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Myth, Memory, and Meaning: Understanding and Treating Adolescents Experiencing Forced Migration

Martha Bragin, PhD, CSW

ABSTRACT

Refugee adolescents present a unique challenge to treatment. In their desire to be part of their new country, they often split off the formative years of their development. This includes both the person that they were in the past, their relations with peers and what made them “cool,” along with the officially documented political story that brought them asylum. This can lead them to feel disconnected and disoriented, but also as though their world is in fact built on lies.

They often come to treatment following enactments that make them appear tough, hardened and hard to reach, and which continue in the consulting room. When they are met with an official “trauma” narrative that explains their experience in political and psycho-educational terms they often find the experience alienating. They need to connect the world that they left, the world that live in now, and their own private experiences of love and hate in order to form an integrated identity.

This discussion explores aspects of the refugee narrative of psychoanalysis to help to illuminate the tasks necessary to co-create a meaningful narrative with refugee adolescent patients. It suggests ways to connect to the refugee experience and hear the young patients as they move between the political and the personal, the official and the familial, to understand themselves and return to the developmental task of creating an adult identity.

By the rivers of Babylon –
there we sat down and there we wept
when we remembered Zion....
for there our captors
asked us for songs,
and our tormentors asked for mirth, saying,
“Sing us one of the songs of Zion!”
How could we sing the Lord’s song
in a strange land?

(Psalm 137, King James Version)

O queen, the griefs you bid me reopen are inexpressible—
The tale of Troy a rich and most tragic empire
Erased by the Greeks; most piteous events I saw with my own eyes
And played no minor part in...
What soldier of fell Ulysses could talk about such events
And keep from tears? ...

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But if you want so much to know what happened to us
 And hear in brief a recital of Troy's last agony,
 Although memory makes me shudder, and shrink from its sadness,
 I will attempt it.
 O ashes of Ilium! O flames that my world died in!

(Aeneid Book II from lines 1 – 29 and line 430) Virgil

Introduction

Aeneas speaks to Dido, queen of Libya, to explain his appearance with a ragged band of followers to request asylum in her country. The story is required to verify the basis of his request. Note with some irony – Troy was located in Western Turkey not far from where UNHCR has its camps Today, the journey across the sea is being done in reverse

These fragments from two refugee narratives, one a biblical psalm of ancient sorrow set to music by a Bob Marley (1978), world famous Jamaican migrant to the US, and the other from Virgil, centuries ago, describe the experience of people forced to leave a beloved home under duress and make a new home elsewhere. They were written some 500 years apart in roughly the same part of the world. But from those walking from Central America, to those washing up on European shores, there isn't a word that could not have been written last week.

As we know, Aeneas' story is also a classic tale of resilience ... those ragged survivors did not stay in Libya, but set sail again to found Rome, which is still standing today, capital of the eighth largest economy in the world.

Narrative, myth, and memory

The stories that people tell about their past, where they came from, what it was like there, why they left, and the nature of their destinies are of tremendous emotional significance. Such stories are so crucial to identity that by some definitions, the shared belief in a common ancestry and destiny is exactly what separates one cultural group from another.

But what is a story? Who tells stories? Which are repeated? Why do particular stories become dominant? What makes them powerful? What happens when some events are too terrible to be included properly? How can they be symbolized, remembered? How are they reenacted to tell the untold tale? How can meaning be made of them and how do they change?

All émigré communities have at least one such narrative. When children come along with, or are sent ahead of their parents for safety, or are left behind to follow the parents, and sometimes both, the narrative is used to help them to understand their past and their role in the present. The adult narrative is often in a dynamic relation to the narrative that the children are bringing ... their memories and their own mythic stories told about the old country that they carry like backpacks, along the way, along with their dreams and fears of the new land.

To address these questions, we will take a journey of our own. We will look at the stories that we have told to help us to understand and symbolize our own experience and that of others. We will address the narratives that guide the meaning and nature of the work that we do, and the nature of what has been come to be so popularly known in the United States as “refugee trauma.” as well as its far less attractive twin, the problems of asylum-seeking families. We will deconstruct that newly overused and often misunderstood word, resilience, so that we can give it a new and powerful meaning for our work (Ginwright, 2018).

As we deconstruct the many narratives that affect the lives of immigrant and refugee children and adolescents, both ours and theirs, I hope that it will help us to think about ways in which we can use our own narratives effectively to connect with them and their families, as they connect myth and memory to the making of a meaningful tomorrow.

Doing therapy in exile: The Lord's song in a strange land

We are called upon here to remember that child psychotherapy itself is the work of refugees and exiles. Many exiles today are as reluctant as Freud was in 1938 Vienna to leave their place of origin and do so only under duress. Others are as rapid to acknowledge and study danger, and as eager for a new adventure as Erik Erikson who came to San Francisco after fleeing Hitler's Germany and like so many lay analysts guided the development of the child guidance movement (Aiello, 1998, 2009).

A different émigré narrative

Another group of migrants did not come to the United States. Often, they had been political activists and could not find a place here. Many were part of the free mental health clinic movement in Vienna and Berlin (Danto, 2005). This group found refuge in the Southern Cone of South America, in Argentina, Chile, Uruguay and Brazil.

Driven by social conviction and a dearth of upper-middle-class clients on whom to practice, the new South American psychoanalysts brought the free clinic movement to working-class neighborhoods as well as poor farmers in the countryside. The psychotherapists of this region gained enormous popularity and became part of the free health care system that local regimes included in their package of social supports during the 1960s and revived in the last 15 years.

When repression drove these therapists into exile, they brought their approach to work with distraught fellow exiles in countries of asylum, and eventually with those who had remained behind and endured the human rights catastrophes that ensued. Exciting approaches were developed, applying psychodynamic principles to work that had to be done in secret, without an apparent frame, and with people on the run, who had been tortured, or who had lost everything not once but twice and some three times (Hollander, 1997).

They were helped in their thinking by the work of Hans Keilson (1992), whose longitudinal study of surviving Jewish War Orphans in Europe utilized the work of Masud Khan (1972, 1977) to discuss the question of sequential traumatization, seeing every aspect of post war life as a potential assault on development.

Marie Langer, as she had in 1933, when fleeing Europe, sought emotional refuge in reparative action, and from her refuge in Mexico organized a working group to assist the Sandinista movement in Nicaragua, and those in struggle in the rest of Central America (Langer, Del Palacio, & Guinsberg, 1989). This study group influenced the understanding in the "atmosphere" of those on the move today.

The politics and poetics of refugee trauma

It seems impossible to go from there to here without talking about that word "trauma." I should start immediately by saying that this term is in as much dispute today in international circles as it is overused and reified in the United States today. Psychological terms of art, like others, are culturally constructed products, and when we are at our most useful, it is because we can deconstruct them to find the core of meaning that actually matters across class and culture.

In the contemporary United States, the word trauma has become emblematic of the suffering experienced by those who are the objects of actual historical events, whether it is childhood sexual abuse, gender-based violence, political persecution or genocide. The purpose is to assure us that those who have suffered cannot be blamed for their suffering. It's an understandable western construct, where suffering is thought to be the fault of the sufferer, but it has its limitations. Further, the presence of diagnosable trauma is now a stamp that announces that a person has actually suffered and is therefore deserving of care.

However, in the rest of the world, the idea of a new diagnostic category to describe the response of people exposed to extreme situations has been greeted with dismay. It is the view of many international clinicians led by David Becker of Chile (1995) and Alcinda Honwana from Mozambique (1998, 1999) that the concept pathologizes what is a normal human response to

abnormal circumstances, trivializes the kind of horrors that contemporary survivors have suffered. In addition, and perhaps most problematically for children, there is an implication that the awareness of realities that disturb them should be forgotten – kept out of consciousness and their current distress is something to be “got over-like the flu” said a refugee patient of mine from Sierra Leone. Alcinda Honwana (1998, p. 108), points out that:

...the PTSD approach ... was developed out of attempts to understand the problems faced by the American soldiers who fought in Vietnam and insure that they qualified for benefits. In this regard it was conceived as an instrument to deal with psychological distress in people who went from a situation of relative ‘normality’ into a traumatic experience (the war), and then returned to ‘normality’ – hence the prefix ‘post’

What happens in conflict zones – is that the vast majority of children we are dealing with today were born during war. For these children trauma is not ‘post’, but rather current and very much part of their everyday life (1998, p. 108). They can’t forget, they have to integrate their experiences into their developmental story.

Similarly, analysts from Latin American countries tend to reject the terminology of trauma all together and question the concept of “symptoms” for those who experience war and violence whether intimate and personal or political (Becker, 1995; Kornfeld-Lira, 1995). Interestingly, Jonathan Shay (2009) and other VA consultants have insisted that the word disorder be replaced by syndrome.

For the world community, and most of the current survivors themselves, extreme experiences cannot themselves be envisioned as separate from the life and history of the community in which the survivors live. For instance- if everyone in my town is experiencing the same thing- rape, threat of murder, chronic robbery and exposure to gun violence, these are cultural experiences, and everyone is suffering together- why isolate me?

Nor are they purely external, that is, independent of the use made of them by the mind. In other words, while people are the objects of historical actions of others, they are also experiencing subjects of their own lives. Therefore, each person is suffering in their own way (thank you Tolstoy) Otherwise, they are not survivors of a terrible nightmare rather they are somehow caught in the nightmares of others.

To make the transition, history and tradition, both literal and symbolic, are required. While the South Americans share with North Americans a comfort in the framework of psychoanalytic therapy, those from other traditions may not understand these forms, and instead require the ceremonial aspects of cultural and traditional mechanisms that address the bridge from then to now and from there to here as my colleague Dr. Harris mentions below. Alcinda Honwana (1999) again:

... in Cambodia therapy conducted by modern psychotherapists was ineffective because it did not account for the place that ancestral spirits and other spiritual forces have in the causation and healing processes....in Angola and Mozambique when soldiers and refugees return home, they are believed to be potential contaminants of the social body. The spirits of the dead, which might haunt them, can disrupt life in their families and villages. Therefore, the cleansing process is seen as a fundamental condition for collective protection against pollution and for the social reintegration of war-affected people into society. (p. 4)

Further, for many of the people that we work with, wherever they are from -when an external pollution, such as genocide or extreme violence occurs, it is experienced as an illness of the body, to be treated as such.

Bringing it all together: What Freud learned in West Africa

In 2004, I found myself working in post conflict Liberia in a town called Zwedru, near the border with Cote d’Ivoire, toward the south and west of the country. The war had affected this area very badly. Troy-like in its way, it had been a commercial and trading center for that part of West Africa. Following the peace accords, the shop keepers were beginning to return, the followers of Islam were attempting to repair the mosque, and a strip of offices was occupied by various Aid Agencies coordinated by the United Nations Coordinator of Humanitarian Affairs (UNOCHA). UNOCHA

was directed by an overworked and highly energetic Liberian public health specialist who put me up at her compound. There I met a physician, Dr. Ralph Harris, Zwedru Representative of the Red Cross/Red Crescent Society, whom I consulted regarding my work.

My job was to interview ex-combatant men and women on all sides of the conflict, as well as the civilian community members to understand the needs and resources necessary for the soldiers to return to society. Not knowing my background, imagining that I was an economist or international relations expert, Dr. Harris urged me to consider the psychological consequences of participation in war. In order to assist with this effort, he explained that his ethno-linguistic group, the Kru, had a traditional method for reintegrating excombatants after the fighting was over and offered to share it with me. The tradition been handed down from his grandfather, a guardian of traditional healing, called a *bodio*, to his father, who in turn had wanted to be sure that Dr. Harris, after completing formal medical training was also familiar with traditional treatment methods – just in case they were needed.

His father had rebelled against his traditional duties, gone off to the university, and become a businessman. However, he had told his son that whilst the West knew a great deal about business, in serious matters of psychological well-being and spiritual medicine, he found it wanting. Therefore, he had preserved the traditions that had been told to him and taught them to his son.

The son was eager for me to learn them in order to make the reintegration programs funded by the international community more effective. He was afraid that western methods might miss the point as they emphasized the literal and the conscious to the detriment of the unconscious and symbolic. This is the program he recounted to me:

First time warriors were not permitted to enter the village, as they had killed, and in the process allowed their most primitive violent instincts expression. They would not be able to calm down and live peaceable lives without bringing “a taste for killing” into the community. They had to be re-socialized to control their aggression and use it for the hard work of living.

Therefore, before returning to the village, the warriors left their weapons and blood-stained garments in a special hut outside its perimeters. During this period, they ate no meat and their specially prepared food was left outside the cleansing huts for them. They were not permitted to have sexual intercourse. They participated in a ceremony of cleansing, followed by reflection and ceremonies honoring of the spirits of those they had killed. Only then could they celebrate victory and enter the village with ceremony and honor, to return to normal life.

According to Dr. Harris:

These rituals have a profound psychological dimension, as they make the transition between the requirements of wartime and peacetime life and help the warrior to change his wartime persona to that of peaceful farmer and family man. It also honors and respects the enemy dead, as we too would want to be respected. If we don't take these psychological dimensions into account, people may simply go through the motions of reconciliation or ‘trauma healing’, say what they believe is correct but be motivated by emotions that they are not aware of. If this is the case then I am afraid that nothing else will succeed ... People will remain troubled by what they have done, grow restless and violent and return to the killing. (personal communication July 13, 2004)

Dr. Harris' account of traditional ceremonies for returning warriors reminded me of those recounted in Freud's (1913/1974) *Totem and Taboo*, so I checked and in fact was all but identical to one of them. In this chapter Freud recounts the details of a number of ceremonies from around the world, from Timor to West Africa, to make the point that the experience of intense and conflicting emotions and the transition from one mental space to another requires some form of ritual to enable the symbolization and management of both the power and the intensity of the conflict. He used the rituals that he learned about from international colleagues in the Southern Hemisphere and from European's who reported on their work.

Freud (1913/1974) describes three types of rituals: One for sexual misconduct, one for killing, and one for grief and mourning.

If this were a discussion of war trauma alone, we would speak a lot more about these issues now. However, instead we want to be aware of two particular issues:

- the transition from one mental space to another requires mourning for that left behind, and space (a mental hut if not a physical one) for transition between vastly different requirements of different experiences of life.
- That violence breaks the moral code, destroys the symbolic order, and therefore the restoration of that order is essential to making life whole after violent trauma

These lessons remain vital when we think of engaging with immigrant and refugee adolescents and their families, that is that we must not be afraid of the symbolic ... the metaphorical, and welcome their thoughts and dreams ...

Exposure to extreme violence and the effect on symbol formation

One of the worst things about exposure to extreme violence is that it takes events that should be in the realm of fantasy – movies, dreams, children’s games – and acts them out in the real world. In that way events become enactments of our worst nightmares or force us to be actors in the nightmares of others. When that which should be imaginary becomes real, it breaks the boundary between fantasy and reality and with it the way in which children learn to use metaphors for thinking.

When events happen that are violent and beyond the normal, children’s capacity to make mental use of them is strained. Exposure to extreme violence makes it hard for people to think. It makes it hard for teachers to teach, and it makes it hard for students to learn. When children have difficulty thinking they often behave badly at school, because they are angry and frustrated by their inability to understand their lessons, and also because they tend to act in ways that repeat aspects of the violent experience, when other types of thinking fail them.

One significant psychological result of ongoing conflict violence then, is the decrease in capacity for symbol formation and reflective function among children, with short term consequences of inattention and poor school performance, and longer-term consequences of concrete thinking and poor ability to master difficult interpersonal situations.

In addition, exposure to violent events wakes up aggression in people who observe or are victims of it. Melanie Klein (1927, 1934), Jacques Lacan (1948), Winnicott (1939) are among those who are clear on this. Melanie Klein’s work on “Criminal tendencies in normal children” (1927) and *On Criminality* (1934) can help us here – she quotes children talking about cutting people up and eating them and sausages made of people’s insides and notes that children’s fantasies often presage the work of criminals. She reminds us of Jack the Ripper and contemporary criminals stalking London in her day, acting in real life the play of her little patients – not because the patients had heard of adults talking about the crimes – her patients’ play predated the criminal actions – but because the crimes were enactments of what children fantasized.

Usually, among the most important tasks of society is helping children to bring that aggression under control, moving it from something that they experience as babies, to something that they “play out” as young children, to something that they harness for energy to do other things later in life. Constant exposure to violent events, or extreme deprivation that they cannot understand, and which cannot be mediated when they are separated from parents continually stimulates that aggression and acts against its proper control. Children become excited by the sight of these events and memories of them and feel aggressive themselves. Unwelcome and violent thoughts come to mind. They feel badly and often also believe that they themselves are bad for having such terrible thoughts and feelings.

Forceable separation of children (2–9 years old) from loved ones and delivery into unsafe care can make children so angry and frightened that they become afraid of their own rage and see it as external (Bowlby, 1973). Hence the nightmares that start when children are reunified. We work with them, just as we do with other children, by helping them to accept the violence. Often play therapy that facilitates those who are able to express their feelings in stories and games, is most useful in

taming them. This can come with some acknowledgment, “Yes, you feel that your anger is SOOO BIG that it will burst through and destroy everything ... but actually I can manage and take care of you here in this room while we play.”

This difficulty in managing the distress of separation is compounded for some migrant and refugee adolescents because the change in environment is purported to produce safety; yet this may not represent reality. In some instances the reality is that their neighborhoods of refuge only repeat the violence that was experienced in the past, or produce new types of violence that the youngsters are unable to manage and adults are too busy or too worried to become fully aware of. The following case example from Long Island, New York can illustrate this difficulty.

Carlos was sent from El Salvador to be reunited with his father who had moved to Long Island to send money home, to help with his children’s education. He crossed the border illegally and found work as a landscaper with some other countrymen. The idea was for Dad to pay for private schooling for the children and a better house in a safer neighborhood for the family. However, as the violence increased at home, Carlos’ family was threatened by the local gang. If that they did not turn him over to the local gang to fight, the gang would retaliate by murdering for Carlos and raping his sister. Therefore, at 14, Carlos was sent as an unaccompanied minor with his Dad’s name and phone number scrawled on a piece of paper. He managed the journey with a “coyote” (a person paid to facilitate the journey) and two other boys as far as the US southern border. At the border he was sent forward alone to surrender, ask for asylum and be taken into the custody of US immigration services to be reunified with his father. His father was called and interviewed. There was some delay because the father had a business and the immigration worker was fearful that the boy was being brought only for work purposes. The boy had also been told at the detention center that if he claimed that his family was abusive, he could get asylum and that led to prolonged investigations, but following the procedure in place prior to 2016, he was released to Dad’s custody and Dad was allowed to “disappear” with him, back to his Long Island community.

Unfortunately, Dad did work long hours, and wanting his boy to study and succeed at school, he did not take him to work but enrolled him in school. He insisted on some afterschool activities such as church related basketball. But he was left with plenty of time at home in the afternoons so that he could study with a neighbor.

What actually happened was that Carlos was targeted and terrorized by MS 13, and did not really have the capacity to protect himself well. He tried to tell his father that he should leave school and work with him instead. At the same time, he was so terrified that he could not manage to learn English quickly and frankly, could barely think at all.

Fortunately, he came to the attention of a social work intern who had been placed in the school. The intern enrolled Carlos in a program that both kept him safe, helped with group treatment in which rage and violence that the boys felt could be addressed and re-directed. Best of all for Carlos, they allowed the youngsters to express the frustration that they were feeling. How could they explain to their elders that they felt trapped and confused at how to handle the local gang violence; since the elders had no idea what they were experiencing.

When young people feel cut off from those who can help them to return to the task of making meaning (through connection, love and concern), they become disoriented and split off differing parts of their experience. That leads them to act out what they cannot express in words. When they cannot get the kind of support that Carlos did, they often join the gangs and get involved in trouble-making because, internally, they believe themselves bad, and this is because they are overwhelmingly angry, which makes them feel mad, that is, unable to make any sense out of their desperate situation.

Multiplicity of selves: Language, memory, and identity

I asked my mother why do you cry
 She said your brother had.. he just died
 Well I told him not to go outside
 He said he had to fight for his countrys right
 But dont you know that mo-mother

Dont you know that we cant stop the violence, no
 Because the war is not over
 Until you can feel love, peace, and hear silence.

Jean, Wyclef (1997). Gunpowder. Wyclef Jean Presents: The Carnival, featuring the Refugee Allstars. Columbia Music

<https://www.youtube.com/watch?v=i8R67Zef8Ys>

Memory, as we know, is context dependent, as well as state and language dependent. Memories from times and places far away can be harder to retrieve even under the best of circumstances. Perez-Foster (1996) has pointed out that many ways that memory's language dependence affects the meaning attached to personal history: information remembered in one language may be unavailable or carry different meaning in another.

In many countries, it is common for people to be multilingual from the start. Children may speak one or more local languages at home, the national or colonial language at school, and increasingly, in many parts of the world, English is the language of travel and communication with the outside world.

When children come to the United States, they leave behind the sights, smells, and languages associated with every aspect of growing up. Some of the strongest memories may refer to the public actions that necessitated the migration: Incessant travel in search of food or water or the chance to earn a bit, endless hours in a rubbish strewn market place, hoping to sell something small so that there'd be something to eat, and the wherewithal to travel, or a dramatic event like the death of Wyclef Jean's brother (recounted in the song quoted above, Gunpowder, 1997) during the violence in Haiti. Also remembered are burning buildings and dead bodies heaped along the route.

But in that same group of memories, less publicly acceptable or understandable to others, are all of the little things that make home for anybody: A favorite tree for climbing, grandma's embrace, the smell of charcoal burning at dusk, mixed with the overly sweet scent of frangipani, the camaraderie of the other kids on the long line to fetch water at the refugee camp. On the other hand, there are also the unofficial negative memories: An aunt who was mean, a teacher who was unfair, family secrets, such as violence or infidelity that caused rage and resentment. When the events that caused migration were terribly violent, these memories may go underground, with the official story predominating. That story is usually an admixture of truth and fairy tale; but the passionate feelings of a young child are generally not to be found (Bragin, 2001, 2007). Those feelings belong to someone who no longer exists, except in dreams. Often, different bits of that childhood self are encoded in different languages (Perez-Foster, 1996). In the same Wyclef Jean album mentioned above, (the Carnival, 1997) Jean's positive memories of Haiti are recorded in Creole, his baby language, while his emigration story, just as heartfelt, but different, is told in English.

Many immigrant children in fact, are mourning the loss of central figures in their lives, caregivers, grandmothers, or aunts who were left behind and never spoken about or seen again.

Sonia, in family court for threatening acts of violence, burst out at her parents, when they talked with pride about bringing her to the US. "You are horrible people! You are disgusting! When I left my grandmother never saw her again, (leaving on a plane for the US) you made a party for me! Now that she is dead you complain because I don't make a pretty picture of a crying child? Why should I cry now? I have been crying for her all of these years and no one cared at all!"

Co-constructing narrative: Facilitating symbolization

An example of an immigrant child who was mourning for a loved one left behind was Wilfred Bion. Bion, as you know was born in India of bourgeois colonial parents. As was the custom in those days, he was raised by his Indian ayah or nanny. She was constant companion who told him stories and mediated his experience of the outside world.

When he was 8 years old, he was abruptly separated from her. He never saw her again. At the same time, he left the rest of his family as well who kissed him goodbye but did remain in touch. He was sent

to boarding school in England like many colonial boys of that time where he felt strange and an outsider, was lonely and depressed and got into frequent fights (Bléandonu, 1994; Bragin, 2001).

One of the many interesting features about Bion and his story is that after a second and successful analysis at 55 years old he began to do some of his most important work. Critical to that analysis, according to his biographer Bléandonu (1994), was being able to remember his ayah, the stories that she told from the Hindu canon, and to mourn her loss.

Bion's work is important for many things, but here I want to speak about his concept of linking – that there are three ways that we can connect with one another—through Love, Hate, or Knowing. How poignant that he should have thought so much about this subject, as the child for whom all links to his past life were cut off. The recognition of his feelings of Love, Hate, and longing to be Known must have been his deepest wish (Bion, 1957; Bion, 1961).

And so, he began to write about what all of us can know and not know. He describes the uninterpreted world of the infant as made up of what he calls beta elements: Objects that inhabit the world but have no meaning or affect attached to them. Through mother's loving care such objects are turned to alpha elements, things with meaning and substance: clocks, pots, spoons and mother herself (or her substitute, the ayah).

Exposure to extreme violence tends to reduce the world to its beta form, and it is only through the capacity for connection over time that meaning can be restored. We do this as therapists through the reliability of the frame, through being a very consistent presence over time. It is important to keep questions open ended, to assume that with immigrant patients, like all others, one really knows nothing at all about what it is like to be another person who is not you, and that you, as the therapist, want to know about everything there is to know about the patient (Bion, 1957; Bion, 1961; Bragin, 2001, 2007).

It is critical not to rush too quickly to absolve children of self blame or make any factual intervention too early. Because these children's lives have been so buffeted by historical circumstance, it is critical that they be able to tell their own changing stories in their own way. Children who have seen terrible things and frankly, like Aeneas, *perhaps done them*, regardless of whose fault it is, must know two things about us: that we can allow them to be subjects of their own lives even though they have been the objects of history, and in their family the objects of protection or blame (Bragin, 2001, 2007, 2019).

Co-constructing narrative: The integration of personal meaning

In the third session, a refugee patient brought a study she'd read at university on children affected by armed conflict. The study demonstrated that following genocide, children were often devoid of personal wishes or desires. I thanked her for trying to help me to understand such a difficult subject. I asked whether she agreed with the study. She replied that it was written by an expert and insisted that I read it. I agreed. I said that something had confused me in the paper and wondered if she could explain it. She looked comfortable in her chair for the first time and said that she was happy to help. I said that I had on several occasions met kids who had seen a lot of people die being interviewed in public, with translators and elders looking on. When asked what they wanted most, they sometimes thought that they had better say something that sounded really good, so as not to be seen as unworthy of the dead or their own rice bowl. I mentioned that in my experience, when the children were not so well behaved about it all, the translator always made something up, so that no study ever indicated that the children said that they wanted something really delicious to eat, beautiful clothes, a favorite animal, or the people that they loved come back. They always ended up saying that they wanted world peace and end to the conflict. And that that was why the researchers thought that the children had lost all sense of wanting for themselves. But, I said, again in my experience, if you got such children alone or in games, all they thought about was food, lost possessions, and most of all the people whom they loved and lost. It made perfect sense to me, but I don't really know much about it. My patient giggled and told me a story about how the translator in the refugee camp always "cleaned up" people's answers to questions asked by international agencies. The aid agency said that it was a language problem and kept sending the

translators to more and more classes but since my patient understood both French and several local languages, she just thought it was funny, how the elder would “fix” people’s replies to suit his own idea of what was proper. We laughed together, visualizing the earnest elder. I thought that it must make the kids almost unbearably mad, being asked so many questions and not being heard at all. “Mad is bad,” she answered. “Mad is bad” –and then we both remembered that she was very bad. “That’s why I drink. I drink so that I won’t be bad or mad.” (Or go truly mad? I wondered). “But I’m sad and bad and” (she giggled) “mad all the time.” She then proceeded to recount some of the terrible self-destructive things she did in the present, and over time she began to tell the “irrelevant” tale of what had happened in the past. We had established a K link: She Knew that I Knew that kids often thought things that they were “not supposed” to think and felt what they were “not supposed” to feel (Bion, 1957; Bowlby, 1988; Bragin, 2001, 2007). That is how treatment was able to begin.

As we co-construct or weave together narrative, at the same time, we begin to unify the multiplicity of selves, over time and through a consistent ability to tolerate the worst in ourselves, and in our patients.

This task requires endurance. Unlike adults who may well sit for treatment, adolescents who are too old to play and unable to speak to us often act out the worst or most dissociated parts of their stories. One must be prepared for failed appointments, sudden appearances, and terrible tales of awful current life experience which are designed to do two things: to test our tolerance of the intolerable, and to force us to feel what cannot be stated in words (Bragin & Bragin, 2010).

Conclusion

Refugee children and adolescents arrive with heavy burdens, carrying their elders and their histories on their backs. They enter this country bearing multiple myths, related to the reason for their flight, all that they have left behind, and the hopes of the family for the future in a very strange land.

Our work with them engages us in a task of co-creating narratives that engage memories; lost, found and carefully carried, in order to give meaning to their lived experience. In that way we can accompany these youngsters in the task of joining past with present to create the possibility of a future. In order to do so, it is necessary to engage not only with the counter-transference related to own personal history and character, but also to the collective myths and lost memories that embody the refugee narrative of psychoanalysis. We must merge our own official and unofficial stories if we are to gain the strength to give meaning to the social context of our work.

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References

- Aiello, T. (1998). The influence of the psychoanalytic community of emigres (1930–1950) on clinical SW with children. *Child and Adolescent, SW Journal*, 15(2), 151–166. doi:10.1023/A:1022248110806
- Aiello, T. (2009). Psychoanalysts in exile. *Psychoanalytic Perspectives*, 6, 8–34. doi:10.1080/1551806X.2009.10473052
- Becker, D. (1995). The deficiency of the concept of posttraumatic stress disorder when dealing with victims of human rights violations. In R. Kleber, C. Figley, & B. Gersons (Eds.), *Beyond trauma: Societal and cultural dynamics* (pp. 99–114). New York, NY: Plenum Press.
- Bion, W. R. (1957). Attacks on linking. In E. Spillius (Ed.), *Melanie Klein today, vol. I: Mostly theory* (pp. 87–101). London, UK: Routledge, 1988.
- Bion, W. R. (1961). A theory of thinking. In E. Spillius (Ed.), *Melanie Klein today, vol. I: Mostly theory* (pp. 160–178). London, UK: Routledge, 1988.
- Bléandonu, G. (1994). *Wilfred Bion: His life and works 1897–1979*. (Pajaczkowska, C. trans.). New York, NY: Guilford Press.
- Bowlby, J. (1973). *Separation: Anxiety and anger*. New York, NY: Basic Books.

- Bowlby, J. (1988). On knowing what you are not supposed to know and feeling what you are not supposed to feel. In J. Bowlby (Ed.), *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books, 1990.
- Bragin, M. (2001). *The role of early aggressive phantasy in the genesis of the intrapsychic sequelae of war, state and community violence: A cross-cultural perspective* (Unpublished Doctoral Dissertation). New York University School of Social Work.
- Bragin, M. (2007). Knowing terrible things: Engaging survivors of extreme violence in treatment. *Clinical Social Work Journal*, 35(4), 229–236. doi:10.1007/s10615-007-0099-z
- Bragin, M. (2019). Pour a libation for us: Restoring the sense of a moral universe to children affected by violence. *Journal of Infant, Child, and Adolescent Psychotherapy*, 18(3), 201–211. doi:10.1080/15289168.2019.1655850
- Bragin, M., & Bragin, G. (2010). Making meaning together: Helping survivors of violence and loss to learn at school. *Journal of Infant Child & Adolescent Psychotherapy*, 9(2), 47–67. doi:10.1080/15289168.2010.510986
- Danto, E. (2005). *Freud's free clinics*. New York, NY: Columbia University Press.
- Freud, S. (1974). Totem and taboo. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 13, pp. 1–162). London, UK: Hogarth Press. (Original work published 1913).
- Ginwright, S. (2018). *The future of healing: Shifting from trauma-informed care to healing-centered engagement* (Occasional Paper 25). Victoria, Canada: Kinship Carers Victoria.
- Hollander, N. (1997). *Love in a time of hate: Liberation psychology in Latin America*. New Brunswick, NJ: Rutgers University Press.
- Honwana, A. (1998). Discussion Guide 4: Non-Western concepts of mental health. In UNHCR: *Refugee children: Guidelines on protection and care* (np). Geneva, CH: UNHCR.
- Honwana, A. (1999). Challenging western concepts in trauma and healing. *Track Two: Culture and Conflict*, 8(1).
- Jean, W. (1997). Gunpowder. On *Wyclef Jean Presents the Carnival Featuring the Refugee Allstars* [CD]. Sony.
- Keilson, H. (1992). *Sequential traumatization in children: A clinical and statistical follow-up study of the fate of Jewish war orphans in the Netherlands*. Jerusalem, Israel: Magnes Press.
- Khan, M. R. (1972). Childhood neurosis involving false organization of “self”. *Psychiatrie De l'Enfant*, 15, 31–44.
- Khan, M. R. (1977). Between spoken word and written language: Playing. *Etudes. Psychotherapiques*, 29, 163–166.
- Klein, M. (1927). Criminal tendencies in normal children. In E. Spillius (Ed.), *M. Klein, the writings of Melanie Klein, Vol. I: Love, guilt and reparation and other works, 1921–1945* (pp. 170–186). New York, NY: The Free Press, 1975.
- *Klein, M. (1934). On criminality. In E. Spillius (Ed.), *M. Klein, the writings of Melanie Klein, Vol. I: Love, guilt and reparation and other works, 1921–1945* (pp. 258–262). New York, NY: The Free Press, 1975.
- Kornfeld- Lira, E. (1995). The development of treatment approaches for victims of human rights violations in Chile. In R. Kleber, C. Figley, & B. Gersons, (Eds.), *Beyond trauma: Societal and cultural dynamics* (pp. 115–133). New York and London: Plenum Press.
- *Lacan, J. (1948). Aggressivity in psychoanalysis. In J. Lacan (Ed.), *Ecrits: A selection* (pp. 8–29). New York, NY: Norton, 1977.
- Langer, M., Del Palacio, J., & Guinsberg, E. (1989). *From Vienna to Managua: Journey of a psychoanalyst*. London, UK: Free Assn Books.
- Melodians (Marley, R.). (1978). *Rivers of Babylon*. London, UK: Island Records.
- Perez-Foster, R. (1996). The bilingual self: Duet in two voices. *Psychoanalytic Dialogues*, 6(1), 99–121. doi:10.1080/10481889609539109
- Shay, J. (2009). The trials of homecoming: Odysseus returns from Iraq/Afghanistan. *Smith College Studies in Social Work*, 79(3–4), 286–298. doi:10.1080/00377310903130332
- Winnicott, D. W. (1939). Aggression and its roots: Aggression. In C. Winnicott (Ed.), *Deprivation and delinquency* (pp. 84–92). London, UK: Tavistock/Routledge, 1984.