Reading and Writing: Working With Traumatic Grief Among Iraqi Refugees in Jordan

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In this article, we present some ideas and methods by which we endeavored to facilitate psychological healing among Iraqis who were grieving losses resulting from torture and war. The Iraqis with whom we worked had fled their homeland and taken refuge in Jordan and were clients in a psychotherapy clinic. The clinic was established and directed by the Center for Victims of Torture (CVT), a nongovernmental organization that serves survivors of politically motivated torture and war-related trauma in the United States, Jordan, Kenya, Democratic Republic of Congo, and elsewhere.

CVT’s Jordan program comprises direct clinical care in individual, group, and family modalities; training; and live, on-site clinical supervision of local counselors by experienced, expatriate psychologists. The expatriate psychologists work alongside the local counselors as co-therapists for individual and family therapy clients and as co-facilitators of counseling groups. While most of CVT’s international programs were based in refugee camps and rural postconflict communities, in Jordan the services were provided in two urban clinics. We integrated expressive arts methods with a variety of other approaches, including psychodynamic, cognitive-behavioral, humanistic, and trauma-focused therapies (Stepakoff, et al., 2006).

Methods that rely on the creative utilization of language are particularly salient for survivors of ethnopolitical traumatic loss. Most survivors do not readily find words to describe their experiences and emotions, particularly not in the early stages of recovery. In addition, larger sociocultural and political forces discourage—and even actively suppress—the verbal narration of the violations they have endured.

This silence often leads survivors to feel isolated, burdened, and overwhelmed. Gradually moving from silence toward speech in the context of a safe, caring relationship paves a pathway for reconnection with self and restoration of the capacity to connect with other human beings. Although as a formal academic and professional discipline, poetry therapy has been used primarily in the United States, the recognition and utilization of the transformative power of literature has ancient antecedents in Arab culture, especially in Iraq. Indeed, words were written for the first time in human history (around 3200 BCE) in Mesopotamia—the early civilization located in the site of modern-day Iraq (Nissen & Heine, 2009).

In all of the monotheistic faiths practiced in Iraq, the reading of verses from sacred texts, either silently or aloud (e.g., in the form of chanting), is used to foster comfort and inner strength. Among Muslims, strong value is placed on being able to read the Koran and commit Koranic verses to memory. Moreover, the rhythmical and linguistic properties of the Koran are believed to enhance the positive psychological impact of reading it or of hearing it read aloud.

In their effort to cope with their grief, some of our clients found it helpful to consult ancient sources or to read or recite traditional proverbs. Others preferred contemporary methods based on psychodrama, dance/movement, visual arts, music, and poetry therapy. Here we shall focus primarily on poetry therapy, with consideration of receptive as well as expressive techniques.

Receptive techniques rely on the reading of pre-existing material that may be selected by the client or by the counselor (Mazza, 1999). The poems or songs to be used in clinical work with survivors usually do not mention torture or war. Rather, they capture particular aspects of the experience of suffering, loss, and grief. An example of an instance in which a client selected a pre-existing poem occurred in a counseling group for men. One client, “Burhan,” whose brother had been brutally murdered for ethnopolitical reasons, had rigid psychological defenses against discussing his emotions about his brother’s death, even when other group members shared about their losses. About midway through the 10-session cycle, Burhan, though he still had great difficulty talking about his feelings directly, shared the following passage from a poem by Al Khansa, a renowned seventh-century Arab female poet whose brother had been killed in war in the year 615 CE. Burhan had committed the poem to memory, and as he recited it, it became clear to the counselors and participants that by sharing the poem, Burhan was able to express his own feelings more fully and accurately than he had been able to do on his own.

Excerpt of Poem by Al Khansa (7th Century CE)

Every sunrise reminds me of my brother, Sakhar
And I continue remembering him until the sun descends
And if it were not for the presence, all around me, of so many other people
who are also mourning their brothers
I would kill myself.

This led to a fruitful group discussion of the experience of grief and of the ways that forming connections with others who are also grieving somehow made the anguish more bearable. Indeed, this “kinship of grief” (Stepakoff, 2008) is a key component of what we seek to achieve in psychotherapeutic work with clients who are struggling to cope with traumatic losses. While Burhan spontaneously opted to share this poem, therapists can also specifically invite clients to bring in a poem that they find meaningful. In other cases, the group facilitator may choose a pre-existing poem as a catalyst to increase clients’ willingness to talk about their own experiences and concerns.

Both within particular sessions and across a series of sessions, receptive methods of poetry therapy are usually used in conjunction with expressive methods. The latter can be understood as the

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process whereby survivors engage in their own, original writing, most commonly journaling, letter writing, and the creation of poems. Typically, after briefly reading aloud an Arab proverb, poem, story, or other pre-existing piece, there is quiet for some moments to allow time for the piece to be absorbed. Then we may invite clients to choose a word or a line from the piece, copy that word or line onto a fresh sheet of paper, and generate a written response that expresses some of their own memories, feelings, and thoughts either individually or collaboratively by dyads, families, and groups. The invitations to write have varying degrees of structure and guidance. The theoretical foundations of expressive methods include the concepts of catharsis and externalization, that is, the human need to symbolize or represent, via external form, emotions and images that have been purely internal.

In some instances, clients spontaneously engage in poetic expression outside the clinic and later bring in their writings. In many instances, however, it is helpful to facilitate expressive writing in a more formal or structured way, in the safety of the clinical setting. In therapeutic work with survivors of traumatic loss, the goals of expressive writing essentially parallel those for the receptive approach: breaking silence, reducing isolation, encouraging free expression, giving form to painful emotions, and fostering hope. A common method of promoting the creation of poems is to provide group members with a page that contains a preliminary structure to guide their expressive writing. Usually, this consists of word-stems or sentence completions, which leave a substantial area blank so that the clients can fill in their own words. The preliminary structure should be created with a theoretical rationale and/or a specific therapeutic goal in mind.

Letter writing can also be systematically incorporated into therapy sessions. Usually, the counselors give the client(s) a suggestion regarding to whom the letter should be directed and/or what issues it should explore. In counseling groups for Iraqi refugees in Jordan, we found that letter writing was a potent tool for working with traumatic grief. It is important that clients not only write a letter in which they express their own thoughts and feelings, but also that they imagine how the loved one receiving the letter would reply. There appears to be an archetypal healing function in the psyche that is activated during the imagined reply. Across a wide variety of cultures, the responses are almost always reparative and life-affirming. Typical messages include remarks such as “Take good care of the children,” “I want you to be happy,” “I forgive you,” “I’m sorry,” “I am not with you physically but I remain with you spiritually,” and “I wish you well.”

Another expressive technique, used primarily in group treatment modalities, is collaborative poem-making. This technique can be helpful at various stages of a group’s existence, but is particularly empowering at the end of a group cycle. It is a technique that is widely used in poetry therapy, and empirical research has indicated that it enhances group cohesiveness (Mazza, 1999). Each member of the group is first asked to write about his or her own feelings and thoughts. Then, each member looks over what he or she has written, and selects a line or phrase that is particularly meaningful to him or her. Next, one by one, according to readiness, each person contributes his or her line or phrase, such that one group poem emerges. The group poem weaves the participants’ diverse feelings into one coherent whole and serves both as a container in which the full range of feelings can be held and as a transitional object that participants can keep with them after the group has ended. As with any form of creative expression, there is usually a sense of satisfaction and wonder at having been able to successfully transform inner truth into outward form.

Since the 2003 U.S.-led invasion of Iraq, over 107,000 Iraqi civilians have been killed (http://www.iraqbodycount.org/database). Thousands more remain missing and unaccounted for. Untold numbers have suffered physical injuries from bombings, gunfire, beatings, and torture. Still more have suffered the loss of their homes, possessions, livelihoods, and the ability to remain in their native land. Many Iraqis suffer significant psychological consequences from these losses.

Clearly, it will not be possible to provide traditional mental health services for all of these individuals and families. Thus, the promotion of a particular kind of reading and writing—namely, a kind that relies on indigenous traditional practices supplemented by insights from the contemporary expressive therapies—can be a useful component of efforts to help survivors begin the arduous work of healing.

References:
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