The focus here will, however, be on other groupwork with refugee women.

The chapter is divided into three parts:

- **Part one** discusses creative arts therapies in groupwork with refugees and immigrants in general and gives working definitions of key terms.

- **Part two** reviews groupwork with refugee women. It includes a rationale from the UN for doing such groupwork. The review then presents and discusses groupwork with women refugees from a number of places in the world, including New Zealand. Some of this work is framed by a feminist perspective which provided the motivating force for such work. Some information which pertains to both men and women is also included, as mentioned above. In line with the ecological context model which frames the thesis, some wider contextual issues are also discussed at times. Considerable comments from key informants are also included in the discussion, as extracts from interviews. There has been a paucity of such information in the New Zealand context.

- **Part three** consists of a summary and discussion which provides a bridge to chapter 7, which introduces the psychodramatic groupwork which was at the heart of the work of the New Settler groups.

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[50] Some readers may notice the absence of references to the Journal of Refugee Studies, but a scan for the past 10 years indicated that although a few articles mentioned gender differences, none focussed on groupwork.

Part 1: Creative Arts Therapies in Groupwork with Refugees and Immigrants

Section A: Working definitions

In this thesis, the terms *creative arts therapies* and *experiential therapies* are used interchangeably. There are many different words and methods that overlap in this area, but a working definition of a creative arts therapist is someone who provides:

> *... an environment, arts media, and very importantly, themselves - in terms of time, attention and a clearly defined relationship. The aim of the session is to develop a symbolic language which can enable therapeutic change to take place (Dokter, 1998:14).*

Experiential therapies stand in contrast to 'talk therapies' in that they involve non-verbal activities as well as (or instead of) words.

The other key word, groupwork, also needs some explanation. This, too, can be interpreted in a variety of ways, but a working definition captures the essence:

> *Groupwork refers to learning in a group setting where the learner's knowledge and experience is valued and received knowledge is exposed to critical scrutiny (Lordan & Wilson, 2000:2).*

The term is used in a wider context than therapy, but can also refer to therapeutic groupwork. Further discussion of the importance of this point is given below.

Section B: Art, creative arts therapies and trauma

It is entirely consistent with the interpretive stance which I share with many colleagues,[51] to acknowledge and incorporate into groupwork cultural productions which are called 'the arts'. However, there is a distinction between such artwork and the use of creative arts processes for therapeutic ends, where the emphasis is on the process and not the product, even though the boundaries are fluid. As Michael White pointed out in a discussion of folk psychology and narrative therapy practice:

> *Our understandings of life and identity are not arrived at in a historical and cultural vacuum...they are informed by specific ways of thinking that are based on a stock of cultural knowledges (sic) which shape people's ways of being in the world (White, 2001: 35).*

In working with the New Settler groups it seemed particularly important to integrate the diversity of cultural understandings around trauma and healing into the groupwork, and in this I drew from the work of David Read Johnson, a researcher

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[51] A feminist interpretive standpoint is discussed in Chapter two.

and teacher in the domain of arts and trauma[52]. In an article on creative therapies in healing trauma, Johnson noted how the distinction between art and art therapy becomes blurred:

> *It is probable that art originally developed as a means of expression of, and relief from, traumatic experience. Art, song, drama and dance were motivated by a need for catharsis and for gaining control over threats to the community or the individual. The arts abound at times of nightfall, death, birth, war and natural disaster, for they help to encapsulate terror (Johnson, 1987: 13).*

In order to understand the particular role of creative therapies in groupwork for trauma, Johnson focussed on their role in the management of dissociation, a process that was discussed in Chapter five, but will be explored further several more times in the thesis, as it is so much an aftermath of trauma.

Creative arts therapies and dissociation

Johnson described the response to overwhelming personal threat or threats (trauma) as an alteration to the organization of the self, especially where there is dissociation where aspects of the self associated with the trauma are split off, often out of consciousness, and not easily described directly in words.

Phases of 'treatment' of trauma using creative therapies

Three phases of 'treatment' are commonly envisaged:

1. A person needs to gain access in a safe and controlled way to traumatic memories, to overcome denial or amnesia (when this is seen as therapeutic).

2. A 'working through' phase, where the trauma can be acknowledged, re-conceptualised, and reduced in intensity, so that it can be recalled when one wishes, rather than being an intrusion which is out of control.

3. The person needs to find ways to re-join the world of others, and be able to progress.

Johnson drew on neuropsychological evidence to endorse the use of creative therapies to deal with traumatic memories, as both visual and sensori-motor elements are usually present. He gave a rationale for this, especially in the phase of working through traumatic memory:

> *Art therapy has a special role in gaining access to traumatic images and memories. Because the encoding of traumatic memories may be via a*

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[52] I attended his presentation of an update of this Paper at the 2001 ISTSS conference in Melbourne

"photographic" visual process, a visual media may offer a unique means by which these may come to consciousness...The artwork, by being distanced from the body of the patient, seems to provide a safer medium for the expression of traumatic images (Johnson, 1987:10).

This phase can be fraught with problems for both therapist and client, and in this phase, familiarity with both theory and practice is needed for effective work: in the later discussion of work in the New Settler groups, the use of a trained team is justified on this basis.

Johnson also noted that the final phase of re-joining the world is particularly assisted by group therapy:

Group therapy provides what individual therapy cannot - an understanding that one is not alone, one is still human, and that one can give to others despite what has happened (Johnson, 1987: 12).

Section C: Transcultural application of creative arts therapies

Introduction

Much experiential therapy that is done, both individually and in groups, remains unpublished, according to the consensus of discussion at a recent conference (International Society for Traumatic Stress Studies, 2000). I would agree, from my own experience as therapist and from the few references that I obtained from a literature search. Two examples are discussed:

1. An article reflecting generally on groupwork with refugees and migrants
2. A selection from recent work with refugees and migrants using a diversity of creative arts therapies which have relevance for the New Settler groups.

Groupwork with migrants and refugees

Two women, Sylvain Nakkab and Myrna Hernandez (1998), reported on extensive groupwork they have undertaken in New York with refugees and migrants, working in the same group. They commented how the oft-mentioned distinction between migrants who are 'pulled to a better life' and refugees who are 'pushed' out of fear is a simplistic representation, and that both groups can experience pushes and pulls.

The authors considered that provision of groupwork acted like a 'cultural broker' in that it provided a bridge to the new culture, addressed isolation, and increased the

immigrant's and refugee's motivation to seek help outside of culturally sanctioned modalities. They suggested that the group leader needed to sidestep the member's desire that she provides directives and solutions as an authority figure with expertise. Rather, the therapist must empower the group in its own problem-solving process, serving as the moderator. Education of group members about this change of role was part of a shift in culturally based perceptions of leadership.

Examples of Creative Arts Therapies used with Refugees and Migrants

A recent book edited by Ditty Dokter (1998) provided an overview of the diversity of methods used by creative arts therapists in work with refugees and migrants, both in individual sessions and group sessions. The examples also reflect processes used in the New Settler groups.

In the introduction, the editor reflected the theme of extending beyond 'western medical models' which is addressed many times in this thesis:

> *The traditionally high status given to (verbal) therapeutic forms is not unconnected to the prioritisation of science, reason and rationality, in western culture... Violent conflicts, genocide and political repression utilise all the industry and creativity of modern science and technology. Meanwhile, the global market spreads its homogenising and disintegrating tentacles around all our cultures.*
> *.. If we study the development of human communication we see that it begins with looks, touches, sounds, laughter and lullabies... This book is a series of stories of attempts to perform the radical act of restoring human communication and creativity through an appreciation of its complexity and diversity (Dokter, 1998:12).*

Doktor raised a question asked by many: being a refugee or migrant is not an illness, so why should it require therapy?. She alluded to concerns from feminists and others that the therapist did not become another agent of social control, but even the acknowledgment of these criticisms is beginning to address them and to examine the politics of oppression.. My response, not surprisingly, was an appreciation of what she did present but a concern that gender issues are not highlighted at all, and yet are intertwined with other oppressions.

Movement therapy with traumatised refugees

Although we have incorporated only minor movement therapy into the New Settler groups, there are good grounds for doing more, as Karen Callaghan[53] discussed in her contribution to Doktor's book, writing on movement therapy work with refugees and asylum seekers. Her title *In Limbo* reflects her appreciation of this state for both asylum seekers and those with more formal refugee status.

For many refugees, movement therapy was more acceptable than western-based psychotherapy. People were very cautious and sceptical at first, but fairly quickly moved to an appreciation of the work. There were exceptions, and she remarked that it was necessary to be flexible enough to adapt one's western ways, to cope with an ever-changing dynamic of practical problems, and long-term intrapersonal ones.

Symbol, ritual and mourning in refugee groupwork

In most communities, there are cultural rituals to handle mourning, but refugees in the early stages of resettlement do not always have access to such processes (in Dokter, 1998, 73). Rituals were explained by Dokter and her team as prescribed symbolic acts performed in a specified way, and in the presence of others. They helped to give form and structure to vital moments in people's lives, and assist their integration. Symbols act as the building blocks for a ritual. The people themselves are deeply involved in the performance, and sometimes the creation of the ritual.

Mourning rituals are often incorporated in non-verbal therapies, in both groupwork and 1:1 sessions. They become relevant when the original ceremony was ineffective, or could not take place because of a situation such as war. One such ritual was designed over some time by an African refugee man and his counsellor, but produced for the whole clinic and friends and family. This man had seen family members massacred a year before, and was showing many signs of PTSD, as well as strong dependency needs that the clinic staff could not, and should not satisfy. They identified major issues with coping with his father's death, and assisted him to create a carved symbolic stone and a special candle for his father. When he had undertaken the ritual, he slowly began to integrate his losses into more adaptable adult roles.

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[53] I co-led a workshop with Callahan at the ISTSS Conference in Melbourne, 2001·

Art therapy for healing of intergenerational trauma

Those who work with traumatised individuals hope that they are contributing to healing well beyond that individual, and hopefully across generations. Jewish people are a significant group who have experienced genocide and the long-term repercussions, and it was no surprise to find the recurrence of Jewish therapists in this area. One such person was Joy Schaverien[54], who contributed to Doktor's book with a chapter on inheritance, focussing on Jewish ethnicity, art psychotherapy and the legacy of the holocaust. Many Jewish clients were not necessarily directly affected by the Holocaust, and yet they carry intergenerational scars.

In theoretical terms, Schaverien focussed on several issues, beginning with the management of major trauma where the mourning process is so great that it is almost impossible, and pain is replaced with numbness and anaesthesia if some appropriate collective action is not provided. She is one of many therapists who argued for working with refugee issues as early as possible, alongside dealing with the many other resettlement concerns.

Schaverien recalled an injunction from her father not to open the centre drawer of the polished oak sideboard in their home. Of course, in the way of children, they did, only to be confronted by her father's prayers shawls and photos of Belsen, in all their horror. The family message, never spoken, was that to be Jewish was to be vulnerable. Schaverien found that her experience was often reflected in other families - protection of the children by hiding the photos of those murdered, the yellow stars, the newspapers. She generalized this observation to other communities trying to cope with genocide:

> *For many years the inability of the generation directly affected to process the unprocessable means that remains unconscious. It was known but could not be spoken about openly.. the reaction to the trauma of an experience that was both unthinkable and unspeakable took the form of repression on both a personal and collective scale (Schaverien 1998:157).*

Schaverien reminded therapists working with refugees, or children of refugees to remember this metaphorical drawer, that may only be opened by being alert to hints and whispers. She used art therapy to assist with healing from major trauma, pointing

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[54] Joy's sister Jane lives in Auckland and was of great assistance as my supervisor when I needed to reflect on my own Jewish background.

out that pictures or objects can be shared without words, shown to others, slowly integrated.

Summary and Discussion

There is growing validation for creative arts therapies being used for trauma therapy, especially in transcultural settings. The use of non-verbal processes that are also close to original cultural forms can be of great assistance, especially in ensuring that western medical models are not used inappropriately. Such processes also have a powerful role in accessing traumatic memory so dissociative memory can become under conscious control in narrative forms. The focus is on these processes rather than on products of artistic worth and on the relationships between clients and therapist, and in groups, between the participants.

It is appropriate to now focus on groupwork that is offered for women, by women.

Part 2: Groupwork with Refugee Women

Introduction

This part is divided into two sections:

- Section A reviews United Nations Policy with respect to groupwork for refugee women

- Section B reviews groupwork with refugee women, examining both process and content. There was very little local work in the literature but considerably more was documented in Australia. There were also examples of such groups in Bosnia, the United Kingdom, and South America. Many of the groupworkers came from a feminist perspective and discussed gender issues at several contextual levels.

Section A: United Nations Policy-United Nations High Commission for Refugees (UNHCR)

UNHCR is demonstrating a growing awareness of gender sensitivity and the need for gender equity through a number of key documents and policies (UNRISD, 2001). A major step forward was the production of guidelines on prevention and response to sexual violence against refugees (UNHCR, 1995b) which included recommendations for groupwork. There was recognition that this is mainly (but not always) an issue for women. The Special Rapporteur on violence against women was, at the time, Radhika Coomaraswamy, who commented:

> *Sexual violence against refugees is a global problem. It constitutes a violation of basic human rights, instilling fear in the lives of victims already profoundly affected by their displacement. Refugees from Bosnia, Herzegovina, Rwanda, Somalia and Viet Nam have brought with them harrowing stories of abuse and suffering... yet many, perhaps most incidents of sexual violence remain unreported for reasons including shame, social stigma and fear of reprisal (UNHCR, 1995b:1).*

In 2001, there were more reports of such brutal violence, with the focus on Afghanistan. Whilst not denying the sexual abuse and torture that occurs to men, the focus of this thesis is on the women, and UNHCR also continues to produce information related particularly to women (United Nations, 2001a; United Nations, 2001b).

In terms of this thesis, it is interesting to note how the UN document proposed involvement at many contextual levels, for instance:

- Involvement of female refugees in camp leadership, and establishment of refugee women's groups, with the recommendation that UNHCR officials take a pro-active role.

- The ensuring of a gender balance in recruitment of professional staff.

- Follow-up education and training in resettlement countries, with governmental monitoring of services.

- Provision of long-term groupwork in both camps and resettlement.

However, the senior co-ordinator for refugee women, Anne Howarth Wiles, said

> *We have a beautiful policy on refugee women, but it is only as good as its implementation (UNHCR, 1995a:2).*

Wiles documented many instances where there simply was no such implementation. A review of New Zealand's role reinforced that there was a lack of sufficient follow-up services here too.

The UNHCR recommendations included setting up community support groups, from skill training and arts projects to therapeutic groups. It is emphasized that the latter need to be run by trained professionals, preferably from the same background as the victim. This is a huge challenge in this country with such a small population, but also in countries where such training is still rare.

The objectives of counselling were listed, including:

- Help victims understand what they have experienced and develop a sense of control over their lives, and overcome feelings of guilt.
- Help break victim's feelings of isolation, and ensure support networks.
- Create awareness in the community and provide support within the family and the wider community.

The section concluded with a hope:

> *Where possible counsellors should work as part of a team with trained health and welfare workers of the same gender and culture as the victim. The counsellor and refugee workers should work closely with other service providers and members of the community so that they are able to deal sympathetically and skilfully with victims of sexual violence (UNHCR, 1995b).*

I know first-hand the huge difficulties that are still encountered, and the slowness of the progress, even in countries like New Zealand, where funding is available, sophistication considerable and public and private resources could be available.

Appropriate therapeutic interventions are spelt out further in UNHCR Guidelines on the Evaluation and Care of Victims of Trauma and Violence (UNHCR, 1995a). However, although there are, again, many laudable principles, drawn from good therapy practice, I was amazed to find that the issues for women, as a separate category, were not discussed. There was an excellent section on ethical principles for both therapy and research. The final section addressed the major issue of vicarious trauma and burnout for workers in the area.

Section B: Groupwork in New Zealand

I was unable to locate any groupwork for refugee and immigrant women in New Zealand that was directly comparable to the thesis topic. There were a few examples of groupwork with both men and women immigrants and refugees not all of which

has been documented.[55] The main example was the work of Kaaren Mathieson[56] who became a key informant for this thesis. She worked for several years as a counsellor with refugees in Auckland and elsewhere. Her Masters thesis (Mathieson, 1993) proposed a research-based developmental model for empowerment of refugees, particularly those resettling in New Zealand. Although she did run some women-only groups, her analysis did not always separate out issues for women.

The author was one of the few to discuss her interpretation of the nature and exercise of power, widening the definition to include power as a force that can enhance or diminish the people who use that power, as well as those for (or against) whom it is used. She pointed to the inextricable interweaving of socio-political structures and personal power. Mathieson defined empowerment as *the capacity to influence forces which influence one's own life-space for one's own benefit* (Mathieson, 1993:15).

Her focus is more on the concept of empowerment in counselling relationships, especially when a non-refugee counsellor is employed by an agency such as the Immigration Service. She addressed the need for potential counsellors to draw more on the knowledge base of the clients and proposed interventions that will provide consciousness raising for both.

Mathieson noted that despite cultural differences the refugees do have some group characteristics, including the suffering of multiple losses and traumas to them personally, or to family and friends, and often for no obvious reason. Cultural bereavement (Eisenbruch, 1989) can ensue after forced exile to countries where refugees may not know the language and where there is a loss of personal history and artefacts (eg photos and diaries), as well as loss of meaningful social structures, such as somewhere to worship, mourn and celebrate life. Again, such general statements do not capture the experience in the way that the individual stories, artistic productions or filmed interviews do. I am trusting that the voices of the New Settler women will provide that authenticity.

According the Mathieson, empowering interventions that a groupworker can make involve two main areas:

- Rebalancing and redefining family roles.

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[55] I conclude this from several conversations with practitioners in the field

[56] Kaaren is now married, and known as Frater Mathieson.

- Providing more inter- connection between the pre-traumatised and the changed family.

Although many processes such as negotiating confidentiality are not made transparent, the author does discuss ethics of care and control, emphasising the need to respect and incorporate the individuals' indigenous knowledge, perceptions and affective symbolic and behavioural variables. Mathieson's concern was to provide services that don't re-traumatise refugees, and she noted ways in which the service user needs to be a participant in the process, and recognised as a powerful educator. She cited numerous examples to illustrate the need for "cultural de-coding" in the handling of complex grief, and the need to document the individual picture rather than just use Western-style psychiatric criteria.

Extracts from interview material, October 2000.

Mathieson noted how her own roles [57]changed when working with a group of Somali women; for example, confidante, interpreter, and supporter, different from her formal roles as counsellor. She then generalised to a discussion of other appropriate roles for professionals as partners and learners, focussing on collective action rather than individual adjustment.

I was aligned with Kaaren Mathieson in two areas. Firstly, with her exploration of the inter-relationship of power and knowledge, and the necessity for professionals working with refugees to be self-reflexive. Secondly, she viewed her work as an ecologically oriented research paradigm, where multiple layers of the problem are explored, and reflections on the inter-relationships made from multiple contexts.

I was particularly interested in Mathieson's work with Muslim women who attended a group for three two -hour sessions during their six -week entry period at Mangere Refugee Centre, then for follow-up period sessions for some months. She, like me, took both the roles of researcher and group therapist. She discussed the need for careful contracting, and building of trust, so that women were initially setting their own goals of telling their stories in full and then setting up a long-term support network amongst themselves. They worked together to reframe their stories from

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[57] the term 'role' is not being used in the specialised meaning given to it in psychodrama, which will be discussed below in chapter seven.

loss and impoverishment into recognition of their profoundly creative adaptive skills in many areas.

In terms of empowering the women, Mathieson suggested that more researchers used indicators of change that were proposed by the group members themselves:

- Moving from "bereavement overload" to perceived hope.
- Demonstrated autonomy eg driving and owning a car, having a job and a home again.
- Forming new relationships.

Mathieson had not had a lot of experience with psychodrama, but did see it as a potent group method, and one that also has attendant risks in the hands of the unskilled. She ran groups for many years, mostly through the local Immigration and Refugee service, and saw many advantages over individual work, especially for the women:

- Work can progress faster.
- Strong feelings can be safely shared and normalised.
- There is more space for continuity between past and present.
- Precious rituals can be shared, and new ones created.
- The group mitigates the shame and isolation of the original trauma.
- Groups are more closely aligned to the original community functions- sharing stories, offering mutual support and so on.
- Because of a refugee woman's common experience of isolation and lack of a sense of belonging to the host community, the group work has a greater salience to the unique needs of refugee women dealing with societal injunctions.
- Groupwork offers a safe place to step out of their prescribed roles as mother and housewife and touch into their suppressed needs, desires and personal power.
- Women are more able to openly and honestly confront abuse in their environment, and with group support, begin to initiate change in their lives, expanding previously limited options.

However, Mathieson also experienced many difficulties which were familiar to me:

- Constant struggles for funding, which in turn produced ethical difficulties about having to withdraw services just as trust is being built to deal with deep issues.
- Difficulties for the women in accessing child care and transport.

- Conflicts between the need for the women to provide hospitality and professional time available for the group work.

- Constant tension between immediate crises and long-term trauma healing work.

There are differences between working with refugee women who may have some possibility of returning home, those where conflict is unresolved in their home country and those who have no choice but to stay.

Mathieson had worked with Bosnian women who came to New Zealand for a short period, and noticed differences between them and the Somali women with whom she worked. The Bosnians focussed on returning to their own country, not on resettling. The women were unable to consider the challenges and tasks of resettlement because the war was still continuing in their own country and they were still in a state of shock at what happened. They felt anger towards the West for not supporting Bosnia, thus allowing the persecution to continue. For the Somali women, the issues were more related to resettling in New Zealand and stress around trying to bring remaining family members to New Zealand, alongside working on their own trauma.

I asked Mathieson to comment on gender issues in her work. As both researcher and counsellor, she has noted the role changes that happen to families, particularly where the men are unable to get work and the women can, even if part-time. She reflected that many refugees come from traditional patriarchal families, and when the men cannot fulfil their old roles, they often become depressed and/or angry. Women can become the target, especially if they realise that New Zealand law will support them in crucial ways, such as Refuge accommodation and a Domestic Purposes Benefit. Separation is seen as a last resort, however, as there is also a desperate need to retain and build on the fragments of the old culture.

Sandtray [58]work was used in groups and for individual refugee clients, and Mathieson commented that many found it an easy and acceptable medium, partly because the fluidity of the sand matched that of their own lives, and partly because of the universality of symbolic objects which go beyond verbal language.

Our discussion closed with a mutual reflection on the creativity and vitality that existed side by side with deep trauma and it was this that energised and inspired us to

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[58] A brief description of sandtray work is given in Chapter seven.

continue. It seemed a natural step to move from this discussion to another key informant, who had been directly involved with refugee and migrant issues, including provision of groupwork.

Reflections from a Key Informant- Interview with Jenny Broom, then Co-ordinator of Auckland Refugee and Migrant Service. October 2000.

Although Jenni Broom did not run groups herself, she was very involved with Mathieson's work, is a trainee in Psychodrama, and was centrally involved in writing the NGO report on refugee resettlement, discussed in Chapter 4. These three different areas of involvement offered a rich basis for reflection on the work that I was involved in.

Broom has now completed two years of training in Psychodrama. She began the interview by reflecting back to her voluntary work, with her husband (a doctor and also a psychodrama trainee) in a Thai refugee camp in Loei province, especially working with the Hmong people, many of whom eventually settled in California. She recommended a book that helped her to understand some of the conflicts involved in this work between western and eastern models of healing, namely *The Spirit Catches me and I fall Down*. The story told of an epileptic Hmong child who was revered because of her epilepsy, and the conflicting framework of western doctors who tried to treat her with medication. Essentially, when the parents refused to co-operate with the hospital they were seen as 'bad', but when the little girl eventually became brain damaged, the loving devotion of the parents was reframed as 'good'. This story encapsulated a major theme that continues to reverberate through this thesis, namely the dilemmas of using western medical models in transcultural work.

When Broom returned to New Zealand her experience with refugees assisted her to become co-ordinator of the Refugee and Migrant Centre in Mt Eden, Auckland.[59] She reflected on the great changes over these years, in terms of service provision as well as changes in the ethnic groups served.

One of the key principles that guides the work of RMS is to enable people to take charge of their lives again, to make their own choices wherever possible. Broom saw this as relevant for the women, many of whom have come from rural backgrounds, where feeding, nurturing and harvesting have been dominant areas of skill, and when

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[59] Jenni Broom now works with the National Office

they spend years in camps, as many have, food is delivered by men in trucks, and social networks and community support are lost. She said:

Women are also at the centre of the emotional nest, and become the bearers of their own pain and that of the children, the men and the old people, whether they are present or absent ...in the fast transitions of exile and resettlement, everything is 'up for grabs' yet all they have is their sense of selves and their culture.

Jenni Broom also knew of women who had stayed with an unloved partner, or linked up with one, rather than face being a woman alone in their country of origin, as the ostracism and lack of economic support was life threatening. What seem like positive choices for Western women, such as leaving a violent partner, are issues of huge conflict for many such women. The disintegration of the family unit can mirror the disintegration of the society she left, for all its problems. Many of the couples Broom was involved with reflected another conflict, and than was a fear from the men that a woman leaving just signalled more evidence of breakdown and failure, and there was pressure from many in the local sub-culture to stay. She had great respect for the courage women need to separate, and to take up the freedom that the new society offers, even if isolation and ostracism is the price. Broom also reflected on the intensity that arises when the refugee community here in New Zealand is so tiny that it is threatened even more by difference, conflict and individuality. In some cases, the men quite unfairly blamed the woman interpreter for encouraging a woman to leave.

We discussed the problematising of categories such as 'refugee' and 'women at risk', and how open to interpretation and change they are. Broom also reflected on the huge issues the women faced in terms of the rates of change to the new culture, and the pressure exerted by schoolchildren on the family ways. For girls in particular, Moslem parents are particularly threatened by some New Zealand physical education and music which are so contrary to their own cultural norms. Adolescents have also quite misunderstood their rights, expecting Work and Income allowances for children to be given directly to them, and women are often left managing the conflict.

The provision of groupwork for women, including psychodrama, can provide a safe place to work with these issues. Broom raised dilemmas around working towards the women having ownership of the group. Neither of us could envisage

having local refugee women trained as psychodramatists for some years to come but to begin to use trained auxiliaries is a much more likely possibility. She endorsed the way we had also used counsellors trained in other models such as narrative therapy, and translated our psychodramatic language- she saw parallels with our doing this transculturally.

The group that Mathieson ran was successful partly because it moved from house to house and women took responsibility for helping each other get there. Broom considered that the natural strengths of hospitality and group assistance contributed to this. She raised a dilemma concerning the degree of assistance that should be given to such groups- on the one hand, resources are so meagre that some assistance is vital, especially to build an infrastructure, but on the other, too much assistance can count against group members taking the very ownership that makes for success. In the longer term, Jenny saw that natural leaders could emerge who can fulfil both roles.

In New Zealand, groupwork for resettlement seems to wait till other priorities are dealt with. For refugees, these priorities are the domain of the first point of call for quota refugees, the Mangere Reception Centre. This is also the base for Refugees as Survivors (RAS), the base, at the time, of another key informant.

Refugees as Survivors (RAS)

As I discussed in Chapter four, this is a government-sponsored but stand-alone organization charged with working with the ongoing issues of refugees, including asylum seekers. However, early overtures by me were unsuccessful with respect to offering the groupwork described in the thesis, and as far as I know, such groupwork is still not part of the programme. However, I did have a productive interview with a key informant from RAS in which we discussed groupwork for women in the context of wider issues.

Extracts from an interview with Sharon Ward, then Director of RAS (November 2000)

Ward had worked for about ten years in London, with African women , mostly from Uganda, who were HIV positive. The centre at which she worked had a high profile and good government funding, which enabled a diversity of approaches to be used, including alternative healing in the form of aromatherapy, massage, and herbal remedies. As with the others interviewed, Ward stressed how an holistic approach

that was not a rigid western-based model was necessary- the diversity of refugees needed to be matched with a diversity of approaches. She commented:

Traditionally women are too often at the bottom of the heap, so the people who arrive in this country are beleaguered and in terrible pain, but the wives tend to carry not just their own pain but that of the husbands and children. Most of the women who have come through war-torn areas have been faced with the threat of rape or have suffered rape at some stage, sometimes by the government officials as well as the enemy...you can pretty well see that most women have first hand accounts of some sort of abuse situation with male oppression...but the women tend to hold back the details and that becomes a problem in itself.. So they have all the issues the men have, and on top of that abuse they cannot share...women hold secrets that eat away at them.

Sharon Ward also noted other themes such as the women's great care of others, often at the expense of themselves, and the recurrence of physical manifestations such as stomach and headaches, and literal heartaches.

The same issues of developing trust and safety and yet still having 'taboo' areas were reflected in her experience of groups for refugee women, both here and in the United Kingdom. Giving permission for subjects to be raised without pushing or putting words in women's mouths was also highlighted. Her sense was that many women found it hard to live in the present and some of her work was towards assisting a recognition that *right now* was safe, an anchor point.

Another familiar and major theme was that of family re-unification, and also the lack of it. Many women from Middle Eastern and African cultures were doubly isolated as the men often had family members here but the women had left theirs behind. The women are then left at home without childcare and can't even get to English classes easily. Ward commented:

A lot of the women who've been in this country even a year are really challenging the traditional roles..things are changing fast for them, but we really let them down without a good infrastructure, despite a good humanitarian policy.

Some women do see positive shifts in their role as women but noted also the great price in terms of being isolated, or even ostracised, if they leave violent relationships, for instance.

I asked about the role of spirituality in her work with refugees as this has been such a dominant theme in our own group and with other informants. She laughed and told me of several related books that she has sitting in her car, which help her to look at the bigger picture, the 'soul journey', and yet the need for such an open and

eclectic approach to this area, to meet people where they were, rather than where we, the counsellors, were. As a therapist, Sharon described herself as needing a very large toolbox, where many tools are needed, from a treatment plan for PTSD symptoms to a wider perspective of hearing the spiritual meaning of that symptom for the person.

The key informants that I selected came from the two major agencies for refugees and immigrants in Auckland. The final reference to New Zealand work is just a brief one, to the work of Shakti. It may well be that I am unaware of other work happening elsewhere in New Zealand.

Shakti Migrant Services Trust

The Shakti Migrant Services Trust had been going for some years, originally initiated by volunteers, but is gradually becoming more extensive and more professional. However, I was unable to find any comparable groupwork taking place, and so set further exploration outside of the thesis parameters.

Section C: Groupwork for women refugees in Australia

There are quite well established services for refugees and immigrants in all the main centres of Australia, including women-only groups. I have selected examples from two such services to illustrate both process and content of groupwork for refugee women.

Victorian Foundation for Survivors of Torture (VFST): extracts from interviews September, 2000.

VFST-Judy Singer- Naturopath and herbalist

Judy Singer was interviewed just after she returned from training with Tibetan Buddhist teachers and herbalists in India, and was planning to incorporate her new training into her work. She had been working with the Foundation for seven years, beginning in a voluntary capacity:

> *I think the original attraction was related to my own cultural background, having parents who had survived the Holocaust. That is a part of my cultural identity.. I had been involved in Amnesty, and felt very strongly about human rights issues... I was amazed to find an organization that did this and also had an active natural therapies programme. The Foundation had been providing low-cost therapy for many years, including herbal medicine and tactile therapies alongside counselling and advocacy but when the Foundation began, their approach was quite radical in what had been a quite 'medicalised' area.*

Singer herself was not running groups at that time, but another colleague was working with refugee women in a multi-ethnic group where the focus was on health and wellbeing. All of the women had been working with an individual therapist for some months. The group was open but a core group had been together for about eighteen months and the programme was variable- sometimes it was all yoga or relaxation, at other times the focus was on managing crises. Singer commented:

> *I think there is great potential in combining something like the natural therapies and counselling in a group setting, because it can bring in a lot of body issues and a lot about self care- opportunities for very gently and subtly dealing with shame and guilt, self-loathing and disgust.*

I asked about dealing with issues of rape, sexual abuse and torture in the groups. Singer commented that individual counsellors heard about these issues but they were rarely raised in the group setting. Many of the things offered in the group assisted in giving relief from the relentless memories.

We concluded with discussing gender issues in the work. She acknowledged what a huge topic this was and began by reflecting on the different ways her male and female clients present to her. She noted how often the men began by only wanting to discuss body symptoms and only slowly moved to the context in which they occurred, such as leg pain from beatings and imprisonment in cold concrete cells. The women were far more open and made connections between their body symptoms and the traumas they had suffered, both in 1:1 sessions and in groupwork.

VFST: Interview with Edna Ostreicher, group therapist. September 2000.
Ostreicher spoke of the various groups she worked with, including women from former Yugoslavia. One of the dominant themes for this group was a sense of being stuck in the old traumatic symptoms, living in Australia but experiencing a sense of being stuck in the past. This was exacerbated by the lack of recognition of the skills they had, and difficulties with English so a focus of their interventions became creating links around employment. At the end of a ten-week sequence the group members requested more, as they had a renewed sense of hope, and the beginnings of new skills and a new community.

Another successful group involved women from many different countries who gathered initially to share handcrafts and traditional skills. As with our group they found that there was an increase in self-confidence and a new focus on their own

wishes and needs. They had found it inspiring to meet across cultures and find such common concerns.

There was little formal training available for groupworkers when Ostreicher began. Her initial skills lay in administrative organisation, then family support worker but she was then completing a Social Work Degree that incorporated group work training She commented:

> *I feel quite passionately about this work because I think that there is so much to learn, and so much to offer people in their resettlement period. My family background is from the Holocaust and I know what sort of an effect that has had on the future generations in the family, especially if it is never dealt with or spoken about...I talked with someone recently who said that she thought people would be talking to friends and family about these things, so why need a group, but I answered that there is big difference when you talk and connect with feelings, in a confidential and non-judging group.*

Another practical rationale for group work was as a way of dealing with the Foundation's long waiting list of many months for individual work.

Ostreicher described the progress of a women's group which she co-lead. It started as a relaxation group then it evolved into making healing potions from herbs, and then progressed to work with a woman who uses sound and music for healing. This group then evolved into one which we might call a therapy group, except that those words were not used, but group norms about safety and confidentiality were taught slowly. Many wanted to continue. That group ran for a year and members then opted to continue, at a deeper level. It then evolved into a self-run social group run from a different venue, to assist autonomy.

VFST- Report on the Iraqi Women's Project

Victoria McDonough reported to the Foundation on groupwork with Shi-ite Iraqi women (McDonough, 2000). She had been involved with a community development project involving a local Mosque but found that structures within the mosque further disempowered and marginalised the women. The Iraqi women themselves asked for an independent women's group. It targeted those who were the most withdrawn and isolated, with large families and little transport or childcare. The themes that emerged included:

- Gender role changes that the men did not always want to explore or support.
- Traditional stereotypes of Muslim women which constrained them within the community and in interactions with non-Muslims.

- Invisible but powerful decision-making structures within the community, in terms of difficulty with referrals.
- Issues around a woman's role with respect to large extended families.

It was important to know what was currently happening in the community, such as mourning, fasting, or celebration activities. The choice of an interpreter already trusted by the group, but not from Iraq, was also a key element.

Gender issues were there from the beginning, even from the choice of room that was local, cheap, and big enough for women and children. Also, women's role as caregiver left little free time in the day, so sessions were planned for lunchtime, and had to accommodate women wishing to pray.

The goals were to:
- Improve the psychological health and wellbeing of Iraqi Shia[60] women.
- Acknowledge pervasive effects of torture, and gender issues re torture and trauma.
- Link the women to the local community.
- Enable women to access and utilise services.

Meetings were held for two hours and were psycho-educative, then expanding to community education. There were thirty women originally, but dropped to 8-15, plus fifteen preschoolers and babies. The best referrals were by word of mouth. Several women were very well educated, but most were not. They had differing experiences of torture and trauma but had a shared theme of high levels of depression and anxiety linked to grief and loss, isolation from family and culture

The group leaders struggled to have a closed group, necessary for healing work, when women continued to bring friends. Mistrust was high at first as such groups seemed strange and there was a fear about gender exploration, but trust grew quickly. Despite being offered one to one counselling the women preferred to meet in a group. Often, the women were invisible to mainstream services except for their doctor. Examples of the outcomes from the group were:
- Improved subjective relief from depression.
- Friendships had developed.
- Women were linked to other services.

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[60] Shi'ite and Sunni are two different forms of Islam (Yamani, 1996).

- Women were empowered by speaking on radio about depression and isolation.
- Language and sewing classes began.
- Group acceptance was found for women who had been tortured.

The women felt unsafe because of their religious garb, much more so than in their own country. Leaders also commented on the urgent need for childcare, as the presence of children inhibited intensive work. They also commented on the need for at least two co-facilitators, and regular supervision. The approval of the local Imam was also seen as crucial.

New South Wales: Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

STARTTS: Groupwork with Iranian Women

This study is included here because it reflected so many of the issues that the New Settler women faced, focussing on the content of groupwork much more than the process. Cherie Lamb (1999) worked as a counsellor with STARTTS and her article described a small qualitative study which explored the issues faced by a group of Iranian women settling in Australia, and which closely paralleled the experiences faced by the women our New Settler groups. Most of the women came to STARTTS because of problems related to their marriages, and over a five-year period, she noticed an overall growth in self-reliance and less likelihood to accept abuse from their partners. Even though such problems exist in mainstream Australian society there still seemed a disproportionate number of women from Middle Eastern backgrounds complaining of domestic violence. Lamb commented:

> *The women interviewed have been marginalised and excluded from their own society, they are exiles, and they bring with them the essence of a culture in turmoil. Their problems in Australia with intimate relationships can only be understood in the context of gender roles in Iran (Lamb, 1999:75)*

The women were made up of Persian and Kurdish races and religiously represented Shi'ite Muslims, Sunni Muslims and Ba'hai groups. Most remembered a more liberal life before the Revolution and most described themselves as non-political although their husbands were actively so. The women were described as 'refugees or refugee-like' and had been in Australia for an average of five years with no extended family in Australia, a far cry from the close family links that are normal in Iran.

One of the trends that is similar with the New Settler groups was the tendency to get work in domestic work and child care in Australia. Five of the seven had

completed childcare training in Australia even though their original training was in academic areas such as engineering. Cherie Lamb described the situation as follows:

The conceptions of womanhood in Iran, when transposed to Australian society do not fit well, especially when coupled with exile, migration and resettlement experiences. Poverty has made a dual income essential for survival but due to the lack of appropriate skills, local work experience, and their low level of English language ability, neither partner has an easy time finding employment. In Australia, men find they have lost their elevated status and women can no longer be supported solely by their husbands ...Men often become jealous if their wives find employment and have, in some instances, resorted to physical, sexual and emotional violence against them. (Lamb, 1999:76)

The women felt empowered and protected by Australian law, especially laws relating to child custody, divorce, and domestic violence. However, at first many were afraid of the freedom and permissiveness which they had been taught meant drug trafficking and prostitution, and it was only when they became less isolated that they were accurately informed. Although the authors originally assumed that arranged marriages may be more problematic than love matches in fact this was not always the case.

Lamb cited several contemporary Iranian women researchers who are documenting women's changing roles in Iran. They all agreed that female sexuality is treated as a regulated commodity. Marriage can be in three forms: permanent (nikah), temporary (mu'ta) and slave marriage (nikah-ul-ima). Celibacy is viewed as unnatural, but female sexuality is only recognised within marriage. Women who produce no children, or only daughters, are often badly treated.

The women in Cherie Lamb's study expressed disgust at the concept of Mu'ta (Sigheh) or temporary marriage, seeing it as something that simply served the men. A man can contract as many temporary marriages as he likes, a woman only one at a time, with sufficient abstinence in between to identify the father of any child. All of the women in the study knew of such 'contracts' between jailors and teenage girls, obviously without free consent from the girls. One woman described, between floods of tears, such a contract with five young Ba'hai girls who were finally murdered. The women in the group were clear that they saw such things as legalised prostitution

In terms of divorce, Cherie Lamb comments:

Many Iranian women had experienced excessive turmoil in their lives because of their experience of persecution, exile and resettlement and so had to wait until they came to a country of asylum before divorcing their

husbands. One women said that it was only when she came to Australia, and knew she could survive without her husband that she could tell him to " piss off" (Lamb, 1999:84)

Another major theme discussed by the women in this study was the rise of rates of female suicide in Iran, and in exile. The women referred back to Muhammed's much more benign attitudes to women but the exploitation that is now happening in terms of practice (Hamadeh, 1996`). Women in the group had friends who had killed themselves, some discussed their own attempts. The other major theme was related to societal attitudes to the birth of female children, including discrimination against them in terms of priority for food. Lamb concluded:

The establishment of Islamic Law seems to have re-established Iranian patriarchal values. Gender relationships for the average Iranian women, with the exception of politically active women, appear to be largely unchanged. The migration experience has done little to maintain these relationships and the pressures of life as a refugee in Australia have strained already precarious marriages, leaving women without security or their family network, which had provided a support structure in Iran (Lamb, 199:,87).

STARTTS: Interview with Margaret Cunningham. October 2000.

One groupworker, author and researcher whose work contributed considerably to this thesis was Margaret Cunningham, whom I first met when she was the Director of STARTTS in Australia.[61] The service began in 1988, funded by the Health Department and based on overseas models, particularly the Boston Indochinese Psychiatric Clinic. She and her co-workers have written extensively about torture and trauma, and about service provision for refugees. Torture is not easily talked about, and it is not clear when a group begins whether members will have had such experiences. The point is that conditions need to allow such things to be spoken about, and the group leaders need to be able to handle the issues, from a personal and professional perspective.

Cunningham described the challenge for remedial services to contribute to the reversal of the effects of trauma, to help survivors to restore a sense of hope, dignity and empowerment, and to re-establish the capacity to trust. Establishment of organisational structures and models to do this is no small task .A description of the

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[61] We both trained in the Therapeutic Spiral model of psychodrama and worked with the STARTTS counsellors as a group. This model is discussed in Chapter six.

issues involved in setting up the Queensland service (QPAST) was given at ACISA 20001(Peterson, 2001).

Groupwork is placed in this context as just one of many interlocking services. Cunningham and Silove documented principles of treatment and service provision, (Cunningham & Silove, 1993). Their recommendations included:

- Beware of 'medicalising ' the problems of torture, and thus invalidating the meaning of the experience for survivors.
- Be sensitive to political and existential issues for the survivors.
- Develop knowledge about and respect for cultural and religious issues for survivors.
- Work with bicultural workers wherever possible.
- Aim for service autonomy rather than government sponsorship, to address such issues as collective fear of bureaucracies.

Despite these and other cautions, the writers also added a note of encouragement:

> *Cultural barriers to psychotherapy are not rigid. Where whole societies have experienced mass social traumatisation and cultural upheaval refugees have already endured rapid social changes so that they may not adhere as firmly to traditional cultural constraints, such as concealing private feelings. In these circumstances, clients' notions about healing can undergo complex transformations allowing them to accept diverse therapeutic interventions (Cunningham & Silove, 1993,57).*

Debate about expression or containment of traumatic material

Cunningham and Silove have also contributed to the ongoing debate about how much to promote catharsis and sharing details of trauma and how much to help containment and closure. For instance, in Copenhagen, pioneering work had been done with South American refugees in an International Rehabilitation and Research Centre. This highlighted the need for victims to explore memories in psychotherapy and to reveal as many details as possible to promote freedom from guilt and help the express rage. However, Cunningham provides a caution that was echoed by the Auckland RAS co-ordinator:

> *.... although the process of catharsis and cognitive reappraisal is undoubtedly beneficial for many survivors...a broader consideration is necessary to formulate appropriate treatment. Working through traumatic experiences is an integral component for many survivors, but for others detailed self-disclosure may be premature, unnecessary, ineffective, or if used as the only strategy, potentially harmful...(the goal may often be) to regain a*

*sense of empowerment in their struggle for survival in the country of
resettlement (Cunningham & Silove, 1993:156).*

In my own experience, the group leader needs to be able to work with both, and
make clinical decisions with the person involved as to which serves them most, at a
particular time.

Section D : Groupwork for women in the Phillipines

Margaret Cunningham was also co-author of a book with Nancy Pearson and June
Pagaduan Lopez (Pearson, 1998) called *Recipes for Healing: Gender-Sensitive Care
for Women Survivors of Torture.* The book is based on groupwork with women in the
Phillipines who were healing from sexual torture and reflected a strong feminist
perspective.

Refugees often fear that if they reveal their story to anyone, those hearing it
would be so shocked that they could not endure the story and would exclude the
refugee from service provision. Groupwork with women who have been sexually
tortured is one way that confidence can slowly build. The authors proposed that
service provision be flexible and focussed on facilitative self-mastery where
restoration of dignity and empowerment are primary goals, and incorporation of non-
verbal therapies such as movement and traditional practices are incorporated.

At the beginning of the book Libby Arcel, Associate Professor of Clinical
Psychology at the University of Copenhagen, addressed the dynamics of sexual
torture as distinct from civil sexual violence. Apart from her own family refugee
experience she worked as a clinical psychologist with South American women, and
was then sent to Bosnia in 1992 to assist with the healing of Muslim women from
mass rape. She became astonished at the dichotomy in the literature between torture
and state-sanctioned rape, and noted that Human Rights documents and practices
have made this distinction, based on a 'private/ public' dichotomy.

Arcel quoted a short definition of sexual torture as:

> *The use of any form of sexual activity with the purpose of manifesting
> aggression and causing physical and psychological damage. Definitions of
> rape are often blind to the link between gender issues and human rights
> violations. Torture is understood as a politically motivated crime, but war
> rape is often seen as personally, sexually motivated (Arcel 1998: 23).*

While rape is characterised as a rape against honour and dignity, it gives it uncertain legal status in international law and conceals that it is a violent attack creating a suffering in body and mind:

> *Amnesty International, for instance, only takes up cases of rape when they occur in detention camps. . Men who are raped consider themselves tortured and are treated by others as so, but often women who are raped are shunned, blamed. Yet women are raped because they are women: it is gender-specific torture..The setting is unimportant because state power is mobilised, both private and public, enforced by officials and those under them. It happens:*
>
> * *Because it is allowed.*
> * *Because of misogyny.*
> * *Because of a genocidal mentality based on nationalistic superiority feelings.*
> * *Because it is an act of transgenerational revenge.*

In an open forum, the team cautioned against comparisons in terms of 'greater or less trauma' pointing out that in advocacy terms, the goal is to stop both. They also supported gender-sensitive services which included groupwork:

> *The need for gender-sensitive services in all areas was raised: medical services for trauma effects on the body, legal services for pursuing cases in court, and community organizing and advocacy for supporting victimized women (Arcel 199:25).*

Groupwork was used as a therapeutic tool in Bosnia as well as other methods. There were separate groups for men and women.

The authors pointed out that a number of factors need to be considered when doing groupwork with torture survivors. Those who have been tortured have experienced a lot of restrictions and confrontations. Even small things may make survivors feel they are being tortured again. A critical factor for recovery is the expression of anger, which assisted a sense of dignity and peace of mind and seemed to reduce collective guilt.

This issue of collective guilt also arose with Cambodian women, as well as the stories of the 'comfort women' in World War II. Here the women were often ostracised or blamed:

> *One would think that coming out as victims of such an atrocity would result in their recognition as heroes...on the contrary, families could not understand why the women would even acknowledge that something like this had happened so many years after it had taken place.... In effect they were*

> *retraumatised as they publicly disclosed their experiences (Pearson,*
> *1998:28).*

The theme of denial and silence recurred throughout the literature, and throughout my own experience, professionally and personally.

Gender differences for torture survivors

The contributors to *Healing Recipes* all shared an understanding that women and men experience torture differently:

> *Gender significantly impacts what we experience, how we experience it and*
> *how we process the experience. Women do tend to provide the bulk of*
> *caregiving (and even the professional carers) especially in non-western*
> *cultures where family and clan take priority over individual needs which may*
> *not even be part of a person's frame of reference (Pearson et al, 1998:7)*

The workshop was set up with processes that truly belonged to the whole group, to emphasise participation of the women. The result was what would seem impossible. - a workshop on torture which was also inspiring and fun.

The title reflected an honouring of the traditional way that many women feed others, but reversed the process in terms of giving them 'food' to nourish themselves. Food was often consumed in a group, fulfilling many functions such as companionship, trust, support, joy and nourishment for women who often provided that for others. For these women, there was no doubt of the efficacy of such groups:

> *We come from the standpoint that group work is useful, effective and an*
> *under-utilized methodology with survivors of torture and trauma.*
> *Practitioners cite their concerns that the level of damage is too great and*
> *requires no less than an intensive one-to-one therapy setting. From our*
> *perspective, the fact that torture often occurs in the context of a group*
> *processes where others are watching, is precisely why healing needs to*
> *incorporate these methods. Also, survival is often through group support of*
> *others in camp or prison. The social context that supports the survivor can be*
> *crucial to prevent depression, isolation, and other aspects of PTSD. Our*
> *process did not separate our bodies from our minds, tears from laughter,*
> *wailing from singing, meditation from dance, giving from receiving (Pearson,*
> *1998:8)*

Healing through many channels

Many processes were incorporated into the groupwork, such as ritual and meditation which had been highly clandestine during the martial years in the Phillipines but was now mainstream.

The workbook is full of creative ideas for exercises, such as the *Circles of Life*, a workshop tool to peel away the petals to reveal the wounds, then peel away further to

reveal strengths, sources of healing and liberation. The self-actualising woman was at the centre, the heart of the lotus. Such an exercise reflected interconnection and strength whilst naming the wounding, and stands in stark contrast to the diagnostic tools of some trauma questionnaires which then give a psychiatric diagnosis.

Women were coached to have courage to tell their stories:

> *It is important for people to decide to talk about their experiences. There are two ingredients for full recovery and reintegration: truth telling means to be able to retell the truth the way it really was and not the way you are used to saying it; and to find the connection between your problem sources and the experiences, which means to reverse the disconnection that torture brought to the person...then you can begin to see the disconnection, the tendency to divide your life into many fragments...truth telling is crucial. It is where healing starts. Otherwise societies forever tend to deny the existence of evil (Pearson et al, 1998: 114).*

Despite the problems with such 'truth telling' there seems to be mounting evidence from many perspectives that speaking out the details of traumatic events is much more effective than the silence and denial that many cultures still perpetuate.

Section E: Groupwork for Women in Bosnia

Although the focus of this thesis is on groupwork for women in resettlement, there is much to be learned from those working in a war zone. Several examples will be briefly discussed.

Gabrielle Kramer -Traumatised Women working with Traumatised Women: Reflections upon Life in a War Zone

The author shared her personal and professional experience of working with women and children who have been subjected to soul-destroying violence in the former Yugoslavia. She joined a women's project to help Bosnian women and children and in 1993 they set out for Tusla in Bosnia. They had great difficulty getting a permit from the UNHCR headquarters in Zagreb, particularly when they didn't seem to be linked to any international aid organisation.

The refugee camp was characterised by great deprivation with overcrowding, lack of privacy, and hunger. Some of their anger got projected on to the groupworkers with such comments as *what do you want, did you just come to stare? Go back home or tell the world about us.*

The group focused their energies on developing a centre that would give psychotherapeutic counselling to traumatised women and children. They had to

confront their own fear of actually living in these conditions themselves. Kramer gave up her job as a hospital psychologist, but later noted that although she was highly motivated, she was very naïve at the beginning.

The actual project involved establishing a hospital and a women's shelter and then evolved into two more projects, a mobile unit of psychologists to provide both individual and group therapy, and an ambulance so that medical care could be offered alongside counselling. They also furnished the women with the means to become self sufficient by acquiring three houses, each offering completely different services.

In the first one the focus was on enhancing educational credentials, in the second the setting up of being able to live independently and the third was an agricultural initiative. Kramer herself served as project co-ordinator and the staff grew to 30 members. By this time it was obvious that the brief had to widen to deal with women who had been victimised in a whole variety of ways, sexually, physically and psychologically. They had been forced to flee their homes as well as enduring rape and witnessing the torture and killing of family members. In some cases individuals had lost thirty or more male relatives.

Psychotherapy is a relatively new field in Bosnia and there were just simply no local psychotherapists willing to become involved so Kramer found herself having to train social workers, educators and psychologists on the job, including work with the risk of vicarious traumatisation of herself and her staff. She also suffered and lost touch with her own needs and boundaries, became ill and was attacked by a group of six soldiers in her home in Tusla. As the project was just coming into some sense of success the political situation was becoming increasingly unstable and United Nations peacekeepers were kidnapped. As the situation deteriorated new people coming into the centre had substantially different psychological profiles from the ones who had fled earlier. They had had no time to repress the terrible tortures and traumas that they had gone through and for a significant number of women regular meetings for debriefing obviated the need for long term therapy simply because they were dealt with early on.[62]

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[62] Key informants, such as Kaaren Mathieson and Sharon Ward, made this same comment about the Kosovars who came to New Zealand.

Kramer found that although many women had undergone significant traumatic experiences, in the flux and change many women developed new autonomy and independence and spousal abuse rapidly became a serious problem, as the women did not want to give up these things. They saw it as the men seeking to compensate for their own low self esteem by assaulting, raping and even killing marital partners. In 1996 Germany provided assistance to provide specialised training to therapists, including body therapy and specialised grief work to the centre residents.

Kramer commented that when she first arrived in Tusla she was simply too busy with the project to spend much time thinking about the implications of undertaking therapy in an unstable environment in which traumatisation was ongoing. They had no choice but to find their own way of working with clients and overcoming the challenges inherent in the environment in which they found themselves:

> *Whereas the therapies had been designed for work with individuals who were well educated and lived in a western industrialised country, the women involved in the project had little formal education and emerged from a cultural background that was at once highly traditional and patriarchal in its orientation. Sensitive to these differences, the challenge which we faced was one of making contact with the women while at the same time resisting the urge to force our theories, structure and techniques upon them (Kramer, 1999:17).*

For instance, after a particularly difficult time when everyone had been thrown into depression by the reports of a witness to terrible atrocities in a Serb -run concentration camp, Kramer organised a dancing and singing evening which was a great success.

Kramer introduced story telling as a means of regaining a lost sense of identity and stability. They also used exercises involving imagination and dreams, always careful to avoid references to images such as forests that could bring back unpleasant memories of the war. Some of the exercises were found to be particularly helpful, especially those involving going to the seaside or creating 'inner wise women'. She also used drawing and painting to help the women come to terms with their pain and shame, especially because their experience had led them to abuse or mistreat their own children.

Many women could only make sense of their suffering by placing it in a context of a plot designed specifically to punish them for misdeeds committed in the past. They could not ground their trauma in the wider political and social structures of which they were a part. A major aim was to help the women overcome their sense of

helplessness and guilt but she acknowledged honestly how often they were unsuccessful.

The importance of bearing witness in affirming them in naming those who were responsible for their suffering had to be balanced against the team's professional training to be aware of the dangers of transference and counter transference and needing to focus on boundary issues.

It was extremely difficult for these women to come to closure as they were being traumatised in so many ways. There was a particular problem in accepting closure as this would entail admitting that there was no hope of returning to their old homes or old ways of life, so crisis intervention was the major focus, and supporting women trying to regain their will to live.

On her return to Germany Kramer noticed that although she seemed fine in the field, when she returned for a holiday she was ill, suffered from nightmares, insomnia and deep malaise. She recognised these as classical symptoms of vicarious traumatisation and in 1997 she stepped back, for her own sake and for the sake of the project.

Groupwork for former residents of Bosnia-Herzegovina- *The Burden Left My Heart*

One of the few other references I found to groupwork with refugee women was evocatively entitled *The Burden Left My Heart,* based on a participant's comment. The authors, Berit Schei and Solveig Dahl (1999), described the positive outcomes of groups they ran for women in the war zones of Croatia, Zenica and Tusla, for former residents of Bosnia-Herzegovina. Both authors hold doctorates and degrees in psychiatry. One is Canadian, the other Norwegian.

Since 1992, news of war rape of women had mobilised a large non-governmental organization, Norwegian People's Aid, which raised two million dollars. Dahl, on behalf of NPA, held dialogues with women in Former Yugoslavia which made it clear that an urgent need was for services for raped women, the hidden victims of war. In 1993 a centre was opened in Zenica, Bosnia. Amongst a range of other services for women and children, groups for women began. Some involved group-based occupational activities, structured conversations, and educational activities. Within months, four hundred women and two hundred and fifty children were involved, demonstrating the accuracy of the leaders' analysis that the first step was to build new networks in a safe environment.

Some groups simply involved making traditional handcrafts for sale and this assisted women to re-awaken to a new life and build new social networks. There were no formal psychosocial groups, but a psychologist and social worker routinely met with the women in individual sessions. By 1994, a mobile unit was established to cope for the many women who could not attend the centre.

In Tusla the Danish Refugee Council (DRC) had already embarked on a programme to assist refugee women. The Norwegian project dovetailed into this, providing training and longer-term psychosocial services. Most of the women were from rural areas with little education, subjected to daily traumatization from many sources such as ongoing shelling and they certainly little or no experience of therapeutic groups.

The first steps were based on trust building and then an encouragement to share their narratives. Women were shown how to recognise their psychological responses to trauma, how to reduce anxiety, and finally how to face the reality of the past and make realistic decisions about their future. The groups met once per week for 3-4 months.

In evaluating the services the authors noted how the groupwork was shaped by local circumstances and local involvement from the participants and other professionals:

- Group 1- consisted of women who had been in concentration camps and had been witnesses or victims of rape.
- Group 2- consisted of women who had been victims of interpersonal violence.
- Group 3 -consisted of women who had felt their lives were in danger.
- Group 4 -consisted of individuals who had family members killed or were missing.

Amongst those with few symptoms 93% described feeling somewhat or much better after coming to the Centre's activities, and 88% of those with more major trauma symptoms also reported benefits. The authors cautiously ascribe the positive changes to involvement in the therapy groups at the centre, as they had a comparison group of those who only attended occupational activities, and also those who never attended, whose symptoms mostly remained. They conclude:

> *The findings do suggest that highly distressed women derive greater benefit from group psychotherapy than they did from occupational activities. Those*

planning future interventions in war conditions may very well wish to take these findings into account (Schei and Dahl, 1999:11).

Combining political and humanitarian initiatives- work with Bosnian and Croatian women

Mary Kay Gilliland, Sonja Spoljar-Vrzina and Vlasta Rudan focused on the narratives of Bosnian and Croatian women refugees, in their efforts to reclaim their lives (Gilliland et al, 1995). They set the context for their work by reminding readers that while the Berlin wall was coming down, in 1989, fragmentation and conflict was growing in former Yugoslavia. They particularly focused on the plight of the women because they faced three potential sources of discrimination: because they were women, because of their ethnicity, and because they were refugees.

Their research was oriented to better provision of resettlement services, taking into account changing gender issues. They emphasized the diversity of the women's experience, and their diverse relationships to one another, whether Catholic or Muslim, Bosnian or Croatian. They noted how the Western media homogenised them and overlooked the good and complex relationships that many people have across ethnic categories. The authors commented:

Many of these women are unprepared for their new roles as single heads of households. Even those husbands or other male kin are with them must adjust to altered role expectations in a new context. Life in a refugee camp affects gender roles and relations: old roles become difficult or impossible to fulfil.. They have also lost work that gave meaning to their lives, and identities based on culturally-defined gender roles, or on work or occupations which must often be reconstructed in the changed circumstances.... where they must struggle to cope with trauma and loss, and at the same time, adjust to life in a new and often inhospitable social and cultural environment (Gilliland et al 1995:2).

Many of the women spoke of no longer being in control of their lives, including a loss of their past in terms of memories, land, possessions, ritual items., and loss of photographs of family history. Their response was often *all we can do is wait.*

Sometimes women found cleaning work, cooking, childcare and looking after the elderly, or ad hoc jobs that may not provide money, but did give a sense of purpose. They also needed to give voice to anger, sadness, and depression.

Increased domestic violence as men are disempowered elsewhere

The women reported that men who were losing status with no work, and the attendant problems of refugee camp, in some cases became more authoritarian, and issues of domestic violence increased.

Changing roles for the women

The authors documented narratives that reflected the changing roles of the women, and commented:

> *Certain themes appeared and re-appeared in the narratives of these refugee women, whatever their sentiments about ethnicity .All of them had suffered losses but most of them had less to say about the loss and separation from loved ones or about the loss of property, than about the difficulties of coping with day-to-day life. With no certain future, no meaningful occupations, and no idea of what they will eventually do or where they will live, these women have a strong sense of powerlessness (Gilliland et al, 1995:4).*

Another common theme involved the absence of men, to assist, to plan, to provide intimacy and a sense of meaning for the women. The women from rural, more conservative areas expressed these lacking roles in more rigid gender stereotypes, whereas the Serbian Muslim women with more education and professional training, were more flexible

Women found work more easily than the men, as they were flexible and accepting of the wide range of nurturing roles that continued to be needed, such as knitting, caring for children and for the elderly, and trying to bring personal touches to the camp accommodation.

Section F: Groupwork with refugee women in Denmark

Inger Agger's book *The Blue Room –Trauma and Testimony among Refugee Women* (1992) was a powerful example of a women working as both researcher and therapist who referred several times to the need for both roles to be present, to elicit the material and to be able to create safety for the women. Having taken both roles in the New Settler groups, it was useful to have this underscored, and served as a reminder of many of the themes addressed in the methodology section which gave a rationale for feminist qualitative research, and being both Insider and Outsider in action research.

Agger wove the testimonies of forty refugee women into her own narrative of hope and resilience out of experiences of deep trauma. She used the metaphor of a

house of exile, based on her own literal blue room, but adding different rooms and ending with the verandah, a new space created by the women's stories and the therapeutic work of testimony with Agger as witness. The creation of this women's house of exile where testimony can be heard is a possible healing process in itself.

As a clinical psychologist and a feminist who had worked for five years with traumatised refugees in Denmark, Agger used the concept of the women negotiating boundaries between different contexts, particularly the private and the political, in a similar way to the ecological model used in this thesis. She moved from the boundary violations of the women 's own bodies to the political and social challenge that made the women such a threat that they had to be controlled and punished.

In relation to the wider context, Agger noted the particular vulnerability that women have because of their reproductive functions, and the role of sexual violations for political control:

> *We can thus also see exile as an existential situation for women who wish to abandon their silent and invisible lives in an androcentric culture. But in addition to the gender-determined conditions, other conditions can be woven in to reinforce this position. Membership of political, ethnic or religious groups that are considered threatening or abnormal by the political power holder scan also provoke oppression. (Agger, 1992:2).*

Agger pointed out that her stand, based on universal human rights, places guilt outside the victim and also demands that the witness takes a moral stand- in this case the therapist and researcher is also witness. She, like me, saw the natural consciousness raising for all parties that took place with testimony, and which is in itself therapeutic in the widest sense:

> *I used testimony as a research method. Thus, I attempted to unite my experience from the use of testimony in the consciousness-raising groups of the women's movement with experiences from my therapeutic training and my work with testimony as a trans-cultural therapeutic method.. testimony as a concept has a special double connotation: it contains objective, judicial, pubic and political aspects as well as subjective, spiritual, cathartic and private aspects (Agger, 1992:9).*

It was unsafe for the women who gave such testimony to Agger to identify themselves, and their testimony is by way of excerpts in her book. In the same way, the women of the New Settler groups need to be disguised, but hopefully their voices can still be heard.

Section G: Groupwork for women in South America

Groupwork in El Salvador- Las Dignas

Helen Leslie is a New Zealander whose doctoral thesis was based on her work with
Salvadoran women (Leslie, 1999). She is one of the few whom I found who
specifically addressed the gendering of trauma, focussing on a post-conflict
situation.[63] She was assisted to go to El Salvador in the early 1990's, to work with
Las Dignas (Women for Dignity and Life), working closely with Ofelia Lopez, who
had suffered greatly from torture and trauma during war in the region, and who
wished to assist other women.

Like Cynthia Enloe and Ronit Lentin, whose work was discussed in Chapter
three, Leslie examined the way that the gender of both men and women changed
during and after war, manipulated by the military. She commented on the hope raised
by the UN Declaration on the Elimination of Violence Against Women, but noted the
lack of tools to enforce it, so women continued to be vulnerable to sexual violence,
domestic violence and economic privation. She also commented how so-called 'third
world' feminists assisted a new approach to development, where such empowerment
models were brought to the fore, with women becoming more the agents of change
through self-help groups, leading to later political action.

The groupwork offered by Las Dignas was strongly influenced by an approach
known as Gender and Development (GAD), a feminist analysis which placed women
in a social/political context with respect to gender and economic power and assisted
the move towards accessing many bases of power. This theoretical position reflected
a move from grand narratives which distanced themselves from 'the lived lives of
differing people in different contexts' to a postmodernist view which wanted to hear
from previously silenced voices and encouraged dialogue between the developers
and their 'clients', an approach that was, hopefully, reflected in the way we run the
New Settler groups

Leslie also noted how these processes reflected what Paolo Freire termed
conscientisation, (Freire, 1993) As women came together, they naturally began to
address inherent structural and institutional discrimination. In Latin America, the

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[63] Leslie also gave an extensive and transparent analysis of her feminist praxis, which would serve as
a good introduction for someone new to the field.

Liberation theology of the Catholic Church actually assisted this process, even though western feminists have mainly focussed on the oppressive roles of the church.

> .... *Empowerment then, is an approach to gender and development that is enabling women to struggle for context specific forms of power at different levels and in ways that are culturally appropriate. Empowerment is currently being used in gender and development practice.. and it is contributing to more equitable gender relations (Leslie, 1999:47).*

Leslie saw a major aim of groupwork with the women to:

> *Transform the feeling of being guilty and impure, to 'make the ugly beautiful'.., whether it is from being the silent violence in the family, incest, rape or organized political violence*

The group can assist by allowing women to tell their story, thus giving testimony, in front of witnesses. Leslie also affirmed the importance of including emotion, at all levels of the work:

> *The critical reflection of emotion is not just a self-indulgent substitute for political analysis and political action. It is, itself, a kind of political theory and political practice, indispensable for an adequate social theory and social transformation (Jagger in Leslie, 1999:50)*

The issues of being a 'first world' woman doing research with 'third world' women was a continuing challenge, and Leslie addressed this by being guided by 'third world' scholars such as Chandra Mohanty (Leslie, 1999) who suggested making alliances of affinity rather than identity.

Leslie's thesis documented interviews from workers and clients involved in *Las Dignas* groups. The ground rules were very similar to those we were to use, and also the dilemmas that arose- for instance, women were encouraged to talk about themselves, but culturally they were trained not to do this, but to discuss others, and put their own issues last. They had also learned that emotional expression was a sign of weakness, but in the group this was seen as healthy. They, too, noticed how the women changed as they faced their internalised oppression, and began to understand the many layers of power which had positive and negative influences on them.

The processes are dynamic and complex, as women become aware of the impact of gender in shaping their experiences of trauma, and then go through a process of deconstructing oppressive gender roles, and valorise women's participation in social change movements. This includes empowerment in relation to self, family, and then society. However, Leslie also noted instances where the process may also result in

disempowerment for some women, if their emergent changes were a threat to a partner or group leader, who could further restrict them.

Some of the themes dealt with in the *Las Dignas* group were:

- Reframing guilt at not wanting sons to go to war as motherly protection.
- Permission to grieve in a group setting.
- Moving from silence to acknowledgment of their right, as a woman, to have a voice.
- Exploring the pro's and con's of their spiritual teachings.
- Naming and understanding symptoms of trauma, and seeking assistance.

In addressing the implications for future research, Helen Leslie pointed to the hundreds of conflicts on the planet, yet how little research there has been on implications for women's mental health. In highlighting the importance of mental health for development practice, she also reflected how theorising on gender and conflict had not received the attention it deserves.

Section H: Groupwork for refugee women in the U.K

Groupwork for Women in London- Medical Foundation for Care of Victims of Torture and Trauma.

Helen Bamber- the Founder of the Medical Foundation

Helen Bamber and others set up the London-based Medical Foundation for Care of Victims of Torture and Trauma in 1983. Her story, entitled *The Good Listener* is told by Neil Belton (1998) who described her extraordinary ability to listen:

> *The person she was talking to would suddenly begin to tell her what they had seen, or try to tell her what it was like. Often they were women. They would hold her with their eyes and she said she had to make a decision very early on: she could be brisk and sympathetic and matronly and evade the force of what she was hearing by pretending it could be resolved into a practical problem; or she could respond in a different way (Belton, 1998: 109).*

This role of empathic witness was a natural strength, but was also enhanced by her training with Dr Maurice Papworth, who challenged the medical establishment about their respect for human rights. He recognised that the ability to listen carefully and respectfully is healing in itself, but is also the basis for accurate history taking, especially with regard to the most sensitive information, which people will only give when they feel confident of trust.

The staff at FCVT noticed that people often came for apparently practical reasons, but as trust developed, the deeper issues emerged. One of the women therapists who worked with women noted that:

We are used to assuming that there is relief in talking (and among torture victims there often is) but women almost never want to tell because the torture in many countries includes rape. You need to know that they feel shame in the telling, shame that they have not been strong enough to lock it away and keep silent. They don't want to tell their whole story..at Heathrow airport they are unlikely to tell an immigration officer they have been raped (Belton, 1998:385).

Groupwork was based on the model provided by S.H Foukes, who had been successful with group therapy with traumatised soldiers. The model is different from psychodrama, but both share what was called a principle of positive intervention where the group leader works with whatever creative resources he or she has. This can in turn evoke the creativity in the group members. The process can reawaken inner strengths and establish powerful social relationships.

The emphasis was on testimony, for both speakers and listeners- not just talking, but a certain sort of talking, for a particular purpose, which can only take place with a certain quality of listening.

MFVCTT- Groupwork for women refugees by Shackman and Tribe

Groups for refugee women were run at the Foundation by Jane Shackman and Rachel Tribe (Shackman & Tribe, 1989). Their initial concerns were that although they saw a need for the women to work in groups, they were not at all sure that the women would share, especially with women from their own country, or with women from different cultures. However, what they found was the opposite- it was hard to find enough time for everyone to express everything they wanted to, and they often continued to meet informally.

The initial time frame of eight weeks extended to twenty-eight, at the request of participants. The writers attributed part of the success to the familiarity the women already had with the Foundation, and to their established relationship with one of the leaders. One woman thought it worth her while to travel three hours; another spoke no English, came late, but continued to come. Some women thought the rigid time keeping was very eurocentric, and the leaders were able to respond by arranging for group members to stay on later and develop more of a self-help group.

The group provided a safe place for dealing with the extensive gender shifts that many of the women were experiencing:

As some of the women's political beliefs had led to them being in exile, discussion of wider political events and issues was necessary for placing and understanding their personal experiences a broader social and political context. The role and position of women in their different societies came up again and again (Shackman & Tribe, 1989:6).

Themes which emerged from this groupwork were:

- Some women felt impotent in England, where they could no longer be actively involved with political groups.
- As trust grew, women spontaneously shared their experiences of torture and trauma, and were able to express their feelings. Many said that they had attended 1:1 counselling but did not feel as safe as in the group.
- Women shared survival strategies used to survive these horrific experience:

We were constantly astounded by this strength that the women possessed, and we spent a lot of time discussing survival strategies they had used in the past and looking at their potential use in the present (Shackman & Tribe, 1989:6)

Lessons for New Zealand

Some year ago Jill Reynolds and Jane Shackman (1994) were invited to Auckland by the (then) Auckland Institute of Technology to provide expertise on refugee mental health on the basis of their work at the London Medical Foundation for the Care of Victims of Torture[64].

The authors worked together running groups for refugee women at the Foundation, and point out that although 'partnership' can be interpreted in many ways, core components are equality, difference and sharing. There may be tensions between these elements, and they may change. The sorts of issues which evolved were:

- Differences in professional experience and models.
- Co-workers becoming role models for the group around issues of difference and conflict.
- The need for clarity about roles and role relationships, with constant reflection and revision.

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[64] In preparing this thesis, I tried to contact these authors but they have moved. Jeremy Woodcock updated the Foundation's work and provided new references, for which I am grateful.

- Dynamics in the team as well as the group need on-going discussion.

The authors then pointed to parallels with the issues that refugees are facing in resettlement. As 'strangers in a strange land' they depend on agencies forging some sort of partnership with them and for agencies to be in partnership with each other, not competition, yet these ideals are rarely met, especially where there are developing services.

The lessons to be learned about training and supervision of the team providing groupwork for refugee women are beyond the parameters of this thesis, but signal a crucial area of future research, in terms of developing New Zealand services.

Summary and Discussion

The overall thrust of this chapter has been threefold:

- To explain groupwork involving a range of creative arts therapies. Psychodrama, which has much in common, is separated out for later discussion, as it was so central to this thesis.
- To demonstrate that such groupwork is being used with refugees and migrants in resettlement in many parts of the world.
- To focus on groupwork with refugee women that is often framed from feminist perspectives that incorporate issues of power and gender.

These three different aspects contribute to the rationale for the New Settler groups which will be discussed in Chapter seven.

The macro context was framed by UNHCR legislation and policy recommendations which have been progressively focussing on gender awareness. However, it was noted that implementation had a long way to go in countries of resettlement, including New Zealand. In New Zealand, groupwork with women refugees was rare, and did not involve the wider strategic analysis which I have termed feminist

Overall themes which emerged, included:

- Repeated cautions about medicalising problems that are social and political, particular in terms of western medical models, yet a need for specialist knowledge about the consequences of trauma.

- Flexibility and creativity from both professionals and clients allowed for groupwork across cultures to progress well.
- The need for provision of childcare and transport to even allow the women to attend groups.
- The benefits to women from having their issues attended to, sharing stories and creating safe networks.
- The assistance that a group for women can give for handling the complexity of issues around multiple grief and loss, along with adjustment to a new culture.
- Need for training, ongoing supervision and processing to prevent vicarious traumatisation of staff, as well as adequate funding and infrastructures.

In conclusion, I shared the optimism of these writers, whose passion for their own group work comes through in their own vignettes, and I also shared their recommendation for further research around a number of key variables, including the match between counsellor and group members, and the mixing of heterogeneous cultures in therapeutic groups versus homogeneity. However, I have become so aware of the gender differences that abound in the area of groupwork for refugees (and immigrants) that I also experienced frustration when they are ignored or taken for granted.

It seems clear that groupwork can be effective, regardless of the model used. However, as a psychodramatist, I believe that there are particular advantages in providing a group focussed on psychodrama, but including other creative therapies. However, before the work of the New Settler groups is discussed, the following chapter will focus on psychodrama as used in those groups.

CHAPTER 6: AN INTRODUCTION TO PSYCHODRAMA AS USED IN THE NEW SETTLER GROUP

Introduction

The purpose of this chapter is to give the reader sufficient information about psychodrama to understand the basic terms and processes as used in the New Settler groups and to indicate why I consider psychodrama to be an appropriate group method to work with refugee and immigrant women.

At the beginning of the thesis I proposed a dynamic ecological model to assist comprehension of the large topics I would be addressing in such a multidisciplinary thesis. Mostly I have not attempted to make all levels and the relationships explicit. However psychodrama is so central to the thesis that I will refer back to this model before going further.

To take an overview, the discourse of psychodrama can be considered as having different contextual levels. Starting with the macro level, particular values and beliefs are held so strongly that they form a sub-culture that has, from the start, valued the spontaneity and creativity of individuals in interaction with one another, amongst other things. This macro system also includes international organizations and their training standards which shape and regulate psychodrama. At the exo level there are many relevant organizational interactions such as relations within psychodrama training and between psychodrama and other professional training. At the meso level relevant contexts include the interactions between such settings as psychodrama trainees and refugee funding organisations. At the micro level, in this case the New Settler groups, there are many interacting systems - between the team members trained in psychodrama and those trained in narrative therapy, for instance, or the team member's world views and those of the group members.

This brief description has been given to keep alive the breadth of the context of psychodrama at an international level and its relation to other contexts. It is new in New Zealand to be working as a psychodramatist and a team, with refugee women and the many contextual issues have hardly begun to be addressed.

The chapter is divided into four sections:

- **Part 1** provides background to me as a psychodramatist, to psychodrama, and also provides working definitions of psychodrama.

- **Part 2** provides an introduction to key terms and processes in psychodrama.
- **Part 3** gives some examples of applications of psychodrama with traumatised people. These include psychodramatists working with war trauma, refugees and migrants. The model entitled the Therapeutic Spiral is introduced as it provided a basis for work in the New Settler groups.

Part 1: Background

Section A: Personal context

I am a psychodramatist, accredited by the Australian and New Zealand Psychodrama Association (ANZPA), which in turn is affiliated with the American Association. There are psychodramatists practising all over the world [65]. In New Zealand there are training centres in all the main centres. Many people add this training as a post-graduate addition. In my case my core training was as a psychologist. Psychodrama training is experientially based and over many years of part-time training I have worked with my own role systems, identifying areas of strength and difficulty, and practised group leadership in a wide range of settings. Assessment included running a full session and being observed by two examiners and a thesis relevant to this current one, on being an evolving theorist (Mendelsohn, 1997).

Section B: Working Definitions of Psychodrama

Working definitions of psychodrama differ but have at their core some reference to enactment, spontaneity and creativity. In psychodrama this refers to a new response to an old situation or an adequate response to a new situation. Spontaneity is seen as the energy that drives a creative act. Moreno, the founder of the method, said that psychodrama is *the science which explores truth by dramatic methods* (Moreno, 1953). He emphasised, however, that we could only ever work with the subjective truth of people. Moreno also focussed on human beings as creatures of action whose ability to be spontaneous and creative is a gift

of spiritual dimensions. It is often overlooked that developmentally actions precede words and much of significance happens in that first year of life. Where

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[65] A map and details can be located at www.interntional.psychodrama..net.

verbal communication breaks down, as with refugees, non-verbal communication is still a powerful tool.

Max Clayton, who with Lynette Clayton brought the method to Australia and New Zealand (in 1974) expanded the definition:

> *The psychodramatic method is specifically designed so that people of all kinds can portray and explore life situations which are of interest and concern to them. In the course of enactment, new forms of functioning can be expressed. These reflect the change and development evolving in our inner being."* *(Clayton, 1993:3)*

Psychodrama is seen by some as a therapeutic method:

> *A group therapy method which usually involves a session including warm-up, action, working through, closure and sharing. A variety of standard interventions such as doubling, mirroring, role reversal, soliloquy, concretisation and maximization are used(Kellerman, 2000:13).*

However, for others, psychodrama is a communal creation that can have many purposes, including exploration and education way beyond a narrow therapy focus. Further introductions to psychodrama can be found in Clayton (1993),Holmes and Karp (1991) and Blatner (1988). Some of the terms and processes that are specific to psychodrama will be described below, but first I will give a brief historical context.

Section C: Brief historical context of Psychodrama

Austrian-born Jacob Levy Moreno (1889-1974) created psychodrama. His widow, Zerka Moreno, still carries on the work internationally.[66] Marineau (1989), one of Jacob Moreno's biographers, describes him as a principle co-founder of group psychotherapy but he did a great deal more than this, as his own writings and subsequent biographers attest. From an early age Moreno engaged with groups who were stereotyped and stigmatised by many. He focussed on honouring their individuality and their healthy functioning, particularly their capacity for spontaneity and creativity, given the right warm-up.

In this brief introduction I have only selected a small portion of his work, particularly that which shaped my own worldview, and where he worked with refugees and immigrants.

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[66] Zerka Moreno recently opened a Centre in Beijing. I worked with her briefly in the USA and she has held training workshops in Australia and New Zealand amongst her international work.

Moreno began his book *Who Shall Survive?* by saying:

> *A truly therapeutic procedure cannot have less an objective than the whole of mankind (sic)(Moreno, 1953).*

Zerka, his widow and an international trainer nearly fifty years later, acknowledged this as a Utopian dream and yet still a goal for his students - to take as daring and inclusive a step as is necessary to eliminate human suffering (Kellerman and Hudgins, 2000). This breadth of vision which linked groupwork with a wider social and political platform continues to be important in my work including this thesis.

Moreno also worked across many disciplines as the word psychodrama suggests. He was educated initially in a world of art, drama and literature, and although he later became a doctor this early background strongly influenced the development of psychodrama. He was a contemporary of Freud and his roots are spiritually from Sephardic Judaism and ethnically he was a mixture of Roumanian, Turkish and Viennese. According to Langman (Langman, 1997) those who criticise the application of 'white' cultural models in transcultural settings often overlook the major influence of a group of Jewish men (and a few women) many of whom came from Ashkenazi or Sephardic Jewish origins. Such people included Freud, Moreno, Jung, Erikson, Bettelheim, Perls, Frankl, Berne and Melanie Klein. They brought values from their spiritual traditions, even if they often became secular:

- It is good to take action, within the family and in society, to reduce conflict.
- Self-reliance is not so valued - outside experts can help.
- Talking to others and expressing feelings can make a difference.

Langman pointed out that these values are often very different from the stereotype of the 'white middle class male'.

Whilst living in Vienna Moreno was also influenced by key existential philosophers and spiritual writers such as Nietzsche, Kierkegaard, and the writings of Buddhist and Christian mystics. He was one of a group of thinkers already formulating the need for individual freedom and a new society after the shocking impact of the First World War.

In 1909, while studying medicine at the University of Vienna, he also set up the *House of Encounter* for new immigrants and refugees, where people were

offered practical assistance and the beginnings of a new community. This commitment to working outside of traditional medical institutions, especially where 'mental health' is isolated from total health including the creative arts, is still part of the world view of many psychodramatists such as myself.

Moreno also put his focus on the here and now, the spontaneity and creativity of the person and their conscious process, a very different orientation from Freud's. He also tried to break down the inherent power of the therapist by promoting groupwork where one individual was able to become the therapeutic agent for another - the basis of the term *auxiliary*.

Moreno worked as a doctor in two refugee camps during World War 1: one in Austria, the other in Hungary. The Austrian camp was full of thousands of Tyrolean refugees whose homes were invaded by the Italians. There were many problems in the camps, largely because affinities of religion and lifestyle were not taken into account in the housing allocations. After observation and discussion, Moreno wrote to the Minister of the Interior advocating new arrangements based on what was later to be called sociometry - the recording of positive and negative social relationships that exist in all groups, and that can be used to reduce conflict and create more productive relationships.

These early experiences shaped the development of Moreno's ideas about encounter and role-reversal:

> *A meeting of two: eye to eye, face to face,*
> *And when you are near I will tear your eyes out*
> *And place them in mine,*
> *And you will tear my eyes out and will place them instead of yours,*
> *Then I will look at you with your eyes*
> *And you will look at me with mine.*
> *Invitation to an Encounter, Pt 2 1915 (Moreno, 1953)*

I interpreted Moreno to be acknowledging the huge effort that it clearly takes to truly 'reverse roles' with someone who behaves in an utterly different way. This skill is vital when working across cultures and in non-violent conflict resolution. Moreno was so committed to his belief that he tried, unsuccessfully and perhaps naively, to get such politicians as Khrushchev and Eisenhower to reverse roles and he offered help to Johnson during the Vietnam war. Moreno also invented sociodrama, an action method dealing with intergroup relations and collective

ideologies. Sociodramatists now work in political arenas in many parts of the world - in Germany, at the time of the dismantling of the wall, in South America, and in Japan, to name a few.

In 1925 Moreno emigrated to New York and experienced first-hand the difficulties of resettlement. He bought property at Beacon, New York, the site of the first psychodrama theatre. He also helped establish the psychodrama section of St. Elizabeth's Hospital in Washington DC, which remains a centre for psychodrama training

Moreno wrote extensively but as one of his biographers remarked (Marineau, 1989) he was far too fond of spontaneity to be a researcher for long, and still a great deal of psychodramatic work goes unpublished. However, Moreno's work has influenced many subsequent therapists and groupworkers and 4000 articles and books using psychodrama are cited by the American Society of Group Psychotherapy and Psychodrama, some of which are research-based[67]. However, none were directly related to this thesis topic. Currently there is more of a rapprochement between psychodrama and psychoanalysis, especially through meetings of the International Association of Group Psychotherapy.

Part 2: Key terms and Processes of Psychodrama
Introduction

Elsewhere (Mendelsohn, 1997), I have written that one of the essential functions of a psychodramatist is to be an evolving theorist. What I mean by this is that our guiding theories change as we develop by interacting with our clients and colleagues and have responses to significant life events which change our theories.

One colleague and trainer, Tony Williams, integrated family systems and psychodrama and described the process in the following way:

> *All therapists co-create their client's maps of reality.. psychodrama is just one of many powerful reconstructors of experience. ... A psychodrama can change the meaning of an event, introduce new behaviour or change the rules of transformation themselves. "Truth" is filtered by the ideology of treatment and the therapist's personality, plus the context of the client. A new map of reality is formed, rather than a new reality (Williams, 1989:)*

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[67] ASGPP website:http://www.asgpp.org/.

In terms of the psychodramatic work that happened in the New Settler groups, what this meant was an acknowledgment that there were creative differences based on the coming together of such a mix of ethnic cultures and theoretical backgrounds. However, before illustrations of this work are given, a few core terms need to be explained.

Section A: Role theory

The concept of role is central to psychodramatic systems theory where the constantly changing role system of a person is the basis for a developing and changing sense of self. The technique of role reversal, where a group member takes the role of another, is far deeper than just a technique - it is a commitment to enter into the world of the Other at that particular moment. It takes training and skill to perceive and name roles adequately and then to time role reversals in a psychodrama session.

Roles can be classified in many ways as the work of women in the New Settler groups will illustrate. Max Clayton evolved role analysis and role training to a high degree. He commented that the purpose of the concept of role is to make meaning of our observation and experience of one another. For present purposes a role involves thoughts and values, actions and feeling in any given moment, and in response to another. Roles are interactive and make up elements of a system. Clayton commented:

> *The essence of any role or role clusters is a set of values or a map of the universe (Clayton, 1993:23)*

Role theory referred to interactive behaviour, the functioning form of a human being as s/he responds to other people or objects at specific times and places. Analysis of a role system involved working with and observing actions and feelings and then interpreting and giving creative expression to a person's underlying ways of picturing how they think the world works. Effective role descriptions are dramatic and creative, and do not involve value judgements or medicalising terminology. Working this way fitted well with my worldview as a feminist working with women from other cultures.

As I discussed above, role theory refers to interactive behaviour - the functioning form of a human being as s/he responds to other people or objects at specific times and places. Analysis of a role system involves working with and

observing actions and feelings and then interpreting and giving creative expression to a person's underlying ways of picturing how they think the world works.

Effective role descriptions are dramatic and creative as will be seen when they are applied to the women in the New Settler groups. Although naming roles and calling for role reversals in a drama is mostly the work of the director, the team is also trained to do this. After some experience in the group audience members also begin to name roles. The person who is doing the drama is always the final authority on whether the role is being adequately portrayed.

Section B: The basic elements of a Psychodrama session

A psychodrama session usually consists of three parts:

- The **warm-up phase** where there is an exploration of individual issues and concerns. Themes emerge, and a central concern for the group is developed for exploration during the next phase.

- The **action phase** where a central concern is explored using specific action techniques, mostly through a protagonist who explores a personal story related to this central concern. If the warm-up has been adequate every individual is emotionally connected to this work and benefits vicariously. Group members often take roles in the drama.

- The final phase of the group is the **sharing** where group members are given the opportunity to express responses to the work. There is active discouragement of any interpretation or analysis of other people's functioning.

The production depends on other elements briefly described below:

The stage

The stage is the area where the drama takes place (there are places where a specially constructed stage exists but most Directors just nominate a stage area in an ordinary room). Given that land can have deep personal and spiritual significance, a director needs to be aware of just what the links are, for a particular protagonist: there may be special symbols or events that need to be respected, equally there may be grief and anger to be acknowledged because of the effects of colonization or war. In the New Settler groups loss of a 'place to stand' was ever-present, and even nominating a scene on stage that was set in the past was a powerful step.

The protagonist

The protagonist is the person who is the subject of psychodramatic enactment. In most groups this person is seen as an individual seeking to enhance his or her own autonomy and individuality. However in many cultures this sense of self is often intimately linked with the group. With refugee and immigrant women the sense of the collective was also strongly present and often drew comment.

The Director

The director is trained to produce the drama, drawing on their knowledge of psychodrama, their personal development, and often other related training (in my case, clinical psychology). However, in transcultural settings and as a feminist hoping to prevent dominating the protagonist, I am well advised to keep roles such as a naive enquirer, producer and coach well to the fore. It is also important to have acknowledged my own cultural biases. The director needs to stay attuned to both audience and protagonist, to be especially aware of non-verbal cues, to coach auxiliaries to be accurate about roles taken, and to be culturally sensitive to concerns around the sacred. The multicultural team were often guides about such issues as sensitivity about touch or Muslim concern about representations of God. It is a challenge to neither assume nor presume that you know better than the protagonist does and to keep to the principle that 'the protagonist writes the script'.

The Audience

Unlike a conventional audience the psychodrama audience play an active role throughout. This audience can be a considerably bigger group involving ancestors or elders who may not be literally present for the director, but who are very present to the participants. There were times when audience members in the New Settler groups asked for the role of an ancestor to be symbolised or the presence of Allah to be recognized, as a sacred space.

The Auxiliaries

This term refers to anyone from the audience who is chosen to take part in the drama. An issue for directors is to establish guidelines for when these need to be trained people or whether the director coaches them in the moment - both situations occur. I work towards the day that there is a sufficient pool of refugee and immigrant people trained to work in this way within their own culture, albeit a

changing one. Meanwhile, working in a team with members from the culture of most participants was a step towards this time.

A vignette

Often the group did not enact full psychodramas, but a series of vignettes were presented. These are, as the word suggests, small enactments in terms of less time and scope involved, (eg maybe just a scene) but they may be just as deep, in terms of feeling and significance, especially after a major drama where the whole group is warmed up to a common concern.

Concretisation

Many things are concretised or made external and visible during a session. Items may range from a symbolic flower in a far-away garden to the representation of an entity such as the United Nations office in Africa. This assists dramatic enactment but also has therapeutic value in common with principles of externalisation in other therapies. It is also of great assistance when English is not the first language - *show* is often easier than *tell*.

The Double

There may be times in a drama where a double is chosen to be alongside the Protagonist and speak and act in their role. They are trained never to take over but to assist fuller expression, sometimes by speaking the unspoken or enhancing the body cues. Protagonists who are withdrawn or who lack the English words often become far more spontaneous with the presence of a double. (This role will be discussed further under the heading of the Containing Double used in the Therapeutic Spiral model) The term arose from Moreno's understanding of child development processes where a good parent 'doubles' for the child before they can speak and act for themselves. In working with women from cultures when the male child receives most attention girl children often miss out on adequate doubling and mirroring. Both the team and group members made this observation.

The Mirror

Moreno observed that in the early years good parents mirror their children. They reflect back much about their functioning, hopefully assisting the child to develop a positive sense of self. In a psychodrama session mirroring can be used in many ways and in the light of the observation that many women have been inadequately mirrored the experience can have a strong element of repair - roles which assist a

progressive sense of autonomy, empowerment and so on have often not been reflected back.

Catharsis

One of the concerns that has been voiced about psychodrama is that it encourages uncontained catharsis or inappropriate expression of feeling. Right from the start, Moreno made it clear that appropriate catharsis of feeling needed to go hand in hand with a catharsis of integration (understanding). Well-trained psychodramatists attend to this in a variety of ways from the very first interview. In terms of my own experience I think unskilled directors have not always handled traumatic scenes well, especially if they do not have training in trauma research. (Mendelsohn, 1999) and it is one of the reasons I undertook training in the Therapeutic Spiral[68] model (see below).

I have given examples of some key terms and processes used in a psychodrama group to facilitate the reader's understanding when the data of the New Settler groups is presented in the following chapter. Before that, I want to discuss the work of some other psychodramatists in the field.

Part 3: Psychodramatists working with trauma
Introduction

Many people in the field talk of 'working with trauma' but of course a person has many other roles apart from those that are response to traumatic events. Groupworkers are never just dealing with trauma. Nevertheless, the discussion here will focus on psychodramatic groupwork with people who have major traumatic events in their history, including refugees and migrants. The field of psychodrama has not produced a large body of traditional research.[69] There were few formal studies to draw from, so I have incorporated extracts from discussion with some women psychodramatists who work in comparable ways.

Zerka Moreno, a refugee herself, once reminded a group of psychodrama trainees[70] that included me, that we should remember that not everything can be

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[68] This term has been copyrighted hence the capital letters.

[69] More research is appearing as qualitative methodology is becoming more accepted in mainstream academic circles.

[70] Black Earth workshop 1997

cured - just that psychodrama is a wonderful tool for assisting healing, allowing for many things such as witnessing, reflections from others, group support to do new things such as expressing what she called 'ethical anger'[71] against those who contributed to genocide.

There are men and women who are psychodramatists working with war trauma in mixed groups, such as Anne Schutzenberger (1998). Further examples can be found in the collection edited by Kellerman and Hudgins (2000). From responses to Grouptalk[72] I was able to identify only a small group of women psychodramatists working with women refugees and immigrants, and a small group who identified as feminists but no-one who brought both together. I have selected a few examples to address any concerns that psychodrama would not be appropriate with refugee and immigrant women.

Section A: Working with Syrian Jewish immigrant women

In 1996 I met Efrat Kedem(1997) at an International Psychodrama Conference in Israel. Kedem is an Israeli psychodramatist and art therapist who has written a doctoral thesis on her work with Syrian Jewish women resettling in Israel. She and a colleague found that the twenty-two women participated fully in psychodrama as well as in a wide range of creative therapies. They worked on themes of profound and multiple losses; grief for homeland; unresolved issues with mothers, and resettlement difficulties. Role training was of great assistance. A measure of success of the programme was that all the women are currently working as Arabic teachers in their local areas and maintaining functional lives.

Section B: Psychodramatic Encounters between Jews and Germans

Another significant meeting at the above conference was with Yacob Naor and Hanni Lewerez who used psychodrama to facilitate encounters between groups of Jews and Germans. I participated in a full-day workshop on this topic which began in the grounds of Yad Vashem Museum[73] in Jerusalem. I was partnered with the

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[71] unpublished workshop tape entitled "Ethical Anger" by Zerka Moreno

[72] grouptalk@albie.wcupa.edu

[73] Yad Vashem is a Holocaust Museum in Israel.

son of a German soldier and a New Zealand colleague was partnered with a young woman who was writing her Masters on the effects of the Shoah on second-generation non-Jewish Germans. The workshop addressed the growing need for many on both sides to find personal expression for the burden and pain passed on to subsequent generations to give expression to silenced voices.

Hanni Lewerez wrote to me about her work (Lewerez, 2000). Brief edited extracts from her letter give a flavour of the link between her personal history and her professional work. Lewerez was born in 1945, on the Baltic Sea, the daughter of East Prussian parents. The entire region was a " cultural melting pot"

Recently I understood what my life was about: repairing what was destroyed, giving what I had never received, doing for others what I would have liked to experience myself, and rebuilding on the ruins of the past....

It was an underlying feeling of living a provisional, shifting and insecure existence and a constant readiness to migrate which accompanied my entire childhood.

Lewerez described the development of an identity with the whole world as her point of reference rather than one country. She left Berlin as a young woman and spent many years in Paris and then Venezuela, returning to Europe later on. She reflected:

So, what does all this mean for me and my development? Even today, when I am no longer obliged to flee or to migrate, it has become a way of living, and I see myself as needing the world as a point of reference rather than any one society alone.

A new page was turned in my life with the political awareness brought on by the student revolts in Venezuala. The plight of the developing world became one of the focal points of my generation, which identified with the national liberation movements. This period was characterised by the perceived necessity of melding political conviction with one's individual life decisions, a philosophy with very direct personal consequences.

The theme of linking the personal with the political is a strong one in Hanni Lewerenz's work. She also demonstrated the movement from a focus on individual issues to those of the whole group:

My professional life has paralleled my biographical experience. I completed several different courses of study at different stages of my life.... For the last ten years I have been working with psychodrama and sociometry. My focus has remained fixed on that initial awareness and acknowledgement of the uniqueness of each individual and the difference between individuals. Later, psychodrama was an approach which helped me work with groups confronting the psychological consequences of the Holocaust for post war generations of Jews and Germans.

From the inception of psychodrama acknowledgement of some sort of spiritual beliefs has been important, although there are many ways of interpreting this. Hanni Lewerenz illustrated her own interpretation as she closed her letter:

> *As a post-script, I want to mention my encounter with spirituality. Siddha Yoga and Sufism opened my heart and my eyes to understand my own existence and to have compassion with the human condition. My initial feeling of being completely different from everyone else was progressively transformed through the understanding that most people feel different from others and inadequate to them in a distorted way they suffer all the misunderstandings which go hand in hand with those feelings.*

Psychodramatists such as Lewerenz work in many contexts and illustrate to me the fluidity between personal and political contexts.

Section C: Psychodrama with Cambodian Refugees

The building of such bridges is no easy task and some psychodramatists work in active war zones where the challenges are very great. One such director, a woman, was referred to in a recent conference paper by the team leader Katherine Gow (2001). She described the process as a willingness to descend into hell and be with one's own demons as well as those of the refugee clients living in Cambodian camps. She noted the close relationship between the clinical team and the local Buddhist monks, working together with survivors who believe in literal demons and ghosts and who also run life-threatening risks if they speak out about atrocities.

Gow noted that psychodrama worked well for both the group members and the staff trainees along with several other western models such as narrative therapy and hypnosis. She also pointed to the limitations for healing when the work was being done in a community where denial and corruption were ongoing and little was happening to bring the perpetrators to justice.

Amongst the many applications of psychodrama there are an increasing number of practitioners working with refugees. The few examples discussed do illustrate that with cultural sensitivity and mutual learning the method can be a powerful contributor to growth and development. There are cautions, however, especially where intense trauma has to be dealt with in a group setting. I will now move to discussing one development that was designed to provide safe groupwork with intense trauma which we incorporated into the work with the New Settler groups, the model known as the Therapeutic Spiral.

Section D: Psychodrama with Trauma Survivors- the Therapeutic Spiral model

I had worked for nearly twenty years with people in one-to-one sessions and group settings as a therapist and increasingly as a trainer and supervisor. Often this involved working with trauma - sexual abuse, physical violence, and emotional and spiritual abuse. My core training as a psychologist and psychodramatist certainly provided a firm foundation for this work, but my long experience led me to the recognition that particular care was needed for traumatised clients in a group setting, particularly where dissociation was a major coping strategy.[74]

Psychodrama is now established as one of the effective methods for coping with a wide range of traumas, including the multiple issues faced by refugees. The recent book on *Psychodrama with Trauma Survivors* attests to this. Trauma is defined in this book as:

> *Any life-threatening, emotionally overwhelming catastrophe that breaks through a person's ordinary coping mechanisms, whether in childhood or as an adult, whether from a single episode or from a lifetime of abuse (Kellerman and Hudgins, 2000:25)*

In earlier chapters I discussed some of the problematic issues around discourses about trauma and PTSD, but for now, working definitions must suffice. PTSD was the most used diagnosis by many authors in this book and included symptoms such as defensive protection through numbing and dissociation to intrusive memories, sensations, and fragmented images of the traumatic events.

Experiential therapies such as psychodrama are being increasingly recommended as an option for treatment as neurophysiological evidence increasingly supports therapeutic observations and client experience that the traumatic memories are often unconscious, beyond words, and often felt in the body rather than being accessed in words (van der Kolk, 1994)

Kellerman and Hudgins pointed out that although there are differences in the way psychodramatists work with trauma there are some unifying themes:

* psychodrama as a treatment of choice for coping with trauma
* the possibility of developmental repair - a chance to do things differently
* provision of structures for safety and containment, to provide restraint and in-integration where required, not just expression and catharsis

- a holistic framework where there can be integration of mind, body and spirit
- an integration of psychodrama theory with contemporary trauma theory

As the New Settler groups mainly experienced the Therapeutic Spiral Model in tandem with psychodrama training with our Australasian interpretation that is where I will focus further discussion.

The Therapeutic Spiral model (Hudgins and Toscani, 1995; Kellerman and Hudgins 2000) was designed to allow deeply traumatised people who dissociate to work safely in a group setting with a clinically-trained team to assist. A key aspect of the model was to use guidelines from clinical psychology combined with action methods to provide conscious, controlled re-experiencing of traumatic material, in a context of safety, where many strengths of the protagonist, the group members, and the natural world, are evident.

In giving a rationale for the use of such psychodrama, Hudgins quoted van der Kolk:

> *Prone to action and deficient in words, (trauma survivors) can often express their internal states more articulately in physical movement or in pictures than in words. Utilising drawing and psychodrama may help them develop a language that is essential for effective communication and for the symbolic transformation that can occur in psychotherapy (van der Kolk & McFarlane, 1996-195)*

I undertook intensive training in this model over two years (1995-1997) in Australia, New Zealand and USA. Key elements from the model remain at the heart of how we work in the New Settler groups and elsewhere with survivors of sexual abuse [75]. Examples of such elements are:

- The use of a trained team.
- The use of a 'containing double'.
- Careful contracting for the type of drama to be undertaken, from metaphorical work to chosen exploration of a traumatic scene, for an agreed therapeutic purpose.
- Visual images to assist understanding such as the use of coloured scarves, or images such as 'trauma bubbles'.

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[74] dissociation is defined above, on page109

[75] Accident Compensation Corporation funded myself and a colleague to run such groups for sexual abuse survivors, but they have no brief to be responsible for refugee trauma.

- Training during the drama to incorporate under-developed roles such as a 'non-judgemental witness'.

- Extension for psychodramatic purposes of the use of a sandtray and symbolic objects.

There will be further discussion of these elements below, sufficient to follow the processes used in the New Settler groups. The use of all such processes can be deceptively simple yet very powerful and I caution against untrained people using them without explanation and supervision.

The use of a team

In the usual psychodrama session, there is just one director working with the group, or sometimes trained auxiliaries. In the Therapeutic Spiral model, team members have well defined roles in which they are trained. The director is always a psychodramatist trained in this particular model and this person directs individual dramas and overseas the team functioning. This function is also shared by an assistant director, who feeds information to the director about group and team functioning, and monitors the overall process. Three or four trained auxiliaries complete the team and their function is to be available to enact any role, including that of a perpetrator of abuse. In this model group members are only expected to take such roles if there is a good clinical indication such as experiencing the strength of a newly resistant role supported by witnesses and advocates for justice.

The use of such a team not only helps the process to be safe for the participants, it also adds greatly to the ability of the team members to deal with traumatic material and not become overwhelmed or burned out. In a transcultural setting it also means that team members from the significant cultural groups can act as role models and cultural brokers.

The Containing Double (CD)

In introducing psychodrama, above, mention was made of the concept of the 'double' as a person who acts in the drama in the role of the protagonist. For work with people who are dissociating, one aspect of doubling, that of containing overwhelming thoughts and feelings, has been standardised and operationally defined by Hudgins and her team, and current research was quoted which supports its efficacy. Three simple steps can be easily taught:

- The person taking the CD role speaks in the first person and reflects aspects of the protagonists' functioning such as process, content and affect.
- Still speaking in the first person, the CD makes a statement that labels the ability to contain and manage the reflected process
- The CD then anchors the reflection and containment into the here and now through time references, sensory data, or interpersonal connections.

The model, which is still evolving, has its origins in classical psychodrama and the clinical practice with trauma survivors of all sorts. Hudgins paid tribute to the many people who have extended the theory and practice including the protagonists, now drawn from many parts of the world.

When the New Settler groups are discussed, examples of the way we worked with this model and with classical psychodrama will be given, as well as examples of other elements from other perspectives.

Contracting for types of dramas

Another departure from original psychodrama is to introduce careful contracting of the type of drama to be done, including recontracting if a client wishes to change. This is to protect against retraumatisation when a scene slips from one area to another without conscious consent. Protagonists can contract for work under the following broad headings:

- Restoration and renewal: these dramas focus on building the energy and resilience necessary before trauma work can be done. There may be no mention of traumatic incidents.
- Dreams and metaphors: such dramas can offer deep exploration at the level of metaphor and can also protect confidentiality in sensitive situations
- Initial discovery and accurate labelling: these dramas put narrative labels to previously unknown traumatic material where the emphasis is on making meaning rather than emotional expression, which may be done later.
- Uncovering and exploring core trauma: these dramas often deal with previously-dissociated material, in a variety of ways, and may often be done in the later stages of trauma work (Herman, 1997).
- Conscious re-experiencing with developmental repair: in these dramas the full range of possibilities can be enacted, including doing things differently - for instance, anger can be given voice in the drama whereas in the original

situation only terror was felt, or a dead parent can say, in the drama, what the person longs to hear.

The use of visual images such as 'trauma bubbles' and 'therapeutic spirals'

A description of a 'typical' session to illustrate this model was given by Hudgins using a composite client story. Instead of clinical terms such as PTSD or Dissociative Identity Disorder (DID) terms and images have been developed that are more 'client friendly' and that avoid pathologising. Such terms included the image of a 'trauma bubble' or the image of a spiral made up of strands representing energy, experience, and meaning-making. In healthy functioning, there is ease of flow through all three strands, but with severe trauma, it is as if the strands become blocked and even compartmentalised. Clients are also encouraged to find their own words and images, if desired, especially if they come from quite different cultures.

Training in under-developed roles

Another aid for both the clinician and the client is to 'map' their experience and thus start to find words and develop a narrative by naming psychodramatic roles. Hudgins describes the TSIRA, or trauma survivor's intrapsychic role atom, developed by her and Francesca Toscani (Hudgins and Toscani, 1996). This clinical map of a trauma survivor's functioning is actually quite flexible in its application and incorporates what they call prescriptive roles, trauma-based roles and transformative roles. During a session a client can have assistance from the group to get role training.

In the Therapeutic Spiral Model key roles that are not adequately functioning for a client can be added, in a particular drama, as prescriptive roles. Instead of simply following the Protagonist's process, as in classical psychodrama, a team member or the Director may notice that the protagonist lacks, in the moment, three clusters of roles:

- Roles that are restorative, representing personal strengths e.g. a courageous discloser; interpersonal strengths, such as a trusting friend; or transpersonal strength such as a belief in divine justice, or the power of nature to heal.
- Roles that assist containment such as emotional holding, management of defenses, or physical holding.

- Roles that assist the development of self-observation, such as a non-judgmental observer to strengthen awareness, and thus choice.

In most dramas, there will be differing representations of trauma-based roles, both from within the Protagonist and representing the perpetrator(s). By the time a Director is working with a client, the trauma has become internalised, and there may be role clusters to do with the victims, the perpetrators and abandoning authorities, from family members to government authorities. Careful judgement is required as to when and how these roles are expressed, and a Director may often choose to use a trained team member, and not always to ' role reverse'.

The use of a healing circle with coloured scarves

Boundaries and containment are often demonstrated by the use of scarves of various colours, sizes and shapes. For instance everyone might pick one to represent a strength that they bring to the session on a particular day, and they are laid out as a physical circle.

Psychodrama and Sandtray work – Sandrama

Another modification of psychodrama which became part of the New Settler groupwork was sandtray work modified by Francesca Toscani (1999), who adapted her Jungian based sandtray work to incorporate psychodrama, and particularly aspects of the Therapeutic Spiral model, discussed above.
Most sandtrays that are used for therapeutic purposes conform to a particular pattern, namely a wooden box approximately 19"x 35"x 4" deep, filled with fine-grain sand. Miniature objects, both manufactured and natural, are available in baskets nearby. Clients respond both consciously and unconsciously to all these dimensions, and often find that material can be presented in symbolic form that it is hard to discuss in words.

Toscani had worked for many years with trauma survivors, and provides clear guidelines for providing safety and containment, acknowledging the power of sandrama to evoke disturbing memories, but also to provide a vehicle for conscious re-enactment and repair.

In the New Settler groups, women often engaged deeply and emotionally with this medium, especially because it bypasses English, their second language. We often used the sandtray in group settings, particular as a warmup, to make things

visible to one another. Examples of such work will appear in the following chapter which will present data from the group.

Section E: Dissociation and psychodrama - other approaches

Introduction

This section describes other examples of psychodramatists who work with dissociative clients who have suffered trauma from war, from the holocaust, and from childhood sexual abuse. As psychodrama with refugee women in resettlement is still a developing field we have incorporated learning from these related areas into our work with the New Settler team.

Work with holocaust survivors

Greta Leutz, who trained with Moreno, has been recognised as an outstanding contributor to the practice and training of psychodrama and worked in Europe, often with holocaust survivors. Her method addressed a different way of working with dissociation in psychodrama. She pointed out that Moreno talked of the significance of returning to traumatic scenes for liberation not further suffering, and this is endorsed by van der Kolk's contemporary findings (van der Kolk & McFarlane, 1996) that it is important to recover and integrate traumatic memories and their associated affects.

Leutz noted that dissociative states are characterised by significant alterations in the integrative functions of memory for thoughts, feelings or actions and significant alterations of a sense of self. Such responses are often viewed as adaptive, as they allow for escape from intolerable reality, to some sense of containment and distancing from the self, including numbing of the pain. However, there are also great costs to responding like this, including a loss of conscious control, fragmentation, over-avoidance of new threats, and considerable confusion between past and present. After describing a number of cases illustrating psychodramatic work with protagonists who dissociate, and also of audience members who are 'triggered' by witnessing the drama, she concluded:

> *In my experience, when recovering their trauma in psychodramatic crisis intervention, and when the client has accepted and integrated it as an event of the past, the dissociative reactions will disappear as fast as they appeared... There is an active re-entering into the traumatic constraints instead of an escape from them, an active re-experiencing of the traumatic*

*memories instead of containing them outside of normal conscious
awareness and catharsis and regaining a sense of self instead of analgesia
and of having the trauma happen to a de-personalised self (Leutz 2000:197)*

Work with Vietnam veterans

An Australian psychodramatist has worked extensively with Vietnam veterans and
their families (Burge, 1996).Another relevant application of psychodramatic
theory involved sociodrama with Vietnam War Veterans (Baumgartner 1986).
The decision to focus on group themes rather than individuals allowed for a faster
building of trust and an effective building of a collective picture of their role in
society, and the collective issues that resulted in their situation. The veterans
described many positive outcomes including release of almost-intolerable guilt,
fear, grief and helplessness. They gained from forming a group taking collective
action and asked only that future sessions be longer than a few hours. There are
parallels to be explored between this approach and one that could be offered for
refugee women.

Work with dissociative survivors of sexual abuse

Trish Reynolds 1996), a friend and colleague, is another psychodramatist who
worked in the trauma field, particularly with dissociative women clients, one-to-
one and in-groups. She originally trained as a doctor and is also a sexual abuse
survivor who used dissociation as a way of coping with early childhood abuse, as
she mentions in her article. Thus she brought an experience of many discourses to
her analysis of Dissociative Identity Disorder from a psychodrama perspective.
Given that dissociation is a major coping strategy for many traumatised refugee
women, her analysis is relevant here, even though I have not experienced, nor read
about, Dissociative Identity in its extreme (where many 'sub-personalities' are
initially unaware of the others) as a major issue for refugee women. I wonder if
this is because many have not necessarily had traumatic childhoods.
Transgenerational refugee trauma and the development of such dissociative roles
may yet await research.

Dissociation is often described as being a creative way of coping on a
continuum from a process that everyone does to some degree, to the most extreme
fragmentation in the face of extreme trauma. What Reynolds demonstrates is that
even at the extremes, psychodrama can be productively used, with some cautions.

Those cautions are that dissociative clients need to have enough 1:1 work with an appropriate therapist to be able to:

- Role-reverse with relative ease.
- Demonstrate some knowledge of their own internal system and communicate this.
- Keep themselves safe, or ask for assistance when necessary.

This work also required particular modifications of psychodrama such as extra provisions of safety, not always role-reversing, focus on contracting and boundary maintenance. However, the rewards of group work with these clients were high for all parties, and great improvements in functioning often occurred.

Many of the modifications of psychodrama which Reynolds evolved through her own experience are paralleled by those that our team use, based on both our training with the Therapeutic Spiral model and our training with other practitioners.

Psychodrama and Feminisms

In my experience, there have always been a sprinkling of women training in psychodrama who overtly identify as feminists, both within New Zealand and internationally, but as yet few who have formally written about their experience. Psychodrama theory evolved when gender awareness was hardly considered, and the theory was cast in a more liberal humanistic mould which considered that if men and women were treated equally all would be well, without taking into account the inequity of different backgrounds. These concerns were raised theoretically in chapter one but have practical implications for me, as a psychodrama director, for whom gender differences need to be named and explored.

Pam Remer worked with Judith Worrall (Worrall and Remer, 1996) to examine therapeutic models including psychodrama, from a feminist perspective. They addressed gender equity by citing the work of Hare-Mustin and Maracek (1988). They named alpha bias the process of seeing gender differences as unchangeable and inherent, and beta bias as minimising the differences between men and women, in this case from an apparently egalitarian position.[76] This whole

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[76] this work was also discussed in the methodology chapter

topic kept alive for me the interweaving of power and knowledge including my own power base and how I use it. However in most respects, when these authors explored psychodrama from a feminist perspective, it sustained the analysis very well.

When psychodrama is to be used in trans-cultural settings, a willingness to examine the power dynamics and the inherent ethical issues is a necessary part of good practice. Jonathan Moreno, the son of Jacob and Zerka Moreno is a psychodramatist and also a professor of bioethics. He contributed to the ongoing dialogue around the ethics of psychodrama by revisiting his father's Code of Ethics for Group Psychotherapy, based on extending the Hippocratic Oath to all group members, but also updating it in terms of the new levels of awareness of patient rights that now exists (Moreno 1994). However he does not explicitly address inequities based on gender and other dimensions. He does point out that the use of sociodrama, where the focus of the work is on a group concern ,can be a protection for group members where there is great risk from sharing private information. There were times in the New Settler groups where this safer option was used.

As mentioned earlier, I have not found many psychodramatists who also identify as feminists[77]. In the preparation of this thesis I did communicate with one colleague, Annie Huntington [78] in England. Dr Huntington is a social worker and a psychodramatist who had a particular interest in feminist theory, particularly postmodernism, and who also reflected on some of the dilemmas that I raised, although she had not worked with refugee women.

Summary

The purpose of this chapter was to give a rationale for psychodrama as the method of choice in our groupwork for refugee and immigrant women, the New Settler groups.

In order to make the following chapter understandable, where the groupwork is discussed, I have given an introduction to the key terms and processes of

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[77] Personal communications with Dr Huntington, during 2001

[77] In my work as an educator with the local training centre, I noticed that some trainees did so.

psychodrama. I have also discussed psychodrama that has been used with trauma survivors, particularly the model in which I was trained, the *Therapeutic Spiral*.

A selected historical overview was discussed which illustrated how the founder Jacob Moreno, a contemporary of Freud, drew from his Jewish immigrant background to develop broad-ranging theory and method that focussed on the power of the group and incorporated elements of arts and drama as well as psychological medicine. Among many other areas of application, Moreno worked with refugees in camps, soon after World War I.

Examples were given of the work of selected psychodramatists who were involved with refugees, or with war trauma, to establish the legitimacy of the current thesis.

Related groupwork with other people who dissociate was also discussed, as it informed the work of the team .

Finally, brief mention was made of some theoretical dilemmas which I faced as a feminist psychodramatist, and which I continue to explore with colleagues, particularly the few that I have found who also explore relationships between feminisms and psychodrama.

In the next chapter the many discourses that have been reviewed will provide a new context for the work of a local microcosm, the New Settler groups.

Chapter 7: THE NEW SETTLER GROUPS

Photograph 2. The circle of hands which closed each group session, affirming collective strength and confidentiality

Introduction

Chapter two described the methodology and method of the New Settler groups

The following four chapters set the work in wider contexts and introduced a theoretical framework to set the context for the process and content of the groups.

This chapter describes and discusses a selection of themes taken from a large body of data. The selection relates to the research question, and illustrates two broad findings:

- It was possible to set up and run groups for immigrant and refugee women Psychodrama was effective, especially in combination with other creative therapy processes.

- Because the groups were restricted to women, issues and processes pertinent to women migrants and refugees did reflect gender differences that have not been evident when research just focussed on the generic category of refugee or immigrant.

Further detailed findings will be discussed at the end of the chapter.

The chapter is organized into three major parts, each with subsections:

Part 1 deals with key elements- the agency, the team, and the participants.

Part 2 focuses on processes in the group- psychodrama, sandtray and symbols, other creative arts processes, other roles undertaken by the team and contributions from the women themselves. The groups can be seen as a microcosm where the women and team interact so that process and content are inter-related. In structuring the presentation of the group data, however, the processes will be in the foreground in part 1, and content will be in the foreground in the second part.

Part 3 focuses on difficulties and dilemmas, including different sorts of silence.

The chapter will then be briefly summarised, as a bridge to the final discussion.

Part 1. Key elements of the New Settler groups

This part of the chapter sets the scene for the discussion of the data, describing the environment and the people involved in the research.

The Agency

The Home and Family Society Counselling Services is a non-government agency that provides individual and group counselling .The agency contracted myself and

the assistant leader to run what became known as the New Settler groups. Pat Gilberd, who was Director of the agency at the time, after group discussion, proposed the name.

The agency provided the physical space, administrative support, and fund-raising assistance.[79] Counsellors from the agency were also part of the team, an important aspect of the project which is discussed below. Overall, the role of the agency was a vital part of the success of the project.

The agency is located in an attractive suburb dominated by the volcanic cone of Mount Eden, in Auckland. The building used to be a beautiful old home and is surrounded by native trees, palms and grasses, and old English flowers such as camellias and daffodils. There are fruit trees, including a fig, providing nostalgic memories for the women from the Middle East, and lavender bushes flower for many months. Flowers and fruit can be gathered and incorporated into meals and rituals. The opportunity to take breaks from traumatic sessions and rest in this serene environment is important for both the team and participants, some of whom call it a second home.

The Team

Director:

Estelle Mendelsohn, Reg.Psychologist (B.A Hons), Psychodramatist,
    Assistant Leader, Therapeutic Spiral model[80]

Assistant Leader:

Angelika Shimarsky-Chisolm, Dip.Soz.B.R.D[81], NZAC
    Counsellor, Senior Trainee in Psychodrama, Auxiliary in the Therapeutic Spiral
    model.

Team Auxiliaries[82]:

Pat Gilberd, QM, NZAC Counsellor (now retired).

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[79] The financing of the project is not included in the discussion, but the author can provide information if required.

[80] The Therapeutic Spiral model is discussed in chapter six.

[81] German qualifications in social work.

[82] Towards the end of 2001, Natasha Hoffman-Sheard, a social worker, and thenTrish Cassidy, a psychologist, joined the team to learn action.skills, Both had worked with refugees and immigrants.

Muriel Castelino, Psychologist, B.Sc, M.Phil. NZAC Counsellor .

Mayada Sharef, M.Bch B (Baghdad), Dip. Occ. Med.,

    completing M.Ed. in Counselling (Auckland University).

All of the team members have had training in a diversity of other therapeutic modalities, and some have specialised in narrative therapy.

Origins of the groups

The agency had been running a support group for immigrant and refugee women who had been involved in violent relationships, usually from a male partner or husband. The proposal to run psychodrama with an action team which could work with trauma was seen by agency counsellors as an opportunity to deepen the work they were doing and to expand their own training.

Demographic data

There has been very little quantitative analysis of the data from the New Settler groups, for two reasons. Firstly, this was a qualitative study and a rationale was given in chapter two for asking as little information as possible from participants, as many of the women had been repeatedly questioned for years, and the goal was to provide them with the opportunity to decide what was spoken about. Only minimal information was asked. In terms of the research focus, there were ethical and safety reasons for not identifying some of the women.

There was a requirement, for funding purposes and for safety, for the agency to keep names, addresses, and phone numbers. Women were also asked their ethnicity, but not whether they were immigrants, refugees or asylum seekers, but such information was mostly shared in early group sessions.

Initially we tried to ensure that women were in regular one-to-one counselling with someone that we had permission to contact. Many women could not fulfil this, for a variety of reasons, so they undertook to see a team member on a 1:1 basis, as the agency provides counselling on a sliding scale of fees. This requirement was based on findings from the literature, and the team's experience of intensive groups involving grief and trauma. Some participants need to have follow up after particular sessions.

Recruiting women to the group

In all groups, there were some participants who had come to the agency specifically because they had experienced severe domestic violence. Some counsellors from the agency also worked in women's refuge. In particular, Muriel Castelino was well known as an Indian counsellor working with the Family Courts, and she referred Indian women to the group. Every group contained between one and three such clients, so the issues for such Indian women became a dominant theme.

Two team members came from India and Iraq. The Indian counsellor has a well-established practice and introduced many of her clients to the group. The Iraqi team member is newer to counselling, but established in her community, and also referred women. The team considered that this was a significant factor in the success of the groups, and reflected the principle of working with members of ethnic communities as closely as possible.

Choice of a women-only group

The women commented frequently that they would never have attended a mixed sex group. For the Muslim women in particular, meeting together as women was a well-established cultural practice, but many other women also remarked that they could not have spoken about their real issues in a mixed group. Those with male partners would not have been given support or permission to come.

All of the team members have run women-only groups for women dealing with sexual abuse and domestic violence, where there was a recurrent theme about being silenced in a mixed group.

Attendance

The first group was run in October 1998, and plans have been made for groups to continue during 2002. Ten blocks of eight weeks each have been run. A session is usually run for 2.5 hours on a weekday, 4 -6.30 pm, but where possible a full Sunday group is included. There have been additional meetings, once for a mask-making day, and a social event at the end of the year. In terms of group sessions, then, over eighty sessions have been run.

The attendance data was analysed for trends, as follows:

- Over the course of three years, more than eighty women attended at least one session. The average attendance over an eight-week block was of ten women per session.

- Women came to the group from a variety of sources- referral from a 1:1 counsellor, from another agency dealing with immigrants or refugees, or more often through word-of-mouth in their communities. On several occasions, sisters who had just arrived in the country came with established group members.

- Twenty women made contact with the agency but did not attend at all. In many cases, no reason was apparent, but some volunteered such reasons as lack of transport at the start, or changed family circumstances.

- There were no restrictions placed on attendance, so in theory a woman could come to every session over three years. Although no one did, one woman (who had come to New Zealand alone as an asylum seeker) came to over sixty sessions.

- Twenty-five women came to only one session. Again, they were not asked why, but those who volunteered reasons talked of lack of childcare and transport as the dominant reason. One woman felt overwhelmed by her traumatic memories, and sought 1:1 counselling, but plans to return to the group this year

- There were a group of women who came to between 4-7 sessions for just one group round. Their reasons for not returning were varied, but included becoming pregnant (three women), obtaining full-time work (eight women) and not needing the group further for other reasons (ten women).

- A group of women came for 2-4 group rounds, i.e.16-32 sessions. Again, the given reasons were variable, but in many cases it was apparent that goals had been met, as the discussion of group process and content will indicate. Many of these women return to the annual social and describe their changes then. The most common reason given for leaving was gaining successful employment.

Ethnicity and status

The ethnicity and migration status of the women showed some trends that could provide the basis for further research. Over the course of the three years, four groups were included, as far as is known:

- Asylum seekers from Iraq and Afghanistan
- Immigrants who were predominantly from India, but also Indians from Fiji. Others were from Sri Lanka; Russia, former Yugoslavia, South Africa, Bangladesh, Iraq, and Malaysia.
- Quota refugees who came from Somalia, Sudan, Afghanistan, Iraq and Iran

- New Zealand born women – just a few having relationship issues with their immigrant family of origin or with immigrant or refugee partners.

Although figures were not collated, there was a mix in the group with respect to current status. A few women had only been in New Zealand for weeks, some gained full citizenship during the time of the groups, and many had been citizens for five or more years. The two groups who were consistently represented most were from India and from Middle Eastern countries, as noted above.

A trend that became evident was that women came in cohorts, often based on friendship connections already made which also involved assistance with transport. For instance, in the first year, there was a group of women from Russia, in the following year a group from Afghanistan and another from Iraq and Iran. Later a group of Indian women shared transport and developed friendship links from that. The downside of this process that was when a driver was unable to attend, that subgroup could not do so.

The original goal of the research proposal was to work with only refugee women but the opportunity that arose was to build on an existing group made up of a mixture of refugee and immigrant women, and from a mixture of ethnic backgrounds. This actually became strength as women commented on how their own understanding of one another increased and as it became evident how the issues presented did not separate out in terms of refugees or immigrants

Part 2. Group processes

When names are used, they are invented with the assistance of group members, and revealing personal detail has been omitted or disguised. Some information which emerged in the groups is not even discussed in the thesis as it may pose a risk to participants. The only real names are those of the team members.

Many processes were used in the groups, under the umbrella of psychodrama. Although full psychodramatic sessions were held when a whole day had been set aside, in the weekday sessions there were many interruptions within the two-and-a half hour period, so it was more common to mix vignettes, which are shorter, with other creative therapy processes such as sandtray and the use of scarves and symbols. The theoretical framework used by myself as director, and by the assistant leader, was always psychodramatic. Team members were also being taught the elements of psychodrama as we progressed, and integrating it with their frameworks, especially narrative therapy.

The selection discussed below illustrates:

- Concrete objects as symbols in a sandtray illustrating goals, obstacles and strengths.
- A mixture of psychodrama and claywork to deal with traumatic memories and current anger.
- A vignette of work on a current issue for the Muslim women
- A celebration session where feedback about psychodrama and other group processes was given.

The use of symbols and sandtray to concretise goals and obstacles

For some beginning sessions, we encouraged women to set goals for themselves and to make clear what the obstacles were that they would have to overcome. One way of giving concrete and graphic expression to this task was the use of sandtrays in which symbolic objects could be placed. The photograph below illustrates three such trays, indicating strengths as well. Examples indicate the powerful expression that women produced:

- *I want to be strong like the rocks of Ninevah and offer this strength to others.*
- *I want to overcome my painful past, which is like a stone hidden in the sand which I keep bumping into.*
- *This round painted egg is my goal to have a happy family in a new land.*
- *This spider can bite and stands for terrible relationships.*
- *I want to bury this tank in the sand- it stands for what I hate, what took my family away.*
- *I have chosen this pink shell for the delicate feelings I am only just beginning to feel again.*

Photograph 3. Symbolic strengths, goals and obstacles of group members, placed in sandtrays, at the beginning of a new series of groups.

Women who had never been to a group seemed to find this exercise easy to get into, no matter what level of English they had, and the symbols often became very significant as the series progressed. A team member recorded them, and we often reviewed them at the end of the series. There were times when a woman asked to take home a cloth or a symbol.

Two instances stand out. One involved a woman whose husband had died suddenly in their home, and seven years later she still had difficulty going into the room where it happened. After using two cloths in a drama about her ongoing grief she took them home and laid them on the floor. She reported next week that she could now walk comfortably across the room. The second involved a woman who had to go to court to fight for custody of her child. She was in full hijab, and took a pink silk scarf to represent the group's support, and hid it under her black robes. On her return to the group she expressed some delight at her secret strategy for staying calm in the face of challenge, and she certainly believed it assisted her to regain custody.

Psychodrama and creative therapy –a full day session, Spring 2000

Warmup for the reader

The session to be described contains references to traumatic memories and some of the images are horrific. The session is one of many where such memories were dealt with. The Taleban treatment of women is far more familiar to readers in New Zealand than when the New Settler groups began. However, the emotional impact can be much more powerful when it is put in the context of women sharing deeply in a group in Auckland. The women want people to know and to support them.

The focus is on illustrating the range of processes that the team used to be able to work with the women, and for them to have a secure enough base to work through their grief and rage. Although the session was held before the power of the Taleban was reduced, some of the group do not trust that conditions for women will improve. The session is a good example of the way the process only makes sense in terms of the content.

The following extract is taken from one of the full day groups which was offered towards the end of an eight session series. This extract is chosen because it illustrates the dynamic flow that was characteristic of sessions, moving from creative therapeutic work to psychodramatic elements, from past trauma to present celebrations, from team- led activities to those initiated by participants. As director I am thinking as a psychodramatist whatever activity we are involved with. This is so for the assistant leader as well and progressively so for team members as they gain familiarity with both the theory and practice of psychodrama.

Team Planning

The five team members had met for half an hour beforehand. We shared our personal contexts for that day as we always did. This is important information, especially for the director and assistant director, and we talked about problems and celebrations, energy levels, or relationships within the team. This is a warmup to one another but also an opportunity to assess what our own concerns were, before we met with the group. On this particular day we discussed our own grief histories, but determined that no one was too tired or too distressed to be an effective auxiliary.

Mostly the group sharing determined the issues worked with, but over the past sessions the team had noticed that grief and loss was frequently mentioned, but that

we had not had a session focussed on the theme. A decision was made to offer this theme to the group but still to be open to change if the women showed no interest.

Preparations had been made for the group to begin with claywork, and participants had been notified of this in advance. Previous experience, and training in the Therapeutic Spiral modelindicated that it could work well to have a creative arts project before, during, and after psychodrama sessions, especially when deep feelings were likely to emerge. It can be useful to be involved in such physical expression to create a symbolic representation that can be taken home. Three aspects were incorporated into the claywork over the day - firstly accessing resources, later representing losses, and finally representing newness - maybe insights, or relief, or a new decision.

Each participant was given a lump of clay on a plastic sheet and had access to trays of symbolic objects that could be incorporated and kept. At the beginning of the group, an explanation of the process had been given, but no further work was done with it yet.

At the beginning, lengths of coloured clothes were available, to symbolize some strengths that would assist their work - personal, interpersonal or transpersonal.

The participants

Nine women participated. Three were from Afghanistan, two from Iran, three from Iraq and one from Sri Lanka, all of whom had worked together for at least five sessions. Two Indian women were expected, but rang to apologise as the driver had the now-familiar problems with childcare and transport.

Warmup

The group began with women selecting coloured cloths to represent a strength that they could depend on to assist them throughout the day. The cloths are like long scarves, incorporating a range of colours and textures. Most participants engage readily with this exercise, and newcomers have remarked that it made for an easy entrance where language can be bypassed.

Women then named whether the strength is a personal one, an interpersonal one, or a transpersonal one. This last category embraces both traditional religious beliefs or such things as 'strength from the morning sun'. Examples from this session included:

- *Black chiffon to represent the scarf my grandmother wore, and the strength she showed in just keeping going when there seemed to be no hope. (Iraqi)*
- *Red silk to represent the hope I have for my daughter's marriage. (Indian)*
- *Bright green to represent the freshness of spring- the same colour in New Zealand and Iran.*
- *Blue for the ocean where I go to meditate when the homesickness gets too much to bear (Afghani)*

The cloths were often laid in a circle and remained there all through the session. At times women would want to hold a cloth or form a rosette, or drape themselves in a bigger piece. The team and participants also referred to particular strengths during a drama or offered one as a gift.

The first person to speak was Yasmina, a woman who came as an asylum seeker several years ago but is now a New Zealand citizen. She had been with the group since its inception and had quite recently done a major drama on her own issues. She said that she had had enough pain for the moment, but wanted to come, so she negotiated to take breaks when necessary and to use self-care skills within the group.

Chama spoke next, saying that she too didn't want to go into the pain but immediately burst into tears. She described having had a very bad night because she was remembering the death of her small child, some years ago, in her country of origin. Her memory was triggered by a friend, another refugee woman, who sought solace for her pain at facing terminal illness of a child. By this time several group members were crying. No one tried to stop the tears but both the team and the participants gave comfort. Chama also wanted to share a celebratory moment because she had received written affirmation of her work with newly arrived refugees. We clapped and celebrated with her and I commented that during the day we were likely to spiral down into trauma and loss, but up again into hope and change. These two themes had arisen within the first few minutes of the group.

Mina then wanted to share her celebration and amid much laughter proudly boasted that for the first time she had driven a car herself, having just got her licence. She also described her hair -raising journey as she had misjudged a lane at a major intersection and zig -zagged for a while until she got her bearings. Several others told stories of beginning driving and encouraged her to continue practising.

The mood then changed as Munira, from Afghanistan, described watching a film of recent massacres and tortures by the Taleban. Friends knew people who had been killed and tortured and some of the women in the group had been threatened.

Two other Afghani women began to express anger and grief and with some difficulty one described her own beating by Taleban soldiers, several years ago now, because she dared to wear white trousers with her black chador. White is the colour of the Taleban flag and it was considered an insult for a woman to wear this colour as trousers. Another woman in the group had a similar experience.

Munira became extremely angry and distressed and talked about a horrific situation where a woman had been raped in front of her children, killed by shooting and then nailed straddled above the door of her house as a warning to other villagers. As director, having seen the mounting distress, and also the self censorship as speakers realised how horrible the images were, I asked for a pause to check that we were all able to be listeners and witnesses. I was especially thinking of Sita who came as an immigrant from Sri Lanka and on this occasion was the only non-refugee apart from the team. She commented that listening and supporting the others actually helped her to handle her own concerns which were largely to do with conflict with her husband and her worries at losing her skills as a highly-trained professional. She was caring for a preschool child at home, a child born in New Zealand.

Team members also spoke of how their training, supervision, and team meetings helped us to bear witness and to handle our feelings. This information seemed to help Zina, who described another Taleban horror where a group of twenty soldiers shamed and humiliated a woman in labour by insisting on standing around and watching. By this time Munira was expressing fury and we listened to her describe something that had happened not to her but to people in her village after she left. The whole group was now beginning to express anger in a variety of ways. Angelika, as assistant leader, reflected what was happening and reminded the group that we were here to work with these issues as well as bear witness for one another. She shared deeply from her own experience of taking this role of bearing witness as a non Jewish German listening to Jewish responses to the holocaust. Zina burst out with renewed distress that in her eyes the Taleban seemed even worse than Hitler.

This was a tricky moment in the group because I could see that people were comparing traumas. I reminded the group that we were sharing our own stories and that it wasn't so useful to compare them on a scale. However, there was no doubt that

we were all particularly horrified by what the Afghani women were sharing. Those women on the other hand all expressed relief at being able to speak out safely.

I noticed that Yasmina was beginning to shake and even though she had sustained herself through the stories so far I invited her to take a break with Mayada, who as team member had already been sitting with her to help her from getting overwhelmed and dissociating. They took three quarters of an hour in the garden and I valued the gift that that physical environment gave. What they were talking about was how we might collectively support each other given our own impotence at this point in time to stop what was happening. This idea was brought back into the group later on, when it evolved very naturally that their idea of a communal prayer could be woven into completion of the session. Mayada explained that in Islamic tradition praying together is seen as far more powerful than praying alone. (I was reminded of the origins of psychodrama drawing from Moreno's Hassidic Jewish background where such collective activity was valued). As ever the team's task was to facilitate something that would include all the women, religious and non-religious.

We called a tea break, reminding the women that when we returned we would find a way to work with the clay to assist us to cope with all that had been brought forward so far. Women moved out into the beautiful garden cradled by Mount Eden towering above, enjoying the sunshine and fresh air, continuing to talk and hug and cry together.

Action Phase
When the group re-formed, as well as reflecting on the horrors they have come from several women talked of their current frustrations with dealing with WINZ[83]. One woman had her special benefit reduced on the basis of an erroneous claim that she had attended a training course. This woman was going to have to live on a considerable reduction until she could get assistance to go in and challenge WINZ. Another woman had also had a reduction and when she did argue with WINZ about it they initially agreed to reinstate the benefit but she actually received a letter saying that they were offering her money for English classes instead. She had never asked for classes and didn't need them. Somehow the juxtaposition of these grossly inappropriate responses from WINZ and the horrors of the Taleban reduced the

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[83] The government department known as Work and Income New Zealand

whole group to bleak humour expressed in gallows laughter. Practical action was also needed and plans made for a translator to go with one of the women and for the other to link in with Muriel to follow up after the group.

During the break, the team organized the clay work further. We were not sure how the women would receive the clay even though many had expressed curiosity. I reminded the group how we had all, as women, used our hands for rolling and pounding both food and clay, and that this was an opportunity to explore going beyond our words and getting our feelings out and dealt with in another way.

Although we had ensured that women knew that they could just watch others everybody quickly began to work with the clay. They sat in a circle on the floor and there was a lot of discussion, much of it left untranslated. By this stage there was a sense of autonomy for the first time in the day. Women laughed and were angry and started to describe what they were doing. The three Afghani women had decided to work with their anger whereas others worked with grief or hope or both.

Munira had suffered greatly, and still has relatives there, including sisters who have been threatened with rape by Pakistani soldiers. She made it very clear that she was creating a Taleban Mullah. She filled his head and heart with black stones. She put a snake under his arm and then made a pocket that could never be filled up

Photograph 4. A clay portrayal of a Taleban Mullah

Other women had made images of Taleban soldiers and already anticipated that they wanted to destroy the symbolic objects. When there was a break in proceedings for people to share, each of these women spontaneously expressed a desire for revenge. We re-emphasised the need for safety and described a number of strategies to allow this to happen. Angelika stood at the door and when each woman had first cut up their piece and then wrapped it up in plastic and stomped on it, she took each of them one by one to the huge jumbo bin outside where they consigned them to the rubbish amidst claps, cheers, and delighted noises from the group. One woman crushed the destroyed figure into the rubbish tin then stepped back and spat on it. The decisions to cut up the symbolic pieces, stamp on them and get rid of them were all made by the participants. We just followed and assisted.

It was remarkable to see the bodily changes in each woman, especially Munira who was now smiling, hugging and spontaneously dancing a few steps, a dramatic change from the beginning of the morning, when she was withdrawn and silent.

We then moved to the women who did not want to destroy their pieces and heard from Yasmina who had been able to talk with the group about the idea of communal prayer. She is a committed Christian but the Muslim women in the group all agreed that it would be a good idea so we decided to spend the time after lunch in creating a ritual together.

Yasmina then showed her clay piece which was really in two parts. The first symbolised the traumas of her up and down life in Iraq but she had placed her new life close to it. She incorporated two small candles to stand for her spiritual faith and when these were alight she offered this to the whole group and also explained that the new figure represented her hope for the future where there could be soft feminine love.

Mayada then described her creation symbolising loaves of Iraqi bread to feed and sustain the women of the world and based on her childhood memories of her grandmothers' tandoor oven. Muriel had also created a symbolic piece, based on her work at Home and Family, and her Christian spirituality, offering shelter to women, and sending out faith, hope and charity.

Sita had also created a hopeful piece, where she took her husband down from his pedestal at the top of the family and created equality with her (a dream indeed for her). The children were surrounded by love and beauty, symbolised by a camellia,

and yet there was an acceptance of the difficulties of life, a practice that was part of her Buddhist faith.

By now it was almost time to stop for lunch, but the Muslim women in the group had more to say. They wanted to express their hatred of the way the Taleban had, in their eyes, corrupted Islam for their own purposes. Some of them talked of the struggles that they had to keep their own faith in the light of these actions.

At lunch the group shared food from different countries, and the women showed their resilience and spontaneity in moving from traumatic memories into finishing touches for the food such as adding pomegranate seeds and saffron for the rice.

Closure

In the afternoon we all decided that the only thing left to do was some closure, and we suggested the group prayer that had been proposed during the morning. Amid tears and hugs all fourteen women contributed, in their own way and in their own language. The sustaining images, in clay and in coloured scarves that symbolised collective strength, had been gathered into a symbolic 'centre of hope and healing' and someone lit a candle for the centre.

Photograph 5. A collective symbolic representation of the strengths and resilience reflected in the group.

Addendum

Some weeks later, when the group met again, one of the Afghani women announced that she now wanted to be public with her protest. She had written a story, and drawn a poster called *Blind Future* representing a woman with a split face: one half completely shrouded by her burkhah and the other half representing a free modern woman, face bare, hair flowing, but tears of blood dripping down her face. Later, when I asked her permission to put a photograph of the poster in the thesis, the Taleban were supposedly out of power. She commented that as far as she was concerned, the future still seemed blind.

Photograph 6. An Afghani woman's commentary, in poster form.

Discussion

The session described above was one of many of equal intensity where the difference between a support group and an action-oriented therapeutic group can be illustrated. In the support group which preceded the New Settler groups, leaders encouraged verbal sharing and expression of some feelings, but there was no structure or theory to assist the group to go deeper and to act collectively in the ways described.

The production of such sessions brought together important elements that have been discussed in preceding chapters, namely:

- A trained director, assistant leader and team members who were familiar with psychodrama, including psychodrama with women who carried heavy loads of grief and traumatic memories as well as current issues of resettlement.

- The presence of team members who helped the women develop trust in new processes and acted as 'cultural brokers'.

- A team with training in compatible therapies such as narrative therapy, to complement psychodramatic theory.

- Team members who were counsellors trained to recognise post-traumatic symptoms such as dissociation and who could also act to assist women through such processes, within the group and in one-to-one counselling.

The session also illustrated the wealth of creativity and healthy functioning that was also present in such a group, and the way that the spontaneity of the whole group, team members included, can offer a richness far beyond an individual session.

When the women feel trusting deep issues are discussed and enacted, and the session also illustrated how flexible a team needs to be. In this case although we expected to deal with grief, expression of rage and the need for collective action was actually the theme presented by the group members.

An example of groupwork with a resettlement issue. Extracts from sessions on being 'robed' in Auckland

Two extracts have been selected to illustrate a resettlement issue that I have not seen discussed in the literature, but that is likely to affect many Muslim women in Auckland. They also illustrate how the women themselves have integrated some psychodramatic thinking into their own functioning. These extracts represent vignettes, not full psychodramas, yet quite intense and productive work.

As discussed the content is inseparable from the process although it is in the background. The women brought the content forward and I realised that through my western eyes, I would not have initiated such a theme. Our task was to offer effective processes with which to address the issues in the group.

Extract 1

The participants at this session originated mostly from India, Iraq, Iran and Sri Lanka. The extract is taken after a psychodramatic warmup and sharing, where a central concern for the group was identified as progressive movement towards integrating into the new culture but coping with forces that interfere.

I put this theme to the group and called for a protagonist. Ziba, who wore the chador [84], was quickly on her feet. She wanted to get more understanding of her shock and disappointment since recently starting to wear the chador and meeting new responses that troubled her deeply. She is a doctor retraining for another profession.

Her goal in the session was:

> *to use psychodrama to get a deeper understanding of why I have felt so confused and upset, and to have all the people and institutions involved here at once, in a way that can only happen in psychodrama.*

She chose people from the group to represent both individuals and institutions. These were:

- A male doctor who did not know her well but whom she met when accompanying a woman patient, as translator.
- The Institution of X where she is retraining.
- A New Zealand woman friend

She also chose two supportive people to stand with her while she worked.

The protagonist laid out the relationships starting with those people close by and quickly, through role reversal, gave each a voice with the same basic message:

> *I care about you and support you exploring this for yourself, and make no judgement of you.*

The doctor was placed at some distance from her, representing emotional distance. When she reversed roles with him she spoke in a cold voice, speaking slowly as if to a child or someone not very intelligent (her interpretation)

> *Are you sure you understand Mrs X? Could I write it down for you?*

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[84] The chador involves a black cloak to cover the body and a headscarf, but the face is uncovered.

Back in her own role, she expressed anger and disbelief at his stance. He knew she was also a doctor, but still acted otherwise. She said:

> *I have been interacting with doctors in New Zealand for five years now, and never before have I been treated as if I am not an equal. The only change in me is that I am now robed!*

As director, I got her to say, as an aside, what she is not saying to him, and she said, to the group

> *He is prejudiced, and doesn't even seem to notice that I notice! It hurts me a lot, because now I do not know about those others.. Will they be the same now that I am robed! I simply never expected to have to deal with these issues.*

Ziba paused and commented:

> *It has been clarifying just to put out all these different people in the one space and have people take up the roles. I have understood why I was so confused and upset.*

I saw that she was still distressed, tearful and tense, and invited her to hear from her two supportive women, after which she relaxed and calmed down. She then wanted to address the training institution and acknowledged that she was conflicted. Both anger and fear arose but she told this corporate body that she would now return next term and test whether they were as unbiased as they claimed. Ziba then stopped, repeating that it had clarified things, especially the realisation that she depended so much on teachers in the institution to provide validation for a new profession, so it was harder to challenge them.

Sharing Phase

In this final phase, the Protagonist sat and listened to sharing - not analysis or advice, but points where audience members linked with her.

No one else in this particular session group was robed even though many are Moslem. One woman apologised to Ziba for not being robed, which startled her. Most of the group shared some example of conflict that they had experienced, or of prejudice and even attack, that they had encountered. In terms of process, the enactment of the protagonist provided a role model for group members to express concerns and dilemmas that they may not have voiced otherwise.

Extract 2

Some months later during another series, the composition of the group was quite different. The protagonist described above was still a group member, and the ethnic

backgrounds were similar, but there were now five women in the group in full hijab, wearing black robes and a face covering that left only the eyes visible. In sessions however, because we were a women only group, the robes were discarded and a wide range of fashions, from jeans to suits, emerged. One of these robed women, in a different context[85], talked of her feminism

> ....*as a commitment to free all women from gender oppression, but also from cultural oppression from western feminists*

Working with this theme was one of many times when my own ethnocentricity would be challenged.

The sharing phase had raised the theme of dilemmas for the women about wearing hijab in Auckland, and after a team discussion we proposed working with this in a way that was more sociodramatic -focussing on the group concern. A Muslim woman who was trying to decide whether or not to wear hijab, started the session. We placed two chairs in the action space for both ends of the dilemma and the women involved took turns at expressing their experience. Some women spontaneously moved to both places, and the woman who raised the issue put herself in the middle, and people pulled from both directions.[86]

Examples from the two ends illuminated the range of individual differences, and brought into the open some of the bigotry the women faced:

Positive:

- Showing respect and identity with fellow Muslim women.
- Feeling a sense of spiritual protection and pride.
- Experiencing a sense of safety in the anonymity and privacy of the hijab.
- Doing what one's conscience and culture had taught (although even in this small group there were differences of interpretation).

Negative:

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[85] quoted with permission

[86] The offer was made for her to literally feel the pull, and auxiliaries assisted her to show the degree of tension, with attention to safety.

- In Auckland, the hijab made you more conspicuous. Several woman had been attacked, one badly beaten; some had been verbally abused, by children, men, and male and females in official positions.[87]

- As representatives of Islam, there was a responsibility to behave well that some women found a constraint. For instance, there was much laughter when women talked of wanting to be mad with bad drivers, but they were in hijab!

- There was a temptation, for some, to avoid the overt racism and bigotry that all had experienced, to differing degrees.

In the sharing, the Muslim women talked of their pleasure in airing this sort of issue, not just with one another, but in a mixed group, and the non-Muslims appreciated that we had been considerably educated. The issues were not resolved but the woman who had begun the session expressed relief at bringing her concerns out and hearing such a diversity of responses.

Feedback and Celebration -Autumn 2001

Extracts from this session have been chosen to illustrate the group's capacity to celebrate, and also to give examples from the women's own understanding of what they were doing, and what effects the groups had in their lives. It is not really a psychodrama session, but an opportunity to reflect on the process and relax together, where some psychodramatic processes have become part of the way things were shared.

The final session of an 8-session series was held a few days after a full day of psychodrama, on the previous Sunday. Participants knew it was to conclude with a party to farewell Pat Gilberd, who was retiring as the Director of Home and Family and who had been actively involved with the New Settler groups,[88]. including being a team member. Two participants in the group had particularly strong links with her, from their arrival in New Zealand some years ago. We knew that the occasion would be a mixture of sadness and celebration.

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[87] This session took place before Sept.1, 2001. Informal reports from women afterwards included instances of greater abuse, band also instances of greater acceptance.

[88] Pat Gilberd was pivotal in getting the groups running and maintaining them, as described at the beginning of the chapter.

Feedback about the groups

Twelve participants were present, some from the current group and some from earlier groups. The women had originally come from Iran, Iraq, Afghanistan, India, Bangladesh, Sri Lanka, Holland and South Africa. On this occasion several children were included. Before the celebration women were asked to talk about their responses to psychodrama. This is their feedback, with names and identifying details changed:

Maha, who had constructed a symbolic bridge in her drama:

I walked across the bridge from my past to my present, here in New Zealand, and reclaimed my self-confidence. I keep that image in my head and really need to keep belonging to this community, as I have no family here.

Razivi, who had set up a psychodramatic scene to address her absent sister:

I did not expect to settle down so much after saying those things to her that I have kept inside for years, but I did, and I have found new energy since.

Suni, who had been able to speak her truth to her ex –husband who had intimidated and physically abused her:

I never thought I would laugh about this, but every time I remember how I told

him to sit down and listen to me, and got all that anger out of me, I smile!

Other examples of feedback:

- *The full Sunday was so good - I went home happy, and relieved that I could talk about the things that affect me about Afghanistan*
- *(an Indian team member, about an Indian woman) When she first came, she couldn't even look up, and now she is smiling with her head held high.*
- *My confidence has grown here. I've discovered that the things that are important to me are also important to others.*
- *I like being able to feel here and to act things out. I like it that we don't always have to talk.*
- *I know I am going somewhere I love - I want to be here, to see people being empowered. I know that counselling makes a big difference.*
- *I like meeting other women and making friends. I feel accepted here*
- *When I come here I put my sadness behind me.*
- *I have learned that in every country there are good parts and not so good parts- I feel privileged to be part of this.*
- *It meant a great deal at a personal level. Last time I was very tired and sad, but it was so good to cry and feel connected to other women, with real people where I can be myself. It feels like home. I feel stronger and life has meaning again.*
- *Every time I feel down, I remember jumping in my drama. I use this image a lot! (This is a reference to a drama where she felt very stuck and hopeless and we set up a 'future fantasy' where things were working much better, and she just jumped into it for a while)*

Celebration

The focus then shifted to Pat herself, with many expressions of appreciation and sadness at her going. There were flowers and a present from the group, organized by Muriel, who was especially appreciative as her job with this agency was her first in New Zealand, and she recalled her difficulties as an Indian psychologist trying to get work. She had written a poem which paid tribute to Pat's work as an auxiliary, taking many different roles, but especially being chosen as substitute mother and friend. The reading of this poem produced tears from many of the group.

One of the group members has adopted Pat as her substitute mother to such a degree that she sends her a card on Mother's Day. These links will continue far beyond her retirement, and are a reminder to me that in work with refugees in particular the normal therapeutic boundaries become much more elastic.

One of the most beautiful aspects of this farewell was the contribution of songs from several women -Indian, Afghani, Iranian, and English - and Iraqi dances of great beauty and sensuality. Many women in this group are able to put aside their difficulties and losses and become creative, playful and artistic, when they feel secure and linked to one another.

Often in our psychodrama groups there have been moments where we create invisible gifts and I couldn't resist playfully offering Pat a magical invisible elephant, to remind her of memories of our times together. Later on in the evening, I heard a burst of laughter and someone called out *Pat, here is your elephant!* Two of the children who had come to the farewell had found elephant masks in the Agency's 'props' cupboard, and became little cheeky elephants coming forward to play. What a reminder of Moreno's original inspiration for psychodrama, in the creativity and spontaneity of children's play. This was even more significant in that these two children, of refugee parents, had been so withdrawn and silent that their parents had sought counselling for them too.

The time for sharing food was approaching and Pat offered a very open blessing, including appreciation for the relative safety of New Zealand, the freedom from war, and the collective strength we gave each other. She then cut a cake made by a Muslim woman in the group, so it contained no alcohol or animal products, something that cannot be taken for granted in local shops. There were similar careful orientations for the vegetarian members, towards spiced rice dishes and stuffed

Naan, Indian bread. One of the most popular fruits, provided by Angelika from her own tree, was a bowl of dark purple figs, one of the sacred fruits of the Middle East.

The evening closed soon after, and we were not sure whether further funding would be available.[89] However, many women arranged to meet informally as they had established strong links with one another.

Discussion of the processes

A selection was made of several groupwork processes, taken from many hours of work with refugee and immigrant women together

The first example described a full day where there was time for a long warmup of detailed sharing. For some women, the focus was on sharing traumatic memories from their own experience, but also expressing fear for relatives and friends left behind, and outrage to the perpetrators. For some, there was a need to plan collective healing and public statements, as a beginning for further action. Other group members were more in the role of compassionate witnesses to hear the testimony of the women. The example illustrated the application of the Therapeutic Spiral model of psychodrama where highly traumatic material is being worked through. Many aspects of psychodrama and creative arts therapy assisted the provision of safety and containment, yet expression of strong feelings of grief and rage.

The second example described two different occasions when group members brought forward a current issue and illustrated their perception of psychodrama as a useful method for exploring dilemmas and conflicts.

The third example illustrated another aspect of the life of the New Settler groups, where the focus was on giving feedback and sharing a celebration with food and dance. The feedback was important to me in the role of researcher as it was an opportunity to hear what the women themselves understood us to be doing. Although there was much that reflected benefits of simply coming together as a group, there were examples of particular psychodramatic processes that the women had gone on using long after the group.

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[89] In fact, funds were obtained, but each series ended with uncertainty about whether and when another could take place.

Part 3: Content Categories

The categories which have been used to organize the selection of content themes were established in two ways. The first was from reflection on the literature, both international and local[90], which listed these categories as being significant for refugees, in particular. A breakdown of the particular issues for women refugees and migrants was largely undertaken by feminist researchers. When the content of the eighty sessions of the New Settler groups was explored, it became apparent to me that the women within these groups also reflected such differences. Gender differences were evident at every ecological level, in terms of the contextual map presented in chapter two. Each content area and the way that it was dealt with in the groups could be a topic in itself, and each provides areas for future research. Within the parameters of the thesis, only a selection of content themes will be discussed, with brief examples of what group processes were offered in response.

Learning English

The themes that arose around this topic reflect a group of women who were able to attend because they considered that they had sufficient grasp of English to understand what was happening. However, although this was so for simple instructions and unemotional events, in fact where deeply personal issues were being discussed, many women asked for translation and spoke in their own language. Although there were no formal interpreters in the group there was always someone able to do this - Muriel spoke Urdu, Mayada spoke Arabic, and other women in the group spoke Persian. Others spoke at least two languages. When women were doing psychodramatic work, we often encouraged them to speak in their language of origin, and then translate the headlines. Psychodrama involved such emotional and physical expression that translation was not always necessary.

Many women understood a lot more English than they could initially speak, and the group was also an opportunity to practice and to build confidence. One Iraqi woman came to three group series (twenty-four sessions) and became a much more confident speaker at the end. She represented women who were often isolated and simply had not had people to speak English with them.

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[90] Categories of resettlement issues are discussed in both chapter three and chapter six

A common theme involved women who had no transport and no child care to attend formal English classes. Group members told of other women that they knew of who were keen to come to the group, but would have simply not been able to follow the process without more English, and who could not get to classes.

Sometimes the issues around learning the language had more to do with insensitive teachers. An Indian woman enrolled in professional English was shouted at and criticised by her teacher. She had a role-training session in the group to develop the role of *assertive protester*. After this she was able to register her distress to her teacher and got more appropriate help.

Many women in this particular group came to New Zealand with considerable ability in English and other languages, and their sub-theme related to their having to deal with stereotypes of them as helpless and ignorant, particularly because they were women.

Establishing a home

For many of the women in the group the home was their area of major responsibility. Apart from cultural expectations quite a few in this group were single women heading households where children, elders, and newly arrived family members or friends were to be accommodated, often in tiny spaces. The boundaries of extended families were wide and the sense of communal responsibility was strong. Several times in the groups there were dramas or vignettes demonstrating insensitive treatment from both WINZ and Housing New Zealand.

One African woman was on her own with a child suffering deformities as a result of imprisonment and torture during her pregnancy and soon after his birth. She also had a very bright but bored two-year-old. She was given a two-story house which was quite unworkable so she camped in the downstairs area. She needed advocacy from Home and Family to move to more suitable accommodation. Groupwork around this issue assisted in a variety of ways: witnessing, sharing, allowing safe ventilation of frustration and anger, role training or plans for collective action.

Family reunification

This theme was one of the most significant for many women in the New Settler groups. Over the many sessions held, the theme was illustrated in numerous ways which illustrate the particular gendered dimensions of this issue:

- The experience of motherhood is different from fatherhood, especially for many women from a strong patriarchal background, whether they are refugees or migrants. Several women had to cope with pregnancy and birth while in prison, or being tortured, or fleeing into exile. One woman spoke of the horror of literally losing her adolescent son, her first-born, in a transit camp. He ran away during some conflict, and she is still seeking him. Some women had been left with children while a male partner sought freedom, hoping to get the family later (which was, in some cases, years after). In another case, a woman and her children was sent ahead, and she struggled alone with resettlement.

- Women expressed ongoing anguish over family members who were left behind, and considerable group time involved women sharing narratives of elders, siblings or children that they were trying to bring to New Zealand. On several occasions, dramas were set up with auxiliaries taking the role of absent family members where 'unfinished business' could be dealt with, such as grief, anger, or an explanation about why they had to leave with no goodbyes. Such work seemed to provide an 'as if' experience, to fill a gap that cannot otherwise be filled. The new experience contributed to a new narrative. Such dramas were healing for the participants. The comfort and sharing from the group seemed to settle the protagonist and provide energy and hope to go on with daily life.

- The other side of family reunification was also represented, in the form of celebrations on successful arrival, and also in the appreciation of having the group as a place to come for newly arrived sisters.

- The group also provided advocacy and support for women struggling with the long, expensive and often re-traumatising experiences involved in dealing with officials, answering questions, and filling out forms. One particular example involved a woman having to prove to a psychiatrist that her grief for absent family members was justified. She was alone, two family members had been killed, and several were under threat of imprisonment.

- The issues in terms of family reunification were, in some cases, just as great for some immigrant women as for the refugee women. For instance, a woman had been ostracised from her family for seeking divorce, and the repercussions stretched back to her country of origin, where nobody would assist her to bring out her sister and elderly mother.

The skill of the team was most evident when dealing with issues around family re-unification. The depth of strong feelings and the traumatic memories than many group members were dealing with meant that several members at once may be dissociative or overwhelmed. Having trained auxiliaries who could contain and ground the feelings and assist women back into present time meant that such issues could be worked with. The follow-up with one-to-one counselling was also crucial.

Coping with physical health

Apart from coping with their own health, women in the group were often coping with the health problems of partners, children and elderly relatives. They were often the caregivers, transporters and translators. The themes of fatigue and neglect of their own health needs was frequently raised, in many forms. When it became a theme for dramas or vignettes, it was usually when a woman was trying to cope with conflicting advice from a range of professionals. On several occasions, the group focus was on self-care. For many women, putting their own needs first was never culturally sanctioned, and it was a new experience to discuss somatic problems such as stomach-aches, muscle aches, headaches and menstrual problems. However, once the norm was established in the group, a great deal of useful advice about sleeping and self-pampering was shared.

Difficulties with transport childcare and domestic help recurred as a theme in relation to physical health, with both immigrant and refugee women. In some cases, poverty accentuated the problems. Perhaps because there were so many women who were involved in custody issues after separating from abusive partners,[91] fears were also raised of being judged as inadequate mothers.

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[91] As discussed at the beginning of this chapter.

Coping with mental health

The distinction between mental and physical health is a subject of some debate, and in the groups, it was rare for women to use words such as ' mental health' unless their trust was sufficient to discuss problems resulting from a psychiatric diagnosis. The themes were of two sorts, firstly concerns about their own mental health, and secondly judgements made by others in power about the mental health status of the woman.

Once it was established that many women shared the concerns. of living with abusive partners, or of facing separation, there was frequent discussion about 'feeling crazy' at times. Several of the Indian women, in particular, felt very confused when members of families and friends tried to persuade or intimidate them into staying or returning.

The consequences of coming to a counselling agency were raised by several of the Indian women who had been threatened by partners that they would raise this in the Family Court. However, the presence of an Indian team member who worked with the courts was a powerful counter to such fears.

Several women had received psychiatric diagnoses such as 'manic-depressive' and apart from the team wondering about the accuracy (as we had much more information about the full circumstances) an equally-important concern related to the social consequences for the women. There were instances of both migrant and refugee women who were given such labels, resulting in ostracism for themselves and their children and in one case a woman feared that her daughter would be unmarriageable. Social control through shame, intimidation, and categorisation of the woman as 'unstable' was demonstrated, both in drama and through group sharing.

The power of the group to bear witness and to affirm a woman's own reality was very powerful in such situations, particularly prior to court appearances.

Sexual and physical abuse

Another theme that took great trust for women to bring forward, and which was rarely mentioned, was around physical and sexual torture and sexual abuse which they had kept silent about but which was affecting their wellbeing. It is another

example of the dilemmas around categorising such issues as 'mental health'. The issue only became overt in the group after a team decision to raise it as a general issue, not specific to individual women. As director, I named the issue of 'good and bad secrets", bad ones being those that allow people to shame or intimidate you into silence, and the team gave examples from their own work and life.

This naming allowed a few women to talk of sexual abuse, torture and physical abuse, but more to talk of their fears for remaining family members and friends-mostly women, but also men and boys. In one drama, the people and institutions which did such violence were named and placed on stage in some concrete symbolic form, and collective anger was expressed. Some group members named physical abuse and sexual intimidation from men in agencies such as Customs and Immigration which should have been the helpers. Several women expressed huge relief that they could express themselves safely in this way, and felt empowered and more relaxed afterwards.

The issues around mental health also reflected the theme of changes in gender, in terms of reassessing what they would and would not tolerate as women. For many, there were huge contextual shifts from learning about New Zealand law with respect to domestic violence; what constitutes sexual abuse, including rape within marriage; access to refuge and domestic purpose benefits and so on. Their perception of themselves as women changed, but also pressure from some family members to conform to the 'old ways' was very great. In this domain, the women immigrants suffered as greatly as the refugee women did.

There was very little evidence that women in the groups had been screened at entry into New Zealand for post-traumatic symptoms such as dissociation, flashbacks, nightmares, or hypervigilance. A few reported being asked by their doctors, but woman more frequently described being talked to for a few minutes and given a sedative or antidepressant medication. Occasionally a doctor referred her to a counsellor. Such questions were asked, but not systematically recorded, by team members who saw women one-to-one and other counsellors with whom we had permission to speak. At least one session in a series of eight focussed on naming post-traumatic symptoms and many women did report having such problems, both refugees and immigrants. They also spoke of reluctance to mention them for fear of being thought crazy, especially if their residency status was not confirmed.

Belonging to a community

For the women, there were many complex dimensions around this theme. There needs to be specification of which community is being referred to - the New Zealand community, which is heterogeneous, or their own ethnic community, which is mostly more homogeneous, but may contain powerful and diverse subgroups. The experience of many women in the New Settler groups was very mixed, and many were giving hours of informal community service to new arrivals, or to assisting families. They worked as translators, caregivers, advice-givers, transporters and advocates. However, some were ostracised from their communities if they stepped out of line, as described above, by leaving an arranged marriage, by changing religion, or by trying to stand up against rape within marriage.

Within refugee communities the women expressed a continuum of responses, from valuing close supportive networks to feeling restricted and disempowered by them if they wished to be different. Several of the refugee and immigrant women produced vignettes to display how quickly gossip could isolate a woman.

One of the themes that was frequently expressed was deep grief for loss of their original community, whether it was an Iraqi village or a high-ranking Iranian city community. Such women reflected how the stereotype of a woman refugee's former life is so negative, but many considered that their lives were materially, socially and culturally much richer before they experienced the conditions which sent them into exile.

Obtaining employment.

Perhaps because of the competence needed to find and attend a group, many of the women were highly educated and fluent in English. However, obtaining employment was a major theme Over the course of two years, there have been:

- Five doctors, including a paediatrician - from Iran, Iraq, and Afghanistan
- Three engineers - from Sri Lanka and Russia
- Three lawyers - from Afghanistan and former Yugoslavia
- One nurse - from Iran.
- Several primary and secondary teachers - from India, Iran, Afghanistan.
- Several computer programmers - from Russia and former Yugoslavia.

The women doctors were sometimes the heads of the household, with children to support, and very little money. Some have now left New Zealand[93], but some are retraining, such as our team member retraining as a counsellor. They have described attempting to support one another with shared books, child care and transport, but there has been a lot of grief and frustration along the way.

A recurrent theme has been around trying to study with no computer, or limited access; deadlines which can't be met because of the need to cope with family crises; difficulties getting practice with new medical technology and information, and many more concerns.

All the professional women have talked of fears of becoming deskilled, and recurrent frustration and anger if they have been at home with small children and their partner has found professional work.

The inter-relationship of themes was illustrated several times by dramas or sharing from women who did obtain employment which left the husband at home, sometimes with the obligation to do domestic work and cope with children. Although some woman spoke lovingly of the support they experienced, several portrayed the development of major domestic violence, sometimes ending in separation.

Some women were repeatedly told that they were over-skilled, and were not even offered jobs. Others resorted to low-paid cleaning and childcare work.

The groupwork around issues of employment took many forms, from role training and self-presentation skills to dramas expressing grief at the loss of professional status and skills. Other practical steps were taken, such as advocacy with WINZ, provision of second-hand computers, and networking. The group also provided a place to celebrate successful job applications, and recognition of overseas qualifications.

Education of self and others

This theme is closely related to the issues around employment, and the difficulties already discussed that are particular to women who have child care responsibilities and lack of transport. Many women in the groups were attending classes, often in the evening, in a range of subjects such as computing skills, professional English (for medicine, teaching science in schools, or engineering).

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[93] Recent changes have made it a little easier for refugee doctors, but women doctors still struggle with issues particular to being women.

Women also had much more involvement than their male partners in the educational issues of their children, from pre-school through to University. Some were single women with children who had to compete for computer time with their children. In two cases, dramas in the group involved situations where young male sons expected to have priority, and the mothers were fearful of losing their own high level of professional skills.

Many of the women had involvement in primary and secondary school education. A range of themes emerged that illustrated the conflicts between old and new cultures. For instance, several mothers did vignettes on trying to hold onto self-esteem when their children expressed being ashamed of the mother's difficulties with English, or their clothing.

The difficulty of separating out old and new traumas was illustrated by two Afghani women who were trying to cope with their pre-migration traumas and at the same time dealing with young sons who had been beaten up by a gang on their way to school.

Coping with premigration trauma and loss

It is clear that this is a major topic, and only a few themes will be addressed here. The difficulty of making a clear distinction between pre - and post - migration trauma and loss was mentioned above and was also evident for other women in the group. The concepts of cultural bereavement and ongoing trauma reflected the themes from many women in the groups. It was more a matter of what was in the foreground and what was in the background. For instance, for many women there were reports of good times and celebrations, or progressive movement in terms of finding a house and a job, only to be triggered back into trauma and grief by news from home, media headlines about war, or a local incident that undermined a sense of security.

The shedding of tears together was one of the most common activities in the New Settler groups, but women also spoke of crying and praying alone. A few of the women had very supportive husbands, but mostly they sought other women, if they shared their pain at all.

Women in the groups often spoke about their supporting role for other family members, especially their children and elderly relatives. They saw themselves as

being the ones who were seen as the comforters and nurturers and often spoke of the relief of coming to the group, where they could get some care for themselves.

Earlier in the thesis[94]dilemmas around formal assessment for PTSD were raised and no pre-group assessment was undertaken for the New Settler groups. However, the clinical background of team members assisted in informal recognition of dissociation and flashbacks in particular, when they emerged in the group. Post-traumatic symptoms which emerged during groups were managed by having several team members who could either sit with a woman or take support further as a containing double, or offer follow-up counselling. The issues came up in each series, and there was usually one session at least where such concerns as nightmares and flashbacks were discussed. Words for these symptoms were translated, and groups shared advice of how to deal with them.

One of the activities that happened in the group was called *offering psychodramatic gifts* and group members began to offer these to distressed members, and the team simply needed to facilitate the process. For instance, one woman was given an invisible rainbow cloak by another group member, and she later told of reminding herself to wrap it around her when she felt vulnerable alone at home.

Changing family dynamics and gender shifts.

This theme has recurred through all the themes addressed so far, and reflects the feminist literature that sees the gendered dimensions in all aspects of life, not just as a sub-group of 'women's issues'. For both the refugee and immigrant women, there are ongoing issues to be addressed, whether it is because they are the first or last to get work, whether they change behaviour because they now have different norms and laws around sexual abuse and domestic violence, or whether they have to cope with husbands who are depressed because of their gendered shifts.

The role of silence

There are several kinds of silence that are relevant to the groups:

- The silence of myself as researcher as different from director of the groups
- Silence of group members with regard to certain topics, inside and outside of the group
- Silence as a token of respect or compassion

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[94]Dilemmas about formal assessment for PTSD were raised in chapter two, three and six.

There were two aspects to the silence of myself as researcher. Firstly, as discussed at the beginning of the thesis, where there are such small communities of both refugees and immigrants, the prime concern was confidentiality and anonymity for the participants. Some themes are not mentioned here for that reason. Some women also spoke to team members about themes that they could not even bring into the group, because of fear of judgement or fear that confidentiality could not always be guaranteed.

The second aspect of silence as researcher relates to selection of the data. In such a qualitative study, the researcher's selection and interpretation have risks as well as benefits. This concern will be taken up further in the final discussion. There is also the silence of topics not mentioned because of the limited scope of the thesis. Such areas involve difficulties with running the groups; staff training and supervision; the prevention of secondary traumatisation, and issues with funding.

Silence of group members around certain topics was also a factor. This theme is of considerable significance in terms of dealing with issues for both the migrant and refugee women. Both groups worked with issues around silence in their communities regarding sexual education, sexual health, and sexual abuse. Some women told of learning what was taboo at a very early age, and actively deciding to do things differently with their children, especially their daughters. It took many months for sufficient trust to be in the group for some Indian woman to speak of sexual intimidation from professionals, and only then did a few other women speak of similar experiences. The concept of rape within marriage seemed to be a lot easier to talk about, and on occasions laugh about, in a bitter way.

For many women in this particular group, domestic violence including physical, sexual and emotional abuse was their primary reason for coming, although speaking about the details often only came after another woman had done a drama about her situation. Rape in the context of war, or as part of torture, was mentioned as a concern for others, but never as a personal experience. Many women did talk of their cultural norms where a woman was blamed and punished, and their family shamed, even in a war context.

There was also considerable discussion from the Indian women about the silence they had been trained in - not to answer back, not to express their own opinions, not to show anger. Some of the same women were now assertive and articulate about

their rights and needs, but in a few cases this had resulted in separation from their partner and ostracism from their community.

The final area of silence, which was profoundly moving when it occurred, related to times in the groups when women spontaneously sat or stood together in silence to acknowledge the impact of collective grief or pain, or of moments of great beauty. One example of such silence occurred after an African woman had sung a song about a bird who needed no passport to fly from one country to another, but could just soar on the winds wherever she wished.

Positive themes that were raised in the groups

The final content category to be mentioned involves themes on a positive note that were raised in the group, apart from the celebratory occasions that have been mentioned. Apart from the appreciation about access to New Zealand in itself, there were many simple acts of kindness, from strangers or neighbours, or sensitive officials that were appreciated by the women. This especially applied to refugee or asylum-seeking women who were given help, clothes, household goods and computers when they first arrived. There were teachers and trainers who went an extra mile for women retraining. There were health practitioners and teachers who gave appropriate and useful information.

On one occasion, an Indian woman had just acquired a small car, and on the way to the group someone crashed into her and the car was a write-off. She was too poor for insurance, but months after the event we were delighted to hear than an insurance company had donated money for a replacement.

After the tragedy of September 11th 2001, which deeply affected the group in different ways, some women and their children were harassed, but one woman spoke of the generosity of spirit of a neighbour near their mosque who sent a bunch of flowers and a card of support to the Muslim community in New Zealand.

Many times over, refugee women in the group spoke of the daily relief on waking in New Zealand, where there was no war, no pollution and no starvation. The healing dimension of the beauty of land, bush and sea came into many dramas, where each element was given a role and a voice.

Discussion

This chapter gave a brief description of the sponsoring agency and the makeup of the multicultural groupwork team which was assembled. A presentation and discussion

of the processes and content of the New Settler groups followed. Eighty such group sessions have been run, over the course of three years. There are plans to continue the groups this year, if funding can be obtained.

It was acknowledged that content and process could not easily be separated, so the presentation of examples of the work done put process in the foreground first, then content. Especially when traumatic memories were being addressed, the processes available to the team are crucial.

In terms of processes used by the team, it was apparent that a mixture of psychodrama and creative arts therapies was acceptable to many women. Some women demonstrated that they had integrated psychodramatic language into their own vocabulary, and some had integrated processes which they used away from the group. It is not know what the response was of those who left, or those who did not give feedback.

Full psychodrama sessions could only be held when a whole day was set aside. This could only be organized once in a series of eight-week blocks. It was more common for drama to take the form of vignettes, shorter and less extensive work, but often deeply emotional.

The participants also brought processes to the group from their cultural backgrounds. Prayer, song, dance and food were examples of such processes which were enriching for all concerned.

The proposition that aspects of gender differences influence all aspects of the lives of refugee and immigrant women was supported by the content of group sessions. This proposition was not part of the original research question, but emerged strongly as the literature search developed alongside the group experiences.

The women's experiences indicate that the model of a dynamic movement between different contextual levels is a much more apposite picture than categorising experiences as pre - or post - migration, or trauma versus resettlement. The lived experience is of having to cope with a constantly changing flow which may go from delight in resettlement to reactivation of trauma in the course of a day.

Finally, exploration of the content brought forward by the women themselves did indicate that given appropriate conditions of trust and safety, women will bring forward deeply personal and traumatic concerns, and are open to working with them in a group setting.

The final chapter will draw the thesis as a whole together and address conclusions, limitations of the study, and recommendations for future work.

CHAPTER 8: DISCUSSION AND CONCLUSIONS

Introduction

This thesis set out to address the question:

> *Could psychodrama groups be held with groups of refugee and immigrant women resettling in Auckland ?*

The **main objective** was to explore whether refugee and immigrant women could benefit from participating in a series of psychodrama groups.

The **second objective** was to illustrate the importance of focussing on the particular concerns and viewpoints of women refugees and immigrants, as separate from the men. As part of that process my own perspective needed to be discussed.

The **third objective** was to contribute information from the group which could help with provision of better services for immigrant and refugee women resettling in New Zealand.

This chapter summarises answers to the questions raised and the information gained which addresses how well the research objectives were met, the limitations of the study, and then provides suggestions for further research. The chapter concludes with reflections on the researcher's own development and recommendations for policy and practice.

Summary of Findings and Discussion

The first objective was to explore whether psychodrama groups would be acceptable and useful to groups of refugee and immigrant women as part of resettlement services. Before the groups could be run, an agency, a team, and participants had to be found, a project in itself. The research component is now complete, but there are current plans for the groups to continue, with all those elements in place, so there is some evidence that the first objective was fulfilled.

Psychodramatic groupwork was offered to groups of refugee and immigrant women, and based on self-report and team observations, many did find it useful. Eighty sessions have been held and over eighty women have come for varying numbers of sessions, ranging from one to fifty. A number of women did not come to more than two sessions, and it is simply not known why they did not return. A major reason for not exploring this was that it would have gone against the ethical commitment for women to feel free to leave. The women who came to the last series

have expressed interest in returning for another round, and know of others who wish to come, if assistance with childcare and transport was available.

In the dual role of researcher and director of the psychodrama groups, an ongoing question was how much difference came from psychodrama, including the adaptions of the Therapeutic Spiral model. The whole issue of what elements of groupwork make a difference is a complex and ongoing concern in evaluation studies, according to specialists such as Bergin and Garfield (1994), who also point out that for a decade it has been accepted that groupwork of various kinds is therapeutically beneficial for many people. Their recommendations are that future research addresses what specific elements are important, while acknowledging that this is a complex task. Psychodrama had not been included in their evaluations, although it is to be added to the next edition.[95]

It is of significance that the team members who ran the original support group wish to extend their training in both psychodrama and trauma studies. They saw marked differences in the progress of participants, and in their own ability to work with deeper therapeutic issues.

Psychodrama groups which attend to safety for participants who may have traumatic histories and multiple losses were seen as appropriate and useful by both the team and the participants. This finding supports contentions in the literature, from key trauma researchers and other groupworkers who point to the acceptability of groupwork which involves non-verbal action with participants from diverse cultural backgrounds.

Over the period of running the groups, the team often debated where the boundaries were between psychodrama, creative therapies, education and building community. We are simply unable to answer the question at this stage, but the research can be considered as a pilot which could form the basis for further work which included evaluation. Early research on group psychotherapy, which included some discussion of psychodrama (Yalom, 1975), identified the importance of the following elements:

- The instillation of hope.
- Interpersonal learning.
- Imparting information.

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[95] A colleague has notified me of this- June 2002.

- Group cohesiveness.
- Opportunities for emotional catharsis.

The team considered that all of these elements were present at different times during the New Settler groups, but further work is needed to meet criteria of adequate evaluation. Again, the issue emerges that *adequate* can be defined so differently, but that debate awaits the next study. A particular focus, for us, would be further exploration of the trauma-healing components of the groupwork, in terms of allowing traumatic material to be integrated effectively.

Even though it can be documented that group therapy works (Bergin and Garfield 1994:633) it is not yet possible to find evidence in terms of positivist paradigms that the result is related to the therapeutic method employed, the length of treatment or the therapist's training or experience. The effective factors are rather to be found in 'non-specific' elements such as the patient's belief in the therapist and the therapist's personality, confidence, and belief in their own methods (Bergin and Garfield, 1994: 822).

Throughout the thesis the role of beliefs has emerged in discussions of methodology, in critiquing of western medical models, and in discussions of the nature of healing. Belief is also an important ingredient in a therapeutic process. While it is indeed sobering for me to face the paradox, as I wish to justify my own methods, it is entirely consistent with other theoretical views I hold and simply provides another challenge to live with. In terms of working with the beliefs of others, psychodrama provided me with a good working principle that made it possible, namely that working with another person's subjective reality does not necessarily mean I have to agree with it, or convert them to mine.

The second objective addressed the importance of focussing on gender differences, in terms of the particular concerns of this group of refugee and immigrant women. The objective was met in several ways:

- The women frequently commented that they would not have come to a mixed group, and would not have spoken about particular topics such as domestic violence and sexual abuse. Even in the women-only groups, violence was more easily discussed than sexual abuse..

- A major topic which was reflected in a diversity of issues related to changes in gender roles, as legal, social and economic contexts changed for the women.

Some of these changes led to greater freedom and safety but at times they were further isolated from their ethic communities.

- The issues raised by the women reflected the way that gender differences permeate every contextual level and cannot simply be subsumed under 'women's issues'.

- The findings from the group supported a major theme that had emerged in the literature survey around key discourses including international law, provision of groupwork for women, and dilemmas in trauma research. This theme was the difference in evidence and interpretation that arose when gender differences were explored and provided for.

Until there is acknowledgment of the impact of gender differences, and gender changes that influence refugee and immigrant women, there is a risk of creating what other commentators have called an 'underclass.' This is particularly so where the women involved are silenced by wider systems which perpetuate difficulties in having their voices heard, believed, and strengthened by collective action.

Objective three was to generalise from the group findings to provision of better services for women immigrants and refugees resettling in New Zealand. Evidence was gathered from within the group, and also from key informant interviews about such a group.

Five key informants who work with refugee women were interviewed, two in New Zealand and three in Australia. Several other key women contributed written or verbal comment. Despite differences in approach, all endorsed the need to address gender issues more extensively, for both refugee and immigrant women. They also endorsed the need for a range of services for such women. Guidelines for such services might include:

- Stand-alone agencies that are not obviously attached to mental health services, to ensure that women were not stigmatised by attending.

- Involvement of the women themselves more in planning and provision of services.

- Employment of a range of activities, not just trauma-based clinics, but more holistic activities as well, such as meeting places and cultural activities.

- Assistance with child care and transport for women who are otherwise isolated in their homes.

There is already provision for gender-sensitive policy analysis in New Zealand, but it has not yet been rigorously applied in service provisions for immigrant and refugee women.

There was acknowledgment that women gathering together can support one another and raise their awareness about the wider social contexts which can oppress them. However, from within the group and from key informants, there was also recognition that when dealing with such issues as multiple losses and repeated traumas, specialist services are required.

The mix of knowledge from psychodrama from trauma studies, and from a feminist analysis provided the basis for a powerful team. The extra dimension of having team members from the ethnic and cultural backgrounds of many of the women added to that strength. Such a team can offer specialist services, and could be replicated in a diversity of ways.

The costs and benefits of provision of such groupwork need to be addressed for future service provision. Apart from the human rights argument, there are economic reasons for dealing as early as possible with the many issues that arise for women immigrants and refugees.. The argument of cost effectiveness has been well documented by Shirley Julich in her doctoral thesis on sexual abuse in New Zealand (Julich, 2001). The many issues that face refugee and migrant women can include several sources of abuse and violence, in premigration contexts and resettlement.

Julich extended the work of Suzanne Snively who examined the costs of family violence. While it was beyond the scope of this thesis to try to estimate such costs for the New Settler groups, I consider that it is important to offset the costs of a specialist team such as ours against such costs that are often invisible. Although it is difficult to quantify the costs of trauma, as Julich noted. she listed a number of direct costs to the individual:

- Legal costs.
- Medical costs.
- Costs for lost income- loss of work time, lower education.
- Counselling costs.
- Childcare.

There are other costs to the State, such as:

- Hospital admissions.
- Lost earnings.

- Legal costs (if subsidized help is available).
- Women's refuge.
- Sexual abuse counselling services(if relevant).
- Income support.
- Police and court costs.

There are also transgenerational costs, such as the effect on children if one or both parents are stressed and traumatised.

If, as Julich and Snively maintain, the costs to individuals and the community run into millions of dollars, and those costs can compound as there are transgenerational effects, it is surely vital to intervene early and effectively. The costs for the New Settler groups were seen as expensive by some agency members. However, when the Director and I broke them down, for a group of ten women it was actually costing half the price of a private counselling session, yet there were many gains from being in a group.

Despite an increase in government and non-government research, and in non-government reports, there was a major gap in both policy and service provision in terms of acknowledging gender differences, and putting gender-sensitive services in place. Some other areas of government policy are now obliged to refer to the excellent gender documents supplied by the Ministry of Women's Affairs, but at the time of writing, this did not apply to the Department of Labour, which handles immigration and refugee policy and provision.

A review of current New Zealand policy and research reinforced that there was an absence of gender – sensitive services that would bring substative change. It was also clear that key providers in the area were well aware of the need, and in some cases were noting this in literature reviews and policy. However, the extent of strategic change that might be needed was rarely discussed at a policy level.

Contributions beyond the original objectives

The contextual models

The original purpose of the contextual models that were presented in the thesis was to assist the researcher to make sense of the literature being reviewed and of the processes emerging in the groups. It has proved useful in other ways to keep an awareness of contextual levels that shift and change, including an understanding of transgenerational effects of trauma. The models have been used within the groups, and in presenting the work in other settings. On several occasions it has been

effective to translate the static models into action, within groups and for presentation of the research.

One relevance of the dynamic contextual model was in illustrating that there are many practitioners and researchers who move between several models, or who are challenging from within particular models. A woman refugee or immigrant who travels through several different countries can be seen as having to constantly negotiate the borders and frontiers of knowledge and power represented by the many people she interacts with. The range of possibilities is large, from United Nations officials, immigration officials and psychiatrists, for instance, to her local doctor, government officials and neighbours. These negotiations produce internal shifts that relate to the constant forming and reforming of self and identity. From a feminist perspective, some of these changes are subsumed under the major theme of gender shifts.

A new integration of areas of discourse

The thesis has brought together a number of discourses in a new way. A search of the literature resulted in a wealth of material in each area of discourse, but no study which can be seen as a precursor or a parallel to the present one. The unique elements are:

- Linking discourses from feminist theory, refugee and migrant policy and practice, trauma research and groupwork, particularly focussing on psychodrama and creative arts therapies.
- Demonstration of the marked difference in both delivery of group therapy and the information brought forward by participants when gender sensitivity is present at all levels.

Dual roles of researcher and group director

The researcher was also the director of the therapeutic groups.. The major advantage of having the dual roles was that women brought forward information that other researchers could not elicit, or deliberately did not ask about, for fear of retraumatising participants. The potential downside was that there was considerable power held in the role of director. Apart from supervision, it was found useful to be working with a multicultural team who gave feedback where there might have been conflicting agendas.

Changes for the researcher

Action research accepts that change inevitably results from the research process, and involves the participants at all levels, including ongoing action as a result of the research. The researcher is more a collaborator in action, not fully in control of the research, and with results contributing to social improvement.

In reflecting on such changes, I was assisted by a text on reflective research for social workers (Fook, 1996) According to Fook, a reflective stance focuses on *theory -in - use* which may be different from espoused theory: She commented:

> *Reflective practice questions purely rational ways of knowing the world and rebalances them with subjective, intuitive and inductive approaches, thus lending support to new paradigms which integrate theorising, practice and research as part of holistic experience. Experiential approaches to learning which value the autonomy and participation of the learner share similar assumptions, as do feminist perspectives, which also emphasise connected ways of knowing, the recognition of the personal and subjective and the ways in which power relations influence practice (Fook, 1996:98).*

To me, this commentary on the process of applying theory gave recognition to the many dilemmas and shifts that occurred between the original thesis proposal and the completion process, and the evolving knowledge of both researcher and participants.

There is an ongoing tension between practitioners and researchers such as myself, and those who are responsible for public funding of such work who ask questions about proof from within a different paradigm and who require before and after tests. Such tests and follow-up enquiries would have been problematic with the New Settler women, and may well have undermined the whole project. However, future funding may depend on negotiating forms of evaluation that is sensitive to the women.

The domain of beliefs

One of the themes that continues to challenge and engage me, in working with groups of people involves the area of belief, including spiritual beliefs. A university training in psychology taught me that I should not put my spiritual beliefs on others and not engage with theirs. However, over four decades of practising as a therapist (for want of a better word) much has changed, within me and in my professional world.

The role of beliefs, including belief in our methods, is now part and parcel of the area I work in, as a feminist, working transculturally, and even, these days as a researcher.

The literature review, from methodology to current trauma theory, reflected that as a feminist and a worker in multicultural settings, the beliefs of myself, fellow professionals, and group members are crucial in many ways. As a feminist, making my own beliefs transparent is just one of many important ways to make sure I do not oppress others. In the struggle to come to some coherent place I have evolved my ethics more:

- I am open to the beliefs of others in a non-judgmental way if they do not use those beliefs to oppress people. This means that as a group leader I am willing to take a stand and intervene if I witness such oppression based on spiritual or political beliefs.

- I am willing to declare my own beliefs, but will make a decision whether to be proactive or silent based on the purpose for such a declaration

- I accept that beliefs of all sorts, including spiritual beliefs, are a very important part of a person and need to be incorporated in my professional work.

Of course, this position assumes that there is no one essential 'Truth ' and certainly that the therapist or director of a drama does not have one to impose. This position fitted easily for me with a constructivist viewpoint of many truths, and allowed me to work much more flexibly with, say, the Muslim women in the New Settler groups.

I find it useful to refer to transpersonal beliefs that are beyond individuals, but relate to how we all make sense of the hidden transcendental aspects of life that lie beyond logic and science. Given that the New Settler groups were still being run after the impact of September 11th, I found that it was vital to be clear on my own stance around beliefs.

Ongoing changes for the New Settler groups

During 2002 there are plans to continue the New Settler groups, but funding constraints may limit what can be offered. One proposal is that a support group is offered by the two team members who originally did this, but with the addition of the skills they have developed in action methods. Then the whole team would work for a full day in each series, doing psychodrama. Addition of child care and money to assist with transport would help reach more isolated women, but such funding is not easily forthcoming. Ongoing training of team members, and regular supervision from an external supervisor is requested by the team, but again may be limited by funding constraints.

Recommendations for future policy

The New Settler groups are seen as a microcosm of some of the resettlement issues for immigrant and refugee women. The contextual models proposed at the beginning of the thesis provide a framework for recommending a shift in government policy, at the exo level. Some shifts are happening, but still not enough to address gender differences in significant areas, including the provision of groupwork that is not seen as carrying a stigma of mental ill-health.

Many of the women are already New Zealand citizens, others are moving towards that status, so ongoing human rights are involved, not just refugee and immigrant policies. Many are already highly qualified and highly motivated to improve their English, where necessary, and to obtain employment. In every area of the list of resettlement issues to be faced, a government department is involved. For instance, refugee women doctors who are single heads of households with children are affected by inter-related policies from the Departments of Health, Education, Housing, Justice and Labour. Good policy needs to be flexible, acknowledging the multiple contexts that can concurrently affect women refugees and immigrants. Issues of trauma and loss also move in and out of focus as events change.

Given access to the tools for their own resettlement to go well, in all domains, both women immigrants and refugees have the potential to contribute greatly to New Zealand in many ways. Without them, they are likely to be a heavy cost on the state. The recommendation is that there is ongoing cross-sectorial analysis of these inter-relationships between government departments, including a regular review of effectiveness which incorporates gender analysis.

Limitations of the research

Within the methodological paradigm chosen, there are inevitable limitations of the research. Ethical concerns for the safety of the women was given primacy, as the ethnic communities within Auckland are small, and many of the sensitive issues could have negative consequences if confidentiality was broken. This meant that some important themes were not discussed, pre-and post-tests or interviews were not undertaken, and there was no follow-up. These constraints meant that there are many unanswered questions.

The women who attended groups came for variable sessions, and the overall numbers cannot be seen as representing all women refugees and immigrants in

Auckland. It is likely that there is a bias towards particular problems such as domestic violence. However, some women brought newcomers simply to assist with breaking down isolation. There are limitations, then, about generalizing too far from the New Settler groups.

There are also limitations arising from the dual role of researcher and group director, despite the strengths that have been discussed. My selection and interpretation, and power dynamics that may have been overlooked will all influence the findings, even though there were inbuilt processes to address such issues.

Proposals for further research

The original research proposal envisaged a pilot group of sessions, if the project could even get off the ground. Now that many groups have been run, and more are planned, there is a large body of data that could simply not be presented in the thesis. Further research would explore such issues as

- The ongoing role of the media in impacting the women themselves and those they interact with in the community.

- Gaining access to the women who are isolated from therapeutic services, amongst other services and creating action research projects to address their issues.

- Exploring further the intergenerational effects of inaction or inappropriate action

- Exploring the efficacy of the team with a selected group of refugee women . The team is trained for specialist work which deals with both past trauma and current resettlement. More time, funds and focus would provide a greater test of this approach, and it would also continue to train women moving from refugee status to work with other women at earlier points of the journey.

- For other researchers, incorporating the gender implications of many policy areas for both men and women would contribute to more positive resettlement outcomes.

- These proposals do not exhaust the possibilities for further research, but only provide illustrations for research in an underdeveloped but growing domain for New Zealand.

Concluding comment

The thesis began with the hope that it had strategic value that would lead to reconsideration of present practice. It ends with the same hope, but a body of

evidence that has been brought together in new ways that may turn the hope into a reality.

References

Abbott, M. (Ed.). (1989). *Refugee Resettlement and Wellbeing*. Auckland: Mental Health Foundation of New Zealand.

Adamson, C. (1999). Social Work's contribution to the shape of Critical Incident Stress response. *ACISA- The Quarterly Journal of the Australasian Critical Incident Stress Association, 4* (2), 18.

Afkhami, M. (1994). *Women in Exile*. Virginia: University Press.

Agger, I. (1992). *The Blue Room:Trauma and Testimony among Refugee Women- A Psycho-Social Exploration*. London: Zed Books.

Ahmad, Y., Woolaston, S., & Patel, S. (2000). Child Safety in Indian Families. *Social Work Now* (May), 13-19.

Anderson, A. (1999). Feminist psychology and global issues: an action agenda. *Women and Therapy, 22*(1), 7-21.

Anderson, W. T. (1990). *Reality Isn't What it Used To Be*. San Francisco: Harper & Row.

AratKoc,S.,Chakkalakal,ES.,deValencia,N.,Giles,W.,Larkin,J.,Man,G.,Ng,R.,Wallis, M. (1999). Immigrant and Refugee Women.*Canadian Woman Studies, 19*(3).

Arcel, L. (Ed.). (1995). *Psycho-social Help to War Victims: Refugee women and their families*. Copenhagen: International Rehabilitation Council for Torture Victims (IRCT).

Baumgartner,D.(1986) *Sociodrama and the Vietnam Combat Veteran*. Group Psychotherapy and Psychodrama.

Belton, N. (1998). *The Good Listener*. London: Phoenix

Bergin,A. & Garfield,S.(1994).*Handbook of Psychotherapy and Behaviour Change*.Ed.4. New York:Wiley.

Bernstein, A., & Weiner, M. (Eds.). (1999). *Migration and Refugee Policies*. London, New York: Pinter.

Bird, J. (2000). *The Heart's Narrative-therapy and navigating life's contradictions*. Auckland: Edge Press.

Blatner, A. (1988). *Foundations of Psychodrama*. New York: Springer.

Bloom, S. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York: Routledge.

Braak, J. (2000). *Human Rights, Trauma and Ethics*. Paper for International Society for Traumatic Stress Studies- Third World Conference, Melbourne.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, Massachusetts: Harvard University Press.

Broom, J. (2000). *Refugee Resettlement Policy in New Zealand-An Integrated Approach* . Auckland: NGO sector.

Brown, J., & Sullivan, G. (1999). *Analysing in-depth interview data using grounded theory*. Sydney: Addison-Wesley.

Buijs, G.(Ed.)(1993*).Migrant Women-Crossing Boundaries and Changing Identities.*Providence:Berg.

Burge, M. (1996). The Vietnam Veteran and the Family-Both victims of post traumatic stress- a psychodramatic perspective. *Journal of Australian and New Zealand Psychodrama Association Inc., 5,* 25-36.

Cervin, C.(2001). *.Action Research, Power and responsibility: the predicament and potential of New Zealand Community Groups*. Masters thesis, School of Social and Cultural Studies, Massey University, Auckland.

Charlesworth, H., & Chinkin, C. (2000). *The Boundaries of International Law*. Manchester: Manchester University Press.

Clayton, M. (1993). *Living Pictures of the Self.* Melbourne: ICA Press.

Coomaraswamy, R. (1995). *Preliminary Report on Violence Against Women* . New York: UN Document. E/CN.4/1995/42.

Court, M. (1999). *Women in Educational Organizations*. Albany: Massey University.

Crotty, M. (1998). *The Foundations of Social Research*. St Leonard's, Australia: Allen and Unwin.

Cunningham, M. (1995). *Refugees: Families Before the Law*. Paper presented at the Australasian Association of Family Law, Hobart, Tasmania.

Cunningham, M., & Silove, D. (1993). Principles of Treatment and Service Development for Torture and Trauma Survivors. In J. Wilson & B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndrome* . New York: Plenum.

Danieli, Y. (1985). The Treatment and Prevention of Long-term Effects and Intergenerational Transmission of Victimization: A Lesson from Holocaust Survivors and Their Children. In C. Figley (Ed.), *Trauma and its Wake* (pp. 296-310). New York: Bruner/Mazel.

Davidson, C., & Tolich, M. (Eds.). (1999). *Social Science Research in New Zealand.* Auckland: Longman.

Denholm, N.(1989). *Female Genital Mutilation in New Zealand. Auckland: FGM project.*

Department of Labour. (2000). *Briefing paper*. Available: www.immigration.govt.nz.

Department of Labour. (2001). *Longitudinal Immigration Survey (LisNZ)* . Wellington: Department of Labour.

Dokter, D. E. (Ed.). (1998). *Arts Therapist , Refugees and Migrants*. London: Jessica Kingsley.

Du Plessis, R., & Alice, L. (1998). *Feminist Thought in Aotearoa New Zealand*. New York: Oxford University Press.

Dunstan, S. (2000). *Research Brief for the Design of the Refugee Resettlement Project* . Wellington: New Zealand Immigration Service, Department of Labour.

Eisenbruch, M. (1989). Can Homesickness Kill? In M. Abbott (Ed.), *Refugee Resettlement and Wellbeing* . Auckland: Mental Health Foundation.

Elmadmad, K.(1999). The Human Rights of Refugees with Special Reference to Muslim Refugee Women. In D.Indra (Ed.), *Engendering Forced Migration: Theory and Practice*: V.5 Refugee & Forced Migration Studies. New York: Berghan Books.

Enloe, C. (1993). *The Morning After: Sexual Politics at the End of the Cold War.* Berkeley: University of California.

Ferris, E.(1989).Refugee Women.In M.Abbott (Ed., *Refugee Resettlement and Wellbeing.*Auckand: Mental Health Foundation.

Finch, J. (1986*). Research and Policy - Uses of qualitative methods in social sciences and education.* London: Falmer.

Flax, J. (1990). Postmodernism and Gender Relations. In N. F. L. Nicholson (Ed.), *Feminist Theory* (pp. 38-61).

Frankenberg, R. (1993). White Women, Race matters: the social construction of whiteness. London: Routledge

Freedman, J., & Combs, G. (1996). *Narrative Therapy-The Social Construction of Preferred Realities*. New York: W.W. Norton.

Freidman, M. (2000). *Post Traumatic Stress in the 21st Century,* ISTSS.

Freire, P. (1993). *Pedagogy of the Oppressed.* London: Penguin.

Fook, J.(1996). *The Reflective Researcher.*St.Leonard's (Aus):Allen & Unwin.

Giddens, A. (1999). *Globalization:Reith Lectures.* BBC online Network,London.

Gilliland, M. K., Spoljar, S, & Rudan, V. (1995). Reclaiming Lives: Variable Effects of War on Gender and Ethnic Identities in the Narratives of Bosnian and Croatian Refugees. *Anthropology of East Europe Review, 13, No 1* (Spring. Special Issue: Refugee Women of the Balkans).

Goetz, A. M. (1991). Feminism and the Claim to Know: contradictions in feminist approaches to women in development. In R. Grant & K. Newland (Eds.), *Gender and International Relations.* Bloomington: Indiana University Press.

Gow, K. (2001). *Cambodia- the Holocaust Ignored.* Paper presented at the ACISA Trauma Across Cultures Conference, Brisbane.

Grace,V., (1998) Researching Women's Encounters with Doctors: Discourse analysis and method .In Du Plessis, R., & Alice, L. *Feminist Thought in Aotearoa New Zealand.* New York: Oxford University Press.

Graham, H. (1984). Surveying Through Stories. In C. Bell & H.Roberts, (Eds), *Social Researching: Politics, Problems, Practice*. London: Routledge and Kegan Paul.

Grant, R., & Newland, K. (Eds.). (1991). *Gender and International Relations*. Bloomington: Indiana University Press.

Gray, A., & Elliott, S. (2001). *Refugee Voices- Refugee Resettlement Research Project :Literature Review* . Wellington: New Zealand Immigration Service.

Gupta, A.,& Ferguson, J. (1999*). Culture,Power,Place - Explorations in Cultural Anthropology*, London:Duke University.

Haines, R. Q. (2001). *A Brief Introduction to New Zealand Refugee Law*. Paper presented at the Auckland District Law Society Seminar, Auckland.

Halliday, F. (1991). Hidden from international relations: women and the international arena. In R. N. Grant, Kathleen (Ed.), *Gender and International Relations* . Bloomington: Indiana University Press.

Hamadeh, N. (1996). Islamic Family Legislation:The Authoritarian Discourse of Silence. In M. Yamani (Ed.), *Feminism & Islam-Legal and Literary Perspectives* . New York: New York University Press.

Hamilton, R., Anderson, A., Frater-Mathieson, K., Loewen, S., & Moore, D. (2001). *Literature Review: Interventions for Refugee Children in New Zealand Schools:Models, Methods and Best Practice*. Auckland: Ministry of Education.

Hare-Mustin, R., & Maracek, J. (1988). Gender Theory, Postmodernism and Psychology. *American Psychologist, 43*, 455-464.

Herman, J. (1992). *Trauma and Recovery*.New York: Basic Books.

Holmes, P.,& Karp, M.(1991).*Psychodrama Inspiration and Technique* London:.Tavistock/Routledge

Hudgins, K., & Toscani, F. (1995). The Therapeutic Spiral Model. *private publ.*

Humpage, L. (1998). *Refuge or Turmoil? Somali Adolescent Refugees in Christchurch Schools: Intercultural Struggle and the Practices of Exclusion*. Masters of Arts in Sociology, Canterbury, Christchurch.

Hunter, M. (1997). *A Job Full of Conflicts.* Masters thesis, Massey University, Auckland.

Indian Social Services Professionals Group.(2001*).Working with Indians and their Families: A mental health and social services perspective.*Auckland: UNITEC.

Indra, D.(1999 (Ed) *Engendering Forced Migration: Theory and Practice*: V.5 Refugee & Forced Migration Studies. New York: Berghan Books.

International Society for Traumatic Stress Studies. (2000). *Third World Conference for International Society for Traumatic Stress Studies.*

Isin-Tomic, A. (1999). *Proposal for Specialised Mental Health Services for Children of Refugees and Migrants* . Auckland Hospital.

Jaber, N.(1998). Postcoloniality, Identity, and the Politics of Location. In Du Plessis, R., & Alice, L. (1998). *Feminist Thought in Aotearoa New Zealand.* New York: Oxford University Press.

Jayaratne, T., and Stewart, , (Ed.). (1991). *Quantitative and Qualitative methods in the Social Sciences*: I.U.P.

Johnson, R., David,. (1987). The Role of the Creative Arts Therapies in the Diagnosis and Treatment of Psychological Trauma. *The Arts in Psychotherapy, 14,* 7-13.

Julich, S. (2001) *Breaking the Silence.* Ph.D Thesis..Dept. Social & Cultural Studies, Massey University, Auckland.

Kazanis, B., Kain, K, Singer, J, and Mendelsohn, E. (2000). *Working with refugees: Arts and Body Psychotherapy Approaches.* Workshop presented at the Third World Conference for the International Society for Tramatic Stress Studies, Melbourne,Australia.

Kedem, E. (1997). *Methods of Absorption of Syrian Jews in Israel, Considering their Special Characteristics* : unpublished ms.

Kellerman, P. F. &. Hudgins., M.K, (Ed.). (2000). *Psychodrama with Trauma Survivors-Acting Out Your Pain.* London and Philadelphia: Jesssica Kingsley.

King, P., and Myers, J. (1971). *Consciousness -Raising* . New Jersey: National
Organization of Women.

Kramer, G. (1999). Traumatised women working with traumatised women:
reflections upon life and work in a war zone. *Women and Therapy, 22*(1),
107-120.

Kuhn, T. (1970). *The Structure of Scientific Revolutions.* Chicago: University of
Chicago Press.

Lamb, C. (1999). Iranian refugee women in Australia: their experience of marriage,
divorce and gender roles. In B. Ferguson & E. Pittaway (Eds.), *Nobody
Wants to Talk About it: Refugee Women's Mental Health* .Brisbane.

Langman, P. (1997). White Culture, Jewish Culture and the Origins of
Psychotherapy. *Psychotherapy, Summer, 34*(2), 207-219.

Larner, W.(1993). Changing Contexts:Globalization, Migration and Feminism in
New Zealand. In S.Gunew, *Feminism and the Politics of. Difference.*
Wellington: Bridget Williams Books Ltd.

Lather, P. (1991). Deconstructing Deconstruction. *Feminist Studies.*

Lentin, R. (1997). *Gender and Catastrophe.* London and New York: Zed Books.

Leslie, H. (1999). *Gendering Trauma and Healing in a post-Conflict
Environment:Las Dignas, Mental Health and Empowerment of Salvadoran
Women*, Massey University, Palmerston North.

Leutz, G. (2000). Appearance and Treatment of Dissociative States of Consciousness
in Psychodrama. In Kellerman, P. F. &. Hudgins., M.K, (Ed.). (2000).
Psychodrama with Trauma Survivors-Acting Out Your Pain. London and
Philadelphia: Jesssica Kingsley.

Lewerenz-Iwand, H. Personal life and work. email communic. Nov.2000.

Lordan, N., & Wilson, M. (2000). *Groupwork in Europe: Tools to Combat Social
Exclusion in a Multicultural Environment.* Paper presented at the Symposium
XX1, Denver, Colorado.

Marineau, R. (1989).Jacob Levy Moreno 1889 - 1974. London: Tavistock/Routledge.

McDermott, K.(1997). *A Methodological Journey. The Evolution of a Research Model Appropriate for an Exploration of the Factors Facilitating Resettlement for Government Quota Refugees in Auckland, New Zealand.*M.Ed.University of New England.

McDonough, V., et al. (2000). *The Iraqi Women's Project* . Melbourne: Victorian Foundation for the Survivors of Torture.

McIntosh, P. (1990). White privilege:Unpacking the Invisible Knapsack. *Independent School, Winter, 49* (2), 31-36.

Macklin, A., (1999). Women as Migrants - Members in National and Global Communities. In Arat Koc,S,Chakkalakal,S.,deValencia,N.,Giles,W.,Larkin,J.,Man,G.,Ng,R.,Wallis ,M. *Immigrant and Refugee Women.*Canadian Woman Studies, *19* (3).

Macklin, A (1999). A Comparative Analysis of the Canadian, US and Australian Directives on Gender Persecution and Refugee Status. In D.Indra (Ed.), *Engendering Forced Migration: Theory and Practice:* V.5 Refugee & Forced Migration Studies.New York: Berghan Books.

Madjar, V. (1998). *Bosnian Refugees in New Zealand.* Unpublished Masters in Business Studies (Health Management), Massey, Palmerston North.

Malkki, L.(1999). National Geographic: the Rooting of Peoples and the Territorialization of National Identity among Scholars and Refugees. In Gupta,A.,& Ferguson.J.(1999*). Culture, Power, Place - Explorations in Cultural Anthropology,* London:Duke University.

Marineau, R. (1989). *Jacob Levy Moreno 1889-1974.* London and New York: Tavistock/Routledge.

Mathieson, K.(1993). *An Empowerment Model for Refugees.* Masters Thesis, Dept. Education, Auckland University.

Mendelsohn, E. (1997). *The Psychodramatist as Evolving Theorist.*Psychodrama Thesis, Auckland Training Centre for Psychodrama, Auckland.

Mendelsohn, E. (1999). *On Becoming a Feminist Trainer.* M.Phil Paper, Dept. Education & Community Support, Massey Uni. Albany.

Mendelsohn, O., & Vicziany, M. (1998). *The Untouchables : Subordination, poverty and the state in modern India*. Cambridge: Cambridge University Press.

Middleton, S. (1996). Doing Qualitative Educational Research in the mid-1990's:Issues Contexts and Practicalities. *Waikato Journal of Education,2*(3),2 23.

Miles, M., & Huberman, A. (1994). *Qualitative data analysis*. London: Sage.

Minas, I. H., and Klimidis,S,. (1994). Cultural Issues in Post Traumatic Stress Disorder. In Watts, R. (Ed.), *Coping with trauma:The victim and the helper* (pp. 137-153). Brisbane: Australian Academic Press.

Ministry of Women's Affairs. (1996). *The Full Picture- Te Tirohanga Whanui:Guidelines for gender analysis* . Wellington: Ministry of Women's Affairs.

Mohanty, C. T, Russo, A.,and Torres, L.(Eds). (1991). *Third World Women and the Politics of Feminism* .Bloomington: Indiana University Press.

Moreno, J. (1953). *Who Shall Survive?:Foundations of Sociometry,Group Psychotherapy and Sociodrama*. New York: Beacon.

Morgan, R. (1989). *The Demon Lover: On the Sexuality of Terrorism*. New York: W.W.Norton.

Mortensen, A.(2001).*Submission to the Ministry of Women's Affairs Women's Health Strategy Document*. Auckland District Health Board.

Moser, C. (1993). *Gender Planning and Development: Theory, Practice and Development*. London: Routledge.

Nader, K., Dubrow, N., & Hudnall Stamm, B. (Eds.). (1999). *Honouring Differences- Cultural Issues in the Treatment of Trauma and Loss*. Ann Arbor,Michigan: Edwards Brothers.

Nakkab, S., & Hernandez, M. (1998). Group Psychotherapy in the Context of Cultural Diversity. *Group, 22*(2), 95-103.

Nash, K. (1994). The Feminist Production of Knowledge: Is Deconstruction a Practice for Women? *Feminist Review, 47*, 66-77.

Neimeyer, R. (1993). *Lessons of Loss- A Guide to Coping*. New York: McGraw Hill.

New Zealand Immigration Service. (2001). *NZIS Research and Information,* (website). Available: http://www.immigration.govt.nz/research (2001, October 1).

O'Neill, P. (2000). Gender- Speech to UNIFEM .Personal communication.

Oakley, A. (1981). Interviewing Women- A Contradiction in Terms. In H. Roberts (Ed.), *Doing Feminist Research* . London: Routledge.

Olujic, M. (1995). Women,Rape and War: The Continued Trauma of Refugees and Displaced Persons in Croatia. *Anthropology of East Europe Review, 13,No 1,* (Spring. Special Issue: Refugee Women of the Balkans).

Pavlin, H. (2001). *Refugees:Living on the Margins.* Australia: Amnesty International.

Pearson, N., Pagaduan Lopez, J., and Cunningham, M. (Eds.). (1998). *Recipes for Healing: Gender-sensitive care for Women Survivors of Torture.* Manila: Isis-International.

Peterson, P. (2001). *Therapy and Management:how organizational government can reflect therapeutic practice.* Paper presented at the Trauma Across Cultures-ACISA, Brisbane.

Pittaway, E. (1993). *Power Through Participation:A Commonsense Guide to Working with Refugee Women* . Canberra: Office of Multicultural Affairs.

Ramsden, I. (1993). Kawa Whakarurhau: cultural safety in Nursing education in Aotearoa (New Zealand). *Nursing Praxis in New Zealand, 8*(3), 4.

Ramsden, I.(1993)Borders and Frontiers.In Witi Ihamaera, *Te Ao Marama: Regaining Aotearoa,* v.2 Auckland: Reed

Rathgen, E. (1997). *On Good Authority-Towards Feminist Pedagogies,* Canterbury, Christchurch.

Rein, M. (1983). Value-Critical Policy Analysis, *Ethics, the Social Sciences and Policy* . New York: N.A.

Reinharz, S. (1992). *Feminist Methods in Social Research.* New York: Oxford University Press.

Reynolds, J., & Shackman, J. (1994). Partnership in Training and Practice with Refugees. *Groupwork, 7*(1), 23-26.

Reynolds, T. (1996). Dissociative Identity Disorder and the Psychodramatist. *Journal of Australian &New Zealand Psychodrama Association Inc.,5*, 43-61.

Rizvi, F. (2001). *Culture, Globalisation and the Possibilities of Multiculturalism in theArts*, websitehttp:www.culture.com.au/navaforumseminars/art_of_sight/rizvi.html (May 17).

Roberston, G., QC. (2000). *Crimes Against Humanity-The Struggle for Global Justice*. Maryborough,Australia: Penguin.

Samuels, A. (1993). *The Political Psyche*. London: Routledge.

Sarantakos, S. (1993). *Social Research*. Sydney: Macmillan.

Schei, B., & Dahl, S. (1999). The Burden Left My Heart:Psycho-Social Services Among Refugee Women in Zenica and Tuzla,Bosnia -Herzegovina During the War. *Women and Therapy, 22*(1), 139-151.

Shackman, J., & Tribe, R. (1989). A Way Forward: A Group for Refugee Women. *Group Work, 2*(2), 1-7.

Shadbolt, M. (1996). *The Longest Journey-The Resettlement of Ethiopian and Eritrean Refugees in Auckland*. M.Phil., Massey University, Albany.

Schaverein, J.(1998).Inheritance:Jewish Indentity, Art Psychotherapy Workshops and the Legacy of the Holocaust. In Dokter, D. E. (Ed.). *Arts Therapists,Refugees and Migrants*. London: Jessica Kingsley.

Schutzenberger, A. (1998). *The Ancestor Syndrome*. London & New York: Routledge.

Silove, D., Steel, Z and Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers. *American Medical Association, 284*(5), 604-611.

Smith, G. (1992). Dichotomies in the making of men. *Dulwich Centre Newsletter, 3+4*, 9-23.

Status of Women, Canada.(1999).Gender-based Analysis. Ontario.

Taylor, S., Klein, L., Lewis, B., Gruenwald, T., Gurung, R., & Updegraff, J. (2000). Biobehavioural responses to stress in females- Tend- and -befriend, not fight -or -flight. *Psychological Review, 107*(3), 411-429.

Terr, L. (1994). *Unchained Memories: True Stories of Traumatic Loss*. New York: Basic Books.

Thorburn, M. (2001). *Te Pipiwharauroa* : Auckland District Health Board.

Tong, R. (1989). *Feminist Thought*. London: Routledge.

Toscani, F. (1999). The Psychodramatic Use of Sand Tray .unpublished ms.

Tremewan, T. (Ed.). (1994). *Refugee Women- The New Zealand Refugee Quota Programme*. 1994: Department of Labour.

Tuhiwai Smith, L. (1999). *Decolonizing Methodologies*. London and New York: Zed.

Ulmann, L. (1999). *The First Ten Years- The Women's Commission for Women and Children* (1). New York: Women's Commission for Refugee Women and Children.

UNHCR. (1991). *UNHCR Guidelines on the Protection of Refugee Women*: UNHCR.

UNHCR. (1994). *Assessment of Global Resettelment Needs for Refugees in 1994* . Geneva: United Nations.

UNHCR. (1995a). *Guidelines on Evaluation and Care of Victims of Trauma and Violence* . Geneva: United Nations.

UNHCR. (1995b). *Sexual Violence Against Refugees:Guidelines on Prevention and Response* . Geneva: UNHCR.

United Nations. (2001a). *United Nations*, (website). Available: www.un.org..

United Nations. (2001b). *Women and Armed Conflict*, (website). UNHCR. Available: www.un.org/womenwatch/daw/bwijing/platform/armed.un (2001, 26.10.01).

United Nations High Commissioner for Refugees. (1997). *Broad Survey on the Integration of Resettled Refugees:Overview*. Geneva: UNHCR.

UNRISD. (2001). *Essential Matter- Making Development interventions More Accountable to Women*, (http://www/unrisd.org). United Nations Research institude for Social Development (2001, Dec.10th).

Uprety, K., Basnet, U and Rimal, D,. (1999). *A Study on the Needs of Asylum-Seekers/Refugees for Early Intervention* . Auckland: Auckand Refugee Council.

Valent, P. (2000). *Introduction to Survival Strategies..www.trauma-pages.com/valent 98.htm.*

Valji, N. (2001). Women and the 1951 refugee convention.Fifty years of seeking visibility. *Refuge, 19*(5), 25-35.

van der Kolk, B., & McFarlane, A. and. Weisaeth, L .(Eds). (1996). *Traumatic Stress:The Effects of Overwhelming Experience on Mind Body and Society.* (Vol. 1). New York: Guilford Press.

Waring, M. (1993). *Counting for Nothing: What Men Value and What Women are Worth*: Allen and Unwin, Port Nicholson Press.

Waring, M. (1996). *Three Masquerades*. Auckland: Auckland University Press with Bridget Williams Press.

Watters, C. (2001). Emerging paradigms in the mental health of refugees. *Social Science and Medicine, 52*, 1709-1718.

Wear, D.(1997). *Privelege in the Medical Academy: A Feminist Examines Gender,Race & Power.* New York:Teachers College Press

Weedon, C. (1987). *Feminist Practice and Post-Structuralist Theory.* New York: Basil Blackwell.

White, M. (2001). Folk Psychology and Narrative Practice. *Dulwich Centre Journal, 2*, 1-28.

Williams, A. (1989). *The Passionate Technique*. London: Tavistock Routledge.

Williams, L., Wallace, A., & Maka, E. (1999). *Healthy Housing: A Child Health and Safety Survey of Glen Innes Housing New Zealand Houses* . Auckland: Mercy House Womens Advocacy Group in partnership with the Poverty Policy Participation and Equity Project, Massey University, and Te Waipuna Puawai Mercy Oasis.

Williams, M. B. (2001). *Life After Trauma- Healing Shattered Beliefs.* Paper presented at the Australasian Critical Incident Stress Association, Brisbane.

Worrall, J. & Remer, P. (1996). *Feminist Perspectives in Therapy*. Sussex: Wiley.

Worth, H., Reid, A., Ackroyd, J., & Tamirate-Bowden, E. *Silence and Secrecy: Refugee experiences of HIV in New Zealand.* Institute for Research n Gender,Uni.Auckland.

Yalom, I (1975). *The Theory and Practice of Group Psychotherapy.*Ed.2.New York:Basic Books.

Yamani, M. (1996). *Feminism and Islam.* New York: New York University Press.

Appendix

MASSEY UNIVERSITY

HUMAN ETHICS COMMITTEE

To: Committee Secretary
Human Ethics Committee
Principals Office
Albany Campus
March 2000

MASSEY UNIVERSITY

APPLICATION FOR APPROVAL OF PROPOSED TEACHING
/RESEARCH PROCEDURES INVOLVING HUMAN SUBJECTS

(Note: original documents in 1.5 spacing)

APPLICANT:

Name:	Estelle Mendelsohn
Department:	Social Policy and Social Work
Contact	E-mail/Number: estelleinaction@xtra.co.nz
	Phone 09-8175906
Status:	Masters student (M.Phil.)
Name of Employer:	Self-employed- contract for groupwork, training & supervision. For the groups relevant to this application, contracted to Home and Family Society Counselling Services, 344 Mt Eden Rd Mt Eden, Ph 6308961

PROJECT Title: Exploring psychodrama with groups of refugee and immigrant women resettling in New Zealand- working from a feminist perspective

Funding Source: nil at this stage (current groupwork itself funded by Lottery Board Grant)

Clinical trial Status no

ATTACHMENTS: Information Sheets, Consent Forms, Typist/Transcriber's Confidentiality Contract, Groupwork Contract

SUPERVISOR(S) Name: Associate Professor Marilyn Waring
Ms Carole Adamson, Lecturer

Department: Social Policy & Social Work.

CLINICAL SUPERVISOR (for Group work) : Dr. Mary Lane-Dodd, Ph.817-4911

SIGNATURES:
Applicant:
Supervisor(s):
DATE: March 4th 2000

1. DESCRIPTION

The proposed thesis has three main aims:

The **first aim** is to justify and illustrate action research from a feminist perspective with women immigrants and refugees who are resettling in New Zealand. The thesis builds on previous related Papers completed at Massey. Two of these Papers concern the research issues involved in current proposal and discuss how a feminist perspective could be applied. The third Paper explores in some depth my particular interpretation and application of a post-modern feminist perspective. My current Supervisor, Marilyn Waring, has been actively overseeing all three. I consider that this body of work gives me a firm foundation for this aspect of the thesis.

The **second aim** is to describe the psychodramatic groupwork and its outcomes for the participants. Groupwork using a particular model of psychodrama has been used by the author and team members with volunteer immigrant and refugee women, to assist their resettlement in Auckland, New Zealand. Verbal agreement for anonymity and confidentiality is established at the beginning of the group. Permission for the written thesis will be negotiated after Ethics committee approval.

The **third aim** is to explore implications arising for policy and practice, especially in New Zealand. This aspect of the thesis has already begun, but further research will be required. Most of the information is in the public arena, but private interviews, requiring ethics approval, may be required. The appropriate documents are attached.

1.1. JUSTIFICATION

Every day the numbers of refugees on the planet are increasing. The latest figures (1998) from UN High Commissioner for Refugees indicate that there are more than 28 million official refugees, and almost as many asylum seekers. UNHCR figures (1998) apportion 80% of refugees as women and children. New Zealand currently takes a very few of the millions involved: there is still no separate record of the numbers of women, but an estimate is 500 per annum, including a small number of asylum seekers.

Although there are agencies providing some services for these women, discussions and a literature review over the past two years indicate that no one within New Zealand had been offering in-depth psychodramatic group work for women. Psychodrama groups are, however, being offered to refugee and immigrant women in many other parts of the world- Europe, South America and Israel, for example. There is also little evidence of an overt feminist perspective shaping the groupwork and the research.

Late in 1998 I obtained funding through the Waitakere Self Help Trust to run such a group, and was also offered assistance by the Home and Family Society Counselling services. This agency had already been running a support group for refugee and immigrant women who were victims of domestic violence and the counsellors could see the need for further therapeutic work. We created a team involving myself and a trained assistant leader, and three of the agency's counsellors- the pakeha Director, an Indian woman psychologist, and an Iraqi woman doctor who was retraining as a counsellor. We have now run three series of 8 weeks each, and have begun a fourth this year. This work began as a pilot study for the thesis, but there is now sufficient data for the thesis itself.

In a recent UNHCR publication, the Senior Co -Ordinator for Refugee Women, Anne Howarth Wiles said "we have a beautiful policy on refugee women. but it is only as good as its implementation" and then proceeds to document many instances where there simply was no such implementation. The provision of long-term groupwork, both in camps and in the resettlement country is one such recommendation in the policy, and another UNHCR publication which reviews New Zealand's role also reinforces that there is a lack of sufficient follow-up services. Refugees as Survivors, known as RAS does do some work in this area, but does not offer psychodramatic group work.

I have been working part-time as a Psychologist for over thirty years, and for fifteen of those, specialising in psychodrama. In 1997, I formally qualified as a Psychodramatist. In the same year I qualified as assistant leader in an American-based psychodrama model called the Therapeutic Spiral, a model specially designed

to provide safety and containment for survivors of major trauma who often dissociate, and for whom groups are not recommended, unless their particular concerns are addressed, by the structure of the group and the teams' specialised training. I had extensive experience working with survivors of sexual abuse, violence and other forms of abuse, and became interested in offering my experience to women refugees. For two years I have led groups that Accident Compensation Corporation funds, for survivors of sexual abuse. The structure and process of these groups are essentially the same as those discussed in this proposal.

1.2 OBJECTIVES

- To explore whether psychodramatic group work with refugee and immigrant women
- can be effective, including dealing with severe trauma, as part of resettlement assistance.
- To document the process of such groupwork
- To document responses from the women participants in an appropriate way that is empowering and safe for them
- To document and discuss attendant issues and concerns, to contribute to better service provision in terms of policy and practice.

1.3 PROCEDURES FOR RECRUITING PARTIPANTS AND OBTAINING INFORMED CONSENT

Procedures to Date

I have worked with the Home and Family Society counselling agency for 18 months, and run three series of groups, and we have just begun another one, recruiting women who have indicated that they wish to return, and others whom they have enlisted. The original referrals came from the counsellors who now work in the team, and who also see the women on a one-to-one basis. Some group members have also come from word-of-mouth referral by a group member, who then link with an individual counsellor.

As discussed above, the group started as a pilot, but the response of both the group members and the agency was so positive that a fourth series is just beginning. The process illustrates well the principles of my feminist research praxis: the interests of the participants are paramount, so when the group was perceived as therapeutic, it was continued beyond the original proposal.

The group is highly sensitive to documentation, so that although an early proposal was o gather information by interview and to use a pre-group trauma scale, these proposals were rejected by the agency team, in the interests of not using the women as 'objects'.

For both immigrant and refugee women, they have been questioned and documented to such a degree that there is a real risk of retraumatisation and withdrawal if I were to ask for more. This left me, as the researcher, with a dilemma, as I had initially proposed to use triangulation as an action research method, ie to use three different methods to reflect difference understandings. I propose, at this stage, to only document the group process in terms of what the women themselves choose to bring forward, and which women choose to come. Already some women have indicated that they have restricted what they discuss because of issues of safety. There are already strong indications that such issues are of major concern, because the refugee and immigrant communities are smaller and more accessible to each other than in their countries of origin, and at times the risks are thus greater.

1.4 PROCEDURES IN WHICH RESEARCH PARTICIPANTS WILL BE INVOLVED

A. There has already been voluntary attendance and participation at group sessions of three hours' duration, once per week for eight weeks. Permission was also asked for the group leaders to discuss their progress with their counsellors - this is a crucial safety requirement, in case of misunderstandings due to the process, language limitations, cultural issues, and trauma histories. A verbal introduction to the thesis writing was given at the beginning of the group, but formal permission for the group process was not asked. The researcher, the team, and the Supervisor proposed to let the group build some trust with one another, and with the researcher, before this permission was sought. It is also quite possible for participants to only attend the group. Participants will now be given an information sheet (attachment 1), and then be invited to consent to the write-up, within the constraints of anonymity and confidentiality (attachment 2).

1.5. PROCEDURES FOR HANDLING INFORMATION AND MATERIAL PRODUCED IN THE COURSE OF THE RESEARCH INCLUDING RAW DATA AND FINAL RESEARCH REPORTS.

The most effective means that I have found to ensure confidentiality or anonymity is to simply not discuss individuals, but to write about themes in the group, to use composite stories, and mainly to use a psychodramatic method known as role analysis. The latter is the safest, and thus preferred. A role analysis gives an abstraction that vividly describes the thoughts, feelings and actions of a person in response to another. An example of this approach would be a description of a participant as a conflicted and terrified isolate, living alone in an Auckland suburb who, because of war-induced traumas, has had to flee her country and leave family members behind. She is responding to a whole group of indifferent terrorising men, official and otherwise. Although this would describe several group participants, there is no identifying information whatsoever. The same group of women could also be characterised as courageous innovators responding to generous neighbours. Even if I gave particular examples from the group, it is impossible to attach them to particular individuals.

There are a few women who have already made public their issues and concerns, and have chosen to be named. If such women wished to also be named, and thus identified, I would like to make this possible. It is one way in which they can "put their voice on the page".

A few such women may chose to be interviewed, away from the group. Whilst this is unlikely, if personal interviews are to be held regarding confidential material, where anonymity is paramount, the information sheet would be given, (attachment 1) and at a later date, a confidentiality contract sought (attachment 2). However, it may be preferable to simply write about themes, as with the group process.

At this stage, all research material is to be handled by me personally, and at a later date, after participant approval, by my Transcriber/Typist Liz Malcouronne, who is a trained typist, and an experienced groupworker with traumatised women who understands the necessity for confidentiality. She is also trained to address any risk of vicarious traumatisation in herself, and has access to professional support, if required. She would be given a confidentiality contract to sign (attachment 5).

Material is stored in a locked file on my home computer, or in a locked filing cabinet. As discussed above, notes for the groupwork do not involve information which easily identifies individuals. If interviews with identifiable individuals take place, appropriate security measures will be taken, and tapes destroyed or returned at

the completion of the thesis. Access to the file would only be available to me and to my typist.

Apart from the group material, I envisage that the bulk of other material discussed will be public documents such as books, internet information, legal Acts, and articles.

2.   ETHICAL CONCERNS

2.1   Access to Participants

Access to participants has been from two sources. The first source is by self-referral after discussion with a counsellor at Home and Family, who is either a team member or is familiar with the psychodramatic method. Rarely, a counsellor outside of the agency has been involved, in which case they are briefed by the Director of Home and Family so that they can discuss the group with their client, either in English or in the client's own language.

Informed Consent

For Stage 1 of the research, namely participation in the group, informed consent has been obtained verbally, for reasons discussed above. This consent involved a verbal discussion including the counsellors of participants, to give information about the project. Both the nature of the group and the research goal of writing up the process were explained. At least a week later verbal consent was given to the counsellor and to the researcher.   .

For stage 2, consent to write up the group process as discussed above, information sheets and written consent will be sought after Ethics Committee approval, or, if appropriate, verbal consent can be taped.

2.3 Anonymity and Confidentiality

Ensuring anonymity and confidentiality is a major issue with this thesis, and is addressed in a number of ways, discussed above: the major protection is from writing about themes and roles (see 1.5).

A few women have already indicated that they would welcome the opportunity to speak out, in which case they would be given an information sheet and confidentiality contract.

2.4 Potential Harm to Participants.

This aspect is, of course, central, and has been addressed at a number of levels. The potential harm to participants is of retraumatisation, by the group circumstances, the researcher, the team, the other participants, and by family and community members. It is recognised that no guarantees are possible, but the risks are verbally communicated at each session to participants. The specialised training of the team leader (who is also the researcher) and of her assistant, plus their on -going clinical supervision, is the first way of reducing harm.

The second protection is in the use of other team members who are also trained and supervised clinicians, and who act as 1:1 counsellors for the majority of the participants. Formal links are made, with permission of the participants, to counsellors outside the agency.

The third way of protecting participants from harm is by constant education, and re-iteration of the need for confidentiality and anonymity of group members. Again, this cannot provide guarantees, but members have the choice to withhold highly sensitive information, and have done so, and sometimes telling only team members or their counsellors.

Finally, in terms of writing up group material as a thesis, the processes described above, to only write about themes and roles, except where permission is given, is another protection .The right to review the final material before publication adds to

this protection. Preliminary discussions with my supervisor also suggest that some sensitive portions of the thesis could be given limited access, or indeed totally embargoed.

Participants are made aware of the ethical codes and complaints procedures of the two bodies with which the researcher is registered. The information is written down with Home and Family Society Counselling Services.

2.5 Potential Harm to Researcher.

It is not envisaged that there would be potential harm to the researcher. If confidentiality and anonymity were not preserved, there is a faint possibility that a group member, community member, or member of an antagonistic group could threaten safety. Group members are acutely aware of this, given their herstories, but the team reinforces it. There is no way that guarantees could be given, but the best possible protection is to build a high level of group trust. This has already happened.

In the event of professional threat to the Researcher, she carries a Professional Indemnity Insurance policy, and has regular clinical supervision. The supervision also helps protect her from vicarious traumatisation.

2.6 Potential Harm to the University.

There is none that I can anticipate.

2.7 Participant's Right to Decline to Take Part

Participants are repeatedly reminded that they have a right to decline to take part in the group, and/ or to have any of their information used to write up the work. It is quite possible for a woman to be a group member and choose not to participate in the research write-up.

2.8 Uses of the Information

It is hoped that publication of the thesis allows a wide range of people to read it and make use of the information, for education, policy planning and practice, for instance. The author may present conference papers and workshops based on her findings.

2.9 Conflict of Interest/Conflict of Roles

I am not aware of role conflicts, even though I hold dual roles. Even though I am both researcher and group leader, with qualitative research such as this, a feminist research methodology requires that acknowledging my biases, being transparent about myself and the research process becomes part of the research, and if role conflicts emerge, they are part of the data. I am not attempting to set up 'objective' hypotheses where role conflicts would skew the results.

2.10 Other Ethical Concerns

I am not aware of other such concerns

3. LEGAL CONCERNS

3.1. Legislation

3.1.1. Intellectual Property legislation

eg. Copyright Act 1994   That I adhere to the normal professional responsibilities for respecting intellectual property and copyright

3.1.2. Human Rights Act 1993- that I adhere to the Act

3.1.3 Privacy Act 1993- that I adhere to the Act

3.1.4 Health and Safety in Employment Act 1992- Not applicable

3.1.5 Accident Rehabilitation Compensation Insurance Act 1992-

ACC does not accept responsibility funding counselling for events that happened to refugees or immigrants before they entered the country, even if they continue to produce long-term problems. As a self - employed woman. I

am currently covered by the Act. Group members are also covered by the
Act.

3.1.6. Employment Contracts Act 1991

As a contractor with Home and Family, the agency holds the
responsibility to adhere to the Act. The co-leader of the group is also contracted in
this way. (see attachment 1 for a copy of the contract)

3.1.7. Immigration Act- that I adhere to the Act.

4. CULTURAL CONCERNS

It is a major factor of the thesis that cultural concerns are addressed at every level.
My feminist perspective contributes to being particularly aware of such concerns.
The processes described throughout the submission are designed to respect these
concerns, with particular emphasis on women's' rights. Issues have already been
discussed in the group because of the cultural identity of some of the women coming
into conflict with legal and cultural practices in New Zealand. For instance, Indian
women refusing to stay in arranged marriages; African women refusing to adhere to
female genital mutilation; women refusing to stay with, and tolerate, violence in
marriage. These concerns are at the very basis of the need for group work, and also
underpin the decision to have as little about the group members written down on
paper as possible, as this could interfere with a woman's newfound rights to discuss
whatever she wishes in the group

Team members all have training, peer review after each session, and ongoing
supervision to remain sensitive to the diversity of cultural concerns which emerge.
Participants all have clear guidelines, and several avenues to give feedback to the
team, including the researcher, if issues arise.

5. OTHER ETHICAL BODIES RELEVANT TO THIS RESEARCH

5.1 Ethics Committees. At this stage, no other Ethics committees are involved.

5.2.Professional Codes:

The author is a member of two relevant professional bodies, both of which have
Codes of Ethics and complaints procedures:

New Zealand Psychological Society

Australian and New Zealand Psychodrama Association

Because of the nature of the group, it was considered by the team and my supervisors
that this information has been given to the individual counsellors, for use if concerns
arise.

6. OTHER RELEVANT ISSUES

Nil

Attachment 1.

INFORMATION SHEET

This information sheet is provided for the women who have already attended a series
of psychodrama groups at Home and Family Society counselling services. We have
talked about this in the group, on several occasions, and the sheet is an opportunity to
see it in writing, and get assistance from your counsellor to understand it, if you need
that. You have already been a group member, and in that group you shared only what
you chose to, and we all agreed that nothing would be discussed outside of the group
without permission. We worked to develop trust in the group so that group members

and the team would keep confidentiality because we all understood how importance that trust was. Now you are being invited to give permission for the group to be written about. The thesis would be written in ways that would preserve confidentiality and anonymity. As I have explained verbally, only themes will be discussed, not individual women's details unless with permission, and anonymity preserved. You will have an opportunity to see the thesis before it is published, and to have me attend to anything of concern to you.

You are under no pressure to agree to being involved in the thesis writing. What this means is that you can still attend the group, but make it clear to me, as the Researcher, that nothing that relates to you is included in the writing.

1. My name is Estelle Mendelsohn and I am a Masters student at Massey University, Albany. I am also a Psychologist and a Psychodramatist. I am also the researcher for this thesis. The research has the approval of the Massey University, Albany Campus, Ethics Committee. Dr Mike O'Brien is the Chairperson of this committee. If you wish to discuss any ethical concerns with him, the address and phone number are on the top of this letter.

2. Psychodrama is a group method which can use used by people of all kinds, to portray and explore life situations which interest and concern them. A person may show, in action, such a situation, during which new ways of being are expressed and practised. A trained Director works with the group so that everyone can relate to the situation and develop themselves. Dr. Jacob Moreno developed the method in the 1930's. He worked with a variety of people, including refugees, and from his own background was well aware of immigrant concerns. The method continues to be used and developed in more than 60 countries. There is an extensive philosophy behind the method, and practitioners are trained and accredited. As a Psychodramatist, I am accredited by the Australia and New Zealand Psychodrama Association, and I am required to have regular supervision.

3. I have also undertaken specialist training, with American trainers, to use psychodrama where deep trauma has been experienced by people. As a result, we work as a team, with an assistant leader, and with particular attention to issues of safety.

4. There are many purposes for a group such as this, including making new friends; learning more about the language and customs of New Zealand and how other women are adjusting to these; and developing new ways of responding. However, the processes used in the group are also carefully designed to allow trust and safety to build so that much deeper problems can surface and be dealt with.

5. The thesis topic is "Exploring Psychodrama with Groups of Refugee and Immigrant Women re-settling in New Zealand."
In New Zealand, there are no other groups for either refugee or immigrant women that work quite like this. Some refugee camps and some resettlement programmes are well aware of the need for, and the usefulness of, women working together in a group. There are books and articles about these issues available, and I will provide some if you ask. I am hoping to show that such group work is acceptable and useful. If there are difficulties, how can we work to overcome them?

6. The **main goal** of the thesis is to explore whether immigrant and refugee women can benefit in many ways from participating in a series of psychodrama groups.

7. A **second goal** is to illustrate why it is important to focus on the particular concerns and viewpoints of women refugees and immigrants, as separate from the men. As part of this process, I will write about my own perspective.

8. A **third goal** is to contribute information from the group which could help provision of better services for immigrant and refugee women in New Zealand.

9. You have been given a brief explanation in the group that no individual person will be identified, or even mentioned unless you particularly want to tell some of your own story. The subject matter involves the process of the group - what we did and why- and themes that we worked with.

10 You have the right to say "No" at any stage, and to ask further questions of the researcher. You can withdraw at any time, and refuse to answer questions at any time. You will have been given this sheet by your counsellor, who can help you with translation if necessary, and can discuss it further with you, especially as many terms may be unfamiliar.

11. I am very aware of the problems that might arise if you are recognized, so I explained that I would not be writing about individual women. I would write about themes and situations in the group. You will also have a chance to see what I have written, and to comment on it. We will, if necessary, then discuss how it needs to be altered.

12. You may have been invited to participate in the group, and in the research, in two different ways: through discussion with your counsellor at Home and Family, or through hearing about the group through friends. As a group member, you were asked to meet regularly with a counsellor at Home and Family, as well as come to the group, so that you can deal with things that arise in the group, and have your questions answered, maybe in your own language. We also needed your permission to talk with your counsellor if necessary.

13. A summary of the findings will be available to you, before publication of the thesis, and afterwards.

14 I can be contacted through **Home and Family Counselling Services, 344 Mt Eden Rd, Mt Eden- Phone 6308961**

15. My supervisors can be contacted through **Massey University, Phone 4439665**
Albany Campus,
Private Bag 102904, North Shore Mail Centre.
a. Associate Prof. Marilyn Waring, phone 4439665
b. Ms Carole Adamson, phone 4439771

Thank you for considering your participation,

Estelle Mendelsohn

Attachment 2

CONSENT FORM (for Group Members)

I have read the information sheet and understood it. I **agree/ do not agree** that information that I share in the group sessions can be written about in a way that does not identify me in any way, unless I give permission.

I understand that I have the right to withdraw from this study at any time and to decline to answer any particular questions.

I understand that I can read the final thesis before final publication, if I wish to.

I **agree/ do no agree** to any interviews being audiotaped.

I also understand that I have the right to ask for the tape to be switched off at any time during the interview

I **agree** to participate in this study under the conditions set out in the Information Sheet

Signed

Name

Date

Attachment 3

INFORMATION SHEET- (for interviewees who are not participants in the groups)
1. You have been asked for a confidential interview because you will have relevant experience or information about the topic of issues for refugee and immigrant women in New Zealand.
1. My name is Estelle Mendelsohn and I am a Masters student at Massey University, Albany. I am also a Psychologist and a Psychodramatist.
2. I have been running a series of psychodrama groups at Home and Family Society Counselling Services, with a trained assistant leader and a team which includes staff members from the counselling service.
3. Psychodrama is a group method which can use used by people of all kinds, to portray and explore life situations which interest and concern them. A person may show, in action, such a situation, during which new ways of being are expressed and practised. A trained Director works with the group so that everyone can relate to the situation and develop themselves. Dr. Jacob Moreno developed the method in the 1930's. He worked with a variety of people, including refugees, and from his own background was well aware of immigrant concerns. The method continues to be used and developed in more than 60 countries. There is an extensive philosophy behind the method, and practitioners are trained and accredited. As a Psychodramatist, I am accredited by the Australia and New Zealand Psychodrama Association, and I am required to have regular supervision.
4. I have also undertaken specialist training, with American trainers, to use psychodrama where deep trauma has been experienced by people. As a result, we work as a team, with an assistant leader, and with particular attention to issues of safety.
5. There are many purposes for a group such as this, including making new friends; learning more about the language and customs of New Zealand and how other women are adjusting to these; and developing new ways of responding. However, the processes used in the group are also carefully designed to allow trust and safety to build so that much deeper problems can surface and be dealt with.

6. I propose to write up this work as a Masters Thesis. The topic is **Exploring Psychodrama with Groups of Refugee and Immigrant Women re-settling in**

New Zealand In New Zealand, there are no other groups for either refugee or immigrant women that work quite like this. Some refugee camps and some resettlement programmes are well aware of the need for, and the usefulness of, women working together in a group. There are books and articles about these issues available, and I will provide some if you ask. I am hoping to show that such group work is acceptable and useful. If there are difficulties, how can we work to overcome them?

7. The **main goal** of the thesis is to explore whether immigrant and refugee women can benefit in many ways from participating in a series of psychodrama groups.

8. A **second goal** is to illustrate why it is important to focus on the particular concerns and viewpoints of women refugees and immigrants, as separate from the men. As part of this process, I will write about my own perspective.

9. A **third goal** is to contribute information from the group which could help provision of better services for immigrant and refugee women in New Zealand.

10. I wish to interview you with respect to your involvement with immigrant and refugee women, and what you may wish to contribute to the thesis topic.

11. You have the right to say "No" at any stage, and to ask further questions of the researcher. You can withdraw at any time, and refuse to answer questions at any time.

12. Most of the information derived from confidential interviews would be incorporated into a discussion of themes, rather than the concerns of an individual. This is one way of preserving confidentiality and anonymity. You will also have a chance to see what I have written, and to comment on it. We will, if necessary, then discuss how it needs to be altered.

13. A summary of the findings will be available to you, before publication of the thesis, and afterwards.

14. I can be contacted through **Home and Family Society Counselling Services, 344 Mt Eden Rd, Mt Eden- Phone 6308961**

15. My supervisors can be contacted through **Massey University, Phone 4439665**
> **Albany Campus,**
> **Private Bag 102904, North Shore**
> **Mail Centre.**
> **a. Associate Prof. Marilyn Waring, phone 4439665**
> **b. Ms Carole Adamson, phone 4439771**

Thank you for considering your participation,

Estelle Mendelsohn

CONSENT FORM - for Individuals not in the Psychodrama Group

I have read the information sheet and understood it. I **agree/ do not agree** that information that I share in the interview can be written about in a way that does not identify me in any way, unless I give permission.

I understand that I have the right to withdraw from this study at any time up to two months after the end of my participation, and to decline to answer any particular questions.

I understand that I can read the final thesis before final publication, if I wish to.

I **agree/ do no agree** to any interviews being audiotaped.

I also understand that I have the right to ask for the tape to be switched off at any time during the interview

I **agree** to participate in this study under the conditions set out in the Information Sheet
Signed
Name
Date

TYPIST/TRANSCRIBER CONFIDENTIALITY CONTRACT
Information about this study :
Participants in this study have either provided confidential interviews, or provided material in a group session that the researcher will write about in a way that preserves confidentiality and anonymity, unless permission is given otherwise.
The participants have contracted with the researcher about the time and place for gathering information.
The participants have been given the option to withdraw at any time, or to have the audiotape turned off at any time
The participants have made a choice as to whether they want to review the typed notes in order to make amendments and corrections
The information will be stored in locked files either on computer or in a filing cabinet, both of which will only be accessed by the researcher or her typist/transcriber
On completion of the research, any computer files or hard copy will be securely held by the researcher, or destroyed

Declaration:
I have read the information provided by the researcher and I am clear about the points stated above. I understand that all information in the transcripts or research notes is confidential and that this is necessary to protect the participants' privacy and for the ethical and legal safety of the research, the researcher and the research assistant.

Assistant	Researcher
Signed	Signed
Dated	Dated

Dr Mike O'Brien
Chairperson
Massey University, Albany Campus
Human Ethics Committee, 1 June 2000
re Human Ethics Approval Application- MUAHEC 00/019
Dear Mike,
I am writing in response to your letter of 5 April, requesting some amendments and inclusions to my proposal. To the best of my knowledge, I have now fulfilled your requests, and enclose the relevant documents.

I have included a simple process for gaining verbal consent, if required- see Consent form for Group Members, and also for Interviewees.

I have a list of people that are available for cultural advice and support- names can be provided if necessary. I have already had discussions with such people, individually. and may bring them together as a group when I have more data to discuss. One is a fellow Masters student at Massey.

Participants in the group have mostly come from referrals by the counsellors at the agency which sponsors the group, two of whom are also team members. As most of these women have very little income, they pay a small donation, or nothing at all. Home and Family agency does receive some financial aid through agencies and individuals who support its work. A few clients are linked to counsellors at the Refugees as Survivors Centre (RAS) which is funded by the government. I have no financial involvement at all.

After discussion with my Supervisor, I have incorporated the period of 'two months after completion of participation' as the point at which withdrawal will not be possible. This is incorporated into the information sheet and consent form.

Information about security and disposal of information has been added to the Transcriber's Confidentiality Form

I have made the required alterations to the Information Sheets, enclosed for your perusal.

I have made the required alterations to Consent Forms, enclosed.

I have incorporated the suggestion that the data for review be offered to non-research participants and those who opt out. I have included this in the information sheets.

I have included in the sheets that a copy of the final report will be offered to participants.

I hope these amendments are acceptable to the committee,

Yours sincerely,

Estelle Mendelsohn