An insight into the private world of the refugee

By Marie Goretti Uwimana

Illustrated by Robert Mageza
In October 2000 I published the information booklet entitled “Flyktninger og nervøs depresjon” (Refugees and nervous depression) with the intention of informing those who work with refugees about some of the reactions which can be observed among refugees. These reactions may be due to a psychological condition which many who are not familiar with the refugees’ culture and background can fail to understand or may even misinterpret. I also wanted to help refugees themselves to have a clear idea about these reactions, which are completely normal for anyone who has experienced traumatic situations, and to take them seriously and seek help, as well as do something themselves about recovering their strength, skills and self-confidence to be able to tackle life’s challenges.

This booklet has been reviewed by the Directorate for Social and Health Affairs, which wanted me to revise it so that it was clear which target group it was aimed at and also outlined the assistance measures the support services could arrange. The Directorate also thought, from its letter of 20.02.01, that it was reasonable to believe that this type of booklet in its natural form could convey the message better and be more credible for those people in need of help than publications that were technically more up to date. They thought that the booklet should be distributed in municipalities, at health centres, social welfare offices and similar places.

The Directorate for Social and Health Affairs has provided major financial support to make the revised booklet available. I was also given professional support by the Psychosocial Team for Refugees in Northern Norway to help me revise the booklet so that I could include the aspects mentioned above.

In order to help me provide more information about the plight of refugees in the revised booklet, I received help from the Alstahaug Municipality in the Nordland region to travel to Kenya and meet refugees in a refugee camp, where I had actually lived with my family before I came to Norway in December 1997.

During my conversations with these refugees from various countries in Africa, I met a lad from Rwanda, Robert Mageza (aged 19), and I decided to use his experiences for the drawing on the front cover. I got inspiration from this drawing and then decided to give the revised booklet the title: “An insight into the private world of the refugee”.

I would like to take this opportunity to thank the Directorate for Social and Health Affairs, Alstahaug Municipality and the Psychosocial Team for Refugees in Northern Norway for the contribution they have made by way of their fantastic commitment in revising the leaflet “Flyktninger og nervøs depresjon” (Refugees and nervous depression). I would like to especially thank those who have worked with me over the months for their effort, patience and understanding. I would like to mention, in particular, Sigrid Tonstad, chief consultant and occupational therapist with the Psychosocial Team for Refugees in Northern Norway. I would like to personally thank the following: Alstahaug municipality, Robert Mageza, Bashaaer Khalaf, Nelly Mukamurenzi and my friends for all their loving care, especially when, two week after my return from Kenya (August 2001), my mother passed away before I had the chance to visit and bid her a final farewell before she departed from this life. Their kind consideration gave me the courage to continue with revising the booklet.
I would also like to thank the Red Cross visitor service in Sandnessjøen for their contribution to the first edition of the booklet and to everyone involved in editing it.

And finally, I would like to express my love and gratitude to my children: Angélique, Françoise, Daniella, Patrick, Victoria and Nelly for their care, affection and encouragement, which helped give me inspiration.

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Preface

The job of the Psychosocial Team for Refugees in Northern Norway is to make sure that refugees in this part of the country receive professional help to allow them to overcome psychological problems, especially those related to trauma, escape and exile. The team’s task is to ensure that those working with refugees, primarily healthcare and social welfare professionals, obtain further skills. We focus on both preventive measures and treatment.

The Psychosocial Team for Refugees has found it a positive experience working with Marie Goretti Uwimana on this revised version of the booklet. We have supported her in carrying out this project and have contributed our professional expertise.

For many people it is important to be able to talk about these difficult matters. With this in mind, we want to remind you how important it is that this takes place in a secure environment, where those who are listening are able to cope with what happens so that refugees can get the help they need to carry on.

Although not everyone who comes into contact with refugees will be involved in talking about the traumatic events, they can still do a great deal in terms of helping them to rebuild their lives, for instance, helping them to get to know their new local community and/or introducing them to various activities.

Being able to get to grips with daily life and its activities, such as looking after themselves and their home, going to school or work, leisure time, is a totally fundamental part of being able to get/take back control of their lives, of regaining their self-confidence and of being healthy in general.

We welcome this initiative from Marie Goretti Uwimana and think that it is particularly significant that this booklet has been created by people who have experienced war, flight and a life in exile themselves. We feel that this booklet’s lively, graphic presentation based on drawings and dialogue will make its content accessible to many people. We see this booklet as a useful resource in helping to publicise psychosocial problems resulting from traumatic experiences and make them acceptable.

Tromsø, 21/12/01
Sigrid Tonstad, Chief consultant/occupational therapist
Psychosocial Team for Refugees in Northern Norway.
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Introduction

Refugees have experienced great loss in the sense that they have lost their homeland, family, friends and work, not to mention other things too. Many have also lived through severe traumatic experiences, such as war, torture, systematic violence, rape and imprisonment. As a result, the sense of longing, loss and grief is something that refugees in exile have in common. Living in a new strange country can be, in itself, a major challenge, presenting new problems. I have written this booklet in the hope of being able to help other refugees through this difficult process. I am writing about myself, my family and other refugees that I meet every day. I want this booklet to help refugees realise that they may suffer psychological reactions after what they have experienced. I am describing symptoms and reactions in a way that refugees should be able to recognise them. In other parts of the booklet, I want to highlight the various opportunities there are available, not just for getting help but also for helping yourself to make a better life. I want to show what the individual can do and how important it can be to have someone who is willing to be available and just listen.

I also want those who work with refugees to gain a greater understanding of the plight and reactions from refugees.

The booklet is intended to be used in schools, (above primary school level), refugee centres, asylum reception centres, health centres, social welfare offices and other places where the support services come across refugees. The booklet is targeted at both refugees themselves, as well as at those working with refugees.

This revised version of the booklet has been illustrated by a young refugee called Robert Mageza. He is 19 years old, from Rwanda, and lived through war, torture, hunger and a difficult existence on the run for three years, spent in dense jungle in the Congo. The drawings in this booklet illustrate the thoughts going through this young man’s head. Robert is still living in exile in Kenya with his mother and brothers and sisters who survived the war in Rwanda and the Congo. I was fortunate to meet him in Kenya in August 2001.
NARRATOR:
- Just terrible! These are the types of traumatic experiences that drive refugees to depression.

- Hurry up! Hurry up!
- Oh no! They’re killing them!
- We can’t do a thing.
My country has been destroyed. My father, mother, brothers and sisters, neighbours and friends have been killed! No, no,… this can’t really be true! But it is; they are dead!

Why have I survived? Why didn’t I do something to protect them?! It’s my fault! It’s all my fault! Who can dry away my tears now? There’s no one, absolutely no one!

NARRATOR:
- Panic
- Sorrow
- Anger
- Guilt
- Confusion
- Denial
- Loneliness
- Helplessness
- Despair

…are often the initial feelings experienced in horrendous situations.
NARRATOR:
Among those who weren’t killed, some were unjustly imprisoned and tortured. They feel an overwhelming sense of anger to begin with, then later on, it turns to hate towards themselves and others.

Why!? - Why!?

-I don’t want to survive!
I’m better off dead!
NARRATOR:
Mothers and daughters were raped. These crimes were often witnessed by the family, who then had to live with the shame for ever.
Distrust, irritation, terror, fear and a hatred for life are some of the reactions which result from being raped.
NARRATOR:
They are forced to flee a country in ruins, with few belongings, but with a heavy heart.
They keep going, on and on. .....They have no destination.
The most important thing for those who still have the courage to carry on living is to save their lives. They are tired, sad, helpless and confused.
Identifying symptoms and reactions caused by psychological problems resulting from traumatic experiences
NARRATOR:
He is a refugee. Being alone and sad, feeling despair are nothing new for those who have lived through terrible, painful situations.

When he gets away from the others, pictures like these will occupy his thoughts many times a day, especially at night. (War, dead family, atrocities and not least, his homeland)
NARRATOR:
These thoughts wear this person down (physically and mentally). It gets tough and tiring and often leads to reactions which are symptoms of psychological problems: sleeping badly and nightmares.

Help! Help! They're killing me!!
NARRATOR: They wake up lots of times during the night, stricken with panic and crying out. It’s often difficult for them to get back to sleep afterwards.

Some may get up and walk about, almost as if they were sleep-walking. When someone calls out to them they wake up, but…

Hey! Hey! Where do you think you’re going in the middle of the night?

It’s better to go outside rather than stay in bed and have terrible nightmares. (Refugee’s thoughts)
NARRATOR:
They lose interest in leisure activities and in enjoying life. They think there’s no point in enjoying themselves. And while others are having fun, they withdraw to be on their own.

Do I have any reason to be happy in this meaningless life?! - I’ve got no home, no country…how can the world be so unjust?! Who actually am I now?!
NARRATOR:
Some don’t make any effort at all to go out and meet people. They cut themselves off, spending time in their room on their own. They feel that they’re better off being alone and finding good excuses.

I haven’t had any sleep for many nights. I’m so worn out and sad that I’m not able to go to the party. I feel very self-conscious whenever I meet people. I feel that they all think I’m not normal.
NARRATOR:
Most of them have poor concentration and have problems remembering things.

This adds to their frustration and upset with themselves, along with fear, terror, shame and similar feelings.

*Dear me! I’ve forgotten again that I’m working today! What am I going to do?! I’ll lose my job!*  

NARRATOR:
Others can seem unmotivated.

*That’s enough for today! There’s no point in me working so hard! I worked my whole life in my own country and ended up losing everything!*  

*Hey! Is he finishing work early?!*
NARRATOR:
Some people sometimes feel unease and fear for no reason. They are filled with a lot of anger and lose their self-control. They don’t hear anything around them and can put themselves and others in danger!

Grrrrr ....Why? Why?!

Beep! Beep!

BANG!!
NARRATOR:
Victims of extreme violence, torture, rape and other forms of ill-treatment, prisoners of war, etc. can experience acute stress reactions at different stages.
- They don’t want to acknowledge what has happened to them.
- They don’t want to talk to anyone about it and try to repress their feelings inside.
But the overwhelming feelings present are: shame, anger, guilt and despair.

*It was my fault!*

*I’ve had enough of living!*
NARRATOR:
In some other cases, they can become extremely irritated, which makes them aggressive and violent. Now and then, they can harm other members of their family and others in their community (friends, workmates, neighbours). They can become socially withdrawn, and the situation deteriorates, with their fear and despair increasing.

Depression can also cause negative changes in behaviour.

Can you hear how loudly our neighbour is playing his music?!

-No, actually! It isn’t that loud.

Do you know what?! There must be something wrong with me! I get irritated easily. I can’t stand any sound and noise around me and I blame my neighbours for causing a racket. As well as that, I’m becoming suspicious and don’t trust my friends. I feel that everyone’s against me and that they are not being honest with me!

NARRATOR:
These reactions are normal for someone who has been a victim of violence. It will take time before they are able to trust other people. Sound and noise can reawaken the traumatic events they experienced previously.
NARRATOR:
Depression can reduce sexual desire. This can lead to poor relations with partners (quarrels, violence, etc.), and perhaps even to divorce if the couple don’t talk openly to each other about what’s happening to them.

Doesn’t he fancy me any more?!

She doesn’t understand me!
NARRATOR:
Reactions following traumatic experiences vary from one person to another. They don’t suffer from the same problems, or to the same degree of severity either. Some people drink too much to:
- forget their problems
- drown out memories of their difficult experiences
- escape from themselves.

Alcohol can then become a major problem. It can lead to:
- people losing their job
- the destruction of family life
- disrupting social relations
The person can gradually become dependent on alcohol, turning into an alcoholic, with all the terrible consequences that entails.

-Narrator:
-I've got no job! It's all the same to me. But I need to get something to drink, at any rate, otherwise I'll get depressed.

-Now we've got no money for food and the kids are crying from hunger. We won't be able to pay the bills...
NARRATOR:
Others turn to comfort eating, and just eat and eat. It automatically becomes a way of comforting themselves, of replacing something or someone they have lost or is missing (property, family, love, affection). Eating like this, without any control, leads to the person putting on an awful lot of weight.

NARRATOR:
On the other side of the coin, others lose their appetite. They eat seldom and too little. They are putting their health at risk. This is a reaction to fear, terror, bereavement, grief, loneliness, etc.
Everything becomes totally mixed up in their head. They become very confused! Life becomes meaningless, full of frustration caused by their terrible experiences, especially for those who were victims of violence and rape. This can result in poor self-image. They no longer want to wash and smarten themselves up.
NARRATOR:
Physical problems obviously result from many cases of depression; physical fatigue can reduce a person’s ability to work.

It’s too difficult! It’s not normal for a young man like me not to be able to do such an easy job! I’m really ashamed!

No! I can’t manage any more! Even though it’s only 10 o’clock!!

I’ve never felt so tired!
NARRATOR:
Minimal exertion uses up a lot of energy, even just walking short distances. All the strain takes its toll on their body.

Whoo, whoo, whoo!
NARRATOR:
After their traumatic experiences many refugees will become so tense that they develop physical problems and are regularly ill. The most common complaints are: headaches, high blood pressure, muscle pain, fatigue, back pain, palpitations, trembling, heartburn, irregular periods, nausea, diarrhoea, poor vision, dry lips, etc.

Since I fled I’ve had pains in my stomach, and my heart’s been beating so quickly…

I just can’t manage to get out of bed. I’ve got a constant headache, even in the morning, and the pain-killers aren’t working any more!

I’m trembling and I can’t hold onto my crutches when I’m walking.
Family

Child 1:
Mum, was it soldiers that killed our big brother and uncle in that terrible way?
-I don’t like soldiers.

Mother:
Enough of that!
I don’t want to hear any more.

Child 2:
Were they buried? I saw a dog eating a dead man!
Maybe it was…

Father:
You mustn’t talk about that. That was then, and it’s all over now and you mustn’t talk about it any more.

Narrator:
This happens in many families that have experienced tragedies. Children are a special group of refugees. One of the reasons for this is because they have less opportunity to work through their painful experiences. It is easy to underestimate how they are. And adults are all too happy to believe that children can easily forget what they have experienced, but they don’t. This is why many parents avoid talking to their children about their traumatic experiences. They are wrong to do this. Children need adults to talk to and it’s best if this can be their parents. They need more attention. When they are hurting and can’t talk about it, they suffer the same reactions caused by traumatic experiences. They are often ill, seem tired, angry, sad, violent, cry for no apparent reason and suffer in other ways.
NARRATOR:
They also have a tendency to keep themselves apart from their schoolmates and don’t take any active involvement in playing. Some become reluctant to go to school. And when they are at school, their play becomes violent or they become aggressive and fight with other children.
NARRATOR:
Parents and especially single mothers (widows) and fathers (widowers), who do not realise that their children’s reactions are normal after their traumatic experiences, pin the responsibility on them for all their problems and may use physical punishment.
Punishing traumatised children increases their frustration, anger, sadness, feeling of guilt and the occurrence of violent reactions among other children.
This creates distrust towards their mother or father.

-Stop crying! I’ve had enough of you lot! Don’t you think I’ve got enough to think about? Watch out! You’re wetting yourself! Your 12 year-old big brother wets the bed all the time. Since your father died you’ve been the reason I’m so stressed out.

-I couldn’t get to sleep for a long time last night and when I finally did, I had a nightmare and was scared…

Whack! Whack!
Whack!
Young refugees

- I am 17 years old and fled as a refugee when I was 12, with my Mum, Dad, brothers and sisters. During the war I had to join the army for 3 years. I witnessed torture, rape, murder and other actions. These pictures are going through my head at the moment, on top of all the problems I have with my parents, who can’t speak the language and therefore, can’t get a job to go to. This means that I don’t go to school as I have to work and support the whole family.

- You are lucky that you’ve got your family and can share your grief with them. Just think that my family has been missing since I was 14, and I had to escape and make the whole journey on my own. You’ve no idea how hard it was. As a girl on her own, I was faced with many dangerous situations. I’m now 19 and live alone. I have no information about my family and sometimes, I feel so overwhelmed that I just want to die.

- I’d rather live alone than live with my parents, who make me continue to practise some of the traditions in our culture, even though most people in the world regard them as inhuman and against human rights. They don’t understand that in modern society it’s embarrassing and frustrating not to be able to behave and dress like other young people.

- At least you’ve got parents! Mine died in the war and my youngest brother and sister are missing. I can’t go to school now any more; there isn’t a day goes by that I don’t think about them. I’m not giving up. I’ve called family and friends all over the world to find out if they might have seen my brother and sister. Sometimes I don’t have any money for food because I’m using it for the telephone.
Being a young refugee is challenging. While young people are still struggling to create their own identity (which is a natural process) they are exposed to many different stresses. Some take on an adult role in their family because the adults can’t cope any more. Others also have an identity crisis, and are involved in conflict with their conservative parents who want the family to hold on to the culture of their homeland in a completely different society. Others still suffer from grief which disrupts their life, development and integration, which would enable them to secure their future.

**NARRATOR:**

This group is vulnerable and in some instances, these challenges can lead them to:
- taking addictive substances (alcohol, drugs, hash, etc.)
- frustration and aggression
- a poor self-image
- reduced fitness for work
- becoming socially withdrawn
- despair, feelings of guilt and even suicide in extreme cases.

Being a young refugee is challenging. While young people are still struggling to create their own identity (which is a natural process) they are exposed to many different stresses. Some take on an adult role in their family because the adults can’t cope any more. Others also have an identity crisis, and are involved in conflict with their conservative parents who want the family to hold on to the culture of their homeland in a completely different society. Others still suffer from grief which disrupts their life, development and integration, which would enable them to secure their future.
Treating refugees for depression

NARRATOR:
Up until this point I’ve been explaining the symptoms and reactions from refugees suffering from depression as a result of their traumatic experiences. I would now like to talk a little about what public agencies, voluntary organisations, friends, etc. can do to make it easier for refugees to get treatment for their psychological problems and prevent new traumatic situations from occurring.

A great deal can be done
1. Losing your identity and being “stateless” are frustrating and humiliating. States can reduce the waiting time for granting citizenship to refugees who are prepared to become integrated in society and have no criminal convictions.

2. Reducing the time taken to grant asylum seekers permission to stay can help to reduce the risk of aggravating most people’s psychological state.

3. Arriving in a new country with a different culture is a challenge in itself. Failing to obtain the right and important information can cause even more confusion. This means that it is important for refugees to receive clear information about what rights they have and who they can turn to for their various needs.

4. Cooperation is important between public agencies and voluntary organisations that work with refugees, and the municipalities should be involved in coordinating all activities.
Dealing with refugees

NARRATOR:
Working with refugees can be a challenge in many different ways.

1. Encountering a number of unknown cultures at the same time.
2. Not being able to differentiate between reactions that are due to their culture or their poor psychological state.
3. Having little knowledge about each individual’s background to be able to interpret their reactions correctly.

A refugee once said to me: “A refugee is an object.” He meant that they treat us not like people, but like objects, just some heavy load.

It is possible to avoid causing new bad experiences.

Refugee consultant:
Go back to school, or else I’ll deduct money (social benefit) from you.
NARRATOR:
Those working with refugees must try to find out:
Why the refugee does not want to go to school or work. This is instead of forcing them to go or punishing them by reducing their social benefit. Nobody must think that refugees are completely well-off because they’ve got money. They also need understanding, encouragement and guidance. Not going to school may be a way of expressing the insecurity and confusion they feel due to lack of information. It may also be due to depression, fear, poor concentration, despair and frustration. Mistreating them can only help to make their depression worse.

So, when working with refugees, you need to have two personalities: “You need to be Rambo and Mother Teresa.” (Quote from Father Eugene Birrer who has worked with refugees for many years and was my boss in Kenya.)

-Being Rambo:
In the film “Rambo” the hero is a man of power. He uses his power to defend the weak and protect their rights. But on the other hand, he comes down hard on those who do wrong.

What can those who are involved and work with refugees learn from Rambo?
-Refugees see them as people of power and expect to get everything they can from these people that will help them during the integration phase and later on in their life to live independently.
- They rely on them as a safety net.
- This is why it is crucial for those working with refugees to make an effort to establish trust between them and the refugees.
In this instance, sound information and communication based on honesty are extremely important.

-Being Mother Teresa involves:
-Working with and for people, especially the weakest:
  - you need to be able to show compassion and affection
  - you need to be patient and have consideration for them
  - you need to utilise every opportunity available to meet their most basic needs as people.
NARRATOR:
A great deal can be done to treat trauma and relieve the problems. Discussion groups can be arranged by the refugee office or asylum reception management, in conjunction with healthcare workers.

The aim must be to:
Encourage refugees to talk about their traumas and share their experiences with others. First and foremost, refugees themselves, along with their families and friends must be clearly aware of the reactions caused by and symptoms of depression resulting from traumatic experiences. An information briefing may be more appropriate instead of distributing brochures. A doctor, nurse, psychologist or therapist running the briefing must tell those present that these reactions are normal and about the options available for treating them.
Group discussions may be important and useful. But in some cultures it is not easy to express painful feelings to others. This is why those working at the refugee centre and healthcare workers must give the reason for their actions and try to win back these people’s trust so that they can get them to take part when they feel at ease. A relaxed atmosphere needs to be created. This will help the right assessment to be made of their needs and ensure that the right measures are planned.
NARRATOR:
But many will need professional help, in addition to the therapy provided in group discussions, to be able to work through and come to terms with their traumatic experiences. In the ideal scenario, everyone should be offered the chance to talk to a healthcare worker. Doctors in the primary care service who have refugees as patients will assess relevant needs and determine the action to take. In some cases, the help of a psychiatric expert will be required.

The refugee from… has been suffering from many physical problems for a certain period. Medication does not have any effect. From conversations with him/her I realise that he/she has had a lot of painful experiences in his/her homeland. It may perhaps help to refer him/her to a psychologist and combine the treatment with psychotherapy.
NARRATOR:
No, not at all! Depression, to a certain extent, is not a mental illness. But it must be treated in good time to prevent mental illness. A psychiatric centre or child psychologist helps normal people who experience normal reactions after being in abnormal situations. I experienced this myself. You spend time discussing things, which is a long process, that leads you to develop your own ability to control traumatic feelings that are upsetting you (as described earlier in the booklet). You will gradually notice positive changes in your behaviour, feelings and health, in general. It requires some effort from you in the form of active involvement and cooperation with your therapist.
NARRATOR:
Refugees must be good at taking any initiatives that can help to relieve their problems.

I feel lonely, I think it’s boring living without friends. I don’t know anyone here to talk to! There are too few activities.

You are right. We can have meetings with refugees’ representatives and think about what to do so that any others are not affected by loneliness.
NARRATOR:
There is also an “open door” approach. This is where refugees/asylum-seekers invite local residents. They prepare a meal for them using recipes from their homeland, and put on a display of their traditional dancing. They take the opportunity to chat to their guests. This will “break the ice” between them and the local population. It will also generate understanding and friendship.

It means that the next day, those who were at the “open door” function will not pass by someone sitting on their own looking sad. They will make an effort to help.

Why are they sitting all alone?
What can we do for them?
-Hey! Do you need help?

I don’t want to talk to anyone. They can’t understand me.

Nobody can help me! My life is hopeless.

NARRATOR:
(To the new friends): Don’t give up! Sit down next to them and put your hand on their shoulder. This will give a feeling of security and definitely help them.
NARRATOR:
Voluntary organisations, associations and groups can contribute to making it easier for refugees to become integrated, which can relieve their problems. The effort they make can increase understanding between different cultures and create friendship, so that refugees feel welcome and accepted by the local population.

There are many ideas for this. For instance, “buddy” programmes, refugee guides whose job is to introduce refugees to the local culture, different official bodies and organisations, as well as to opportunities for leisure activities. They can open a multicultural meeting place, where they can come and exchange different cultures and get to know them better, which will help to simplify the task of making friends.
NARRATOR:
Friends will be important in a refugee’s life. They can encourage refugees who are affected by depression to go out to work and be more active. And this is the best way to treat refugees’ traumatic feelings, which are preventing them from taking any initiative, enjoying their life, etc.

I thought I’d help you do a bit of gardening today.  
-No, I’m exhausted! I don’t have the energy to do anything.

Just let’s try! You can just do what you can today and next time, we’ll do the rest.  
-OK, let’s try then.
NARRATOR:
As I have already explained, children are affected by traumatic experiences just like adults. But they react in their own way. Even if the parents are suffering the same, their role must and cannot be substituted. They should be supported in their attempt to rely on themselves as parents, in a foreign society as well. This is an important aspect both in school and when children go for trauma treatment.

The school and those providing the treatment (nurse, child psychologist) should actively cooperate with and involve the parents. The reason for this is so that they can have the opportunity to follow their children’s development and adjustment, but also to be able to help the children convey what they want to say. Very often it is difficult for them to describe their background to people who don’t have any knowledge of their experiences.

What can I do with my son? He doesn’t like school. He plays out on the street all day instead of going to school.
-How much has he been absent from school up until now?

-He’s been absent a lot of days. We need to work together and encourage him so that he becomes interested in school again. It is understandable, after all, as he hasn’t made any friends in his class yet. Some children bully him or avoid talking to him. They need time to get to know each other. The school has started a number of activities and all the children should take an active part in them so that they can make friends with each other. We want the parents to encourage their children to take part.
- Use the time and peace and quite to reflect on your existence:
  - How do you want to live?
  - How do you want to develop with your abilities and skills?
- If you are a parent:
  - Create a nice, relaxed atmosphere in your family.
  - Remember that there is no better therapy than your family.
  - Children/teenagers adapt quickly, so give them the chance to meet and play with others.
  - Seek help from those that are concerned about you and your family.

Young people, just like adults affected by trauma, need someone to be with, doing things together. Getting involved in some kind of leisure activity is extremely important in terms of enabling you to regain your self-confidence, trust in yourself and find your place in the new community.
Think about developing good social relations:
- Have an open mind with regard to other people
- Show others trust and respect
- Take the initiative and do something fun together
- Invite someone to your home
- Go for a walk, go to the cinema or café with someone.

Look after your mental health:
- Movement and exercise are good. You’ll feel better and more at ease with yourself and your body.
- Movement and activities make you sleep better. It is important for you to rest and sleep in order to regain your strength and get to know yourself and feel close to yourself. If you make the effort to do this it will improve your relations with other people. You will feel stronger than before and able to get on with your work and everyday activities. You will then have a meaningful life, which will give you satisfaction, a sense of well-being and happiness.

You will now be able to look to the future with hope and courage.

**HOW WONDERFUL LIFE IS!**
Final word:
Letter to the refugee

- Open up yourself and come out from your private world.

“My problems are my private world.” This is how many refugees think. If you think like that you are wrong. Things that go unsaid destroy a person’s whole being, disrupt their life and increase the misunderstandings in families and society. No one can guess what’s going on in your internal world; only you can make the decision to talk about the things that have gone unsaid. This will repair the damage and make your life more satisfying.

Open up this world full of tragedies; let your friends, specialist groups within the healthcare and social welfare sectors, as well as voluntary organisations get involved in the situation and encourage you to come out of it.

I finally realised this, and after many months of professional therapy sessions, I regained my self-confidence and plucked up the courage to write this booklet. In July and August 2001, I met refugees in a camp in Kenya and we supported each other in opening up our private worlds. I am going to make a documentary about this to show that it is easy to speak about the things that have gone unsaid, if you want, so that you can relieve the pain, both physical and mental. I hope that the booklet and documentary (as a testimony) will help to increase the knowledge and understanding about refugee’s psychological state and about the reactions which are normal after painful experiences.

I think that it will make it easier for those working with refugees every day to adapt their measures to meet the refugee’s actual needs. I would really like to meet you (refugees and specialist groups working with them) so that we can share our experiences. The struggle is long, but the situation isn’t hopeless. There is light at the end of the tunnel and support from a friend who is there to give you:

• a hand to lift you up
• protection along the way
• the time to follow you throughout your whole struggle

Take this chance and best of luck!

Best regards
Marie Goretti Uwimana
Marie Goretti Uwimana was born in 1951. She has six children and she is a grandmother. She trained as a teacher in Rwanda and has trained as an officially approved auxiliary nurse in Norway. Course in “Basic Counselling skills for Dealing with TRAUMA, Peace Building and Reconciliation”, along with Neuro-linguistic-hypnosis in Kenya.

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I dedicate this book to my mother who died as a refugee, to my children: Angélique, Françoise, Daniella, Patrick, Victoria, Nelly, and to my grandchildren.

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