Mind

Asylum seekers

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There has been a great deal of recent debate about asylum seekers, not just in the UK, but also across Europe, the US, Australia and Canada. In Britain, some elements of the political establishment have worked with the right-wing media to foster a climate of xenophobia and racism....

Most mental health professionals would probably agree that asylum seekers must be treated with dignity and respect. But we are concerned that, in mental health, the tendency to describe asylum seekers as 'traumatised' and 'damaged' could add to their problems.

Many of the most destructive psychiatric interventions have been made with the best of intentions. Our enthusiasm for therapy, counselling and medication may result in us failing to listen to the expressed needs of asylum seekers themselves. We are particularly concerned that the distress of those seeking refuge should be reduced to a psychiatric diagnosis - post-traumatic stress disorder (PTSD).

PSTD was introduced in the third edition of the *Diagnostic and Statistical Manual* (DSM-III) in 1980. It is defined in terms of intrusive symptoms (such as nightmares, flashbacks and persistent memories), avoidance symptoms (such as emotional numbing, withdrawal from the world and avoidance of reminders) and symptoms of over-arousal (such as insomnia and irritability)....

Psychiatry assumes that the symptoms of the condition are the same, regardless of culture or historic period. However, this has been challenged, as has the export of PTSD counselling programmes to non-western communities that have suffered war [Bracken, P., Giller, J. & Summerfield, D. (1995) 'Psychological responses to war and atrocity: the limitations of current concepts' *Social Science and Medicine* 40, 1073-82; Bracken, P. & Petty, C. (eds) (1998 *) Rethinking the Trauma of War* (Free Association Books)].

Caution is also needed when the concept is applied to asylum seekers in the west. PTSD locates the suffering induced by war and violence within an individual's mind. This implies that the solution to this suffering must be psychological in nature.

Derek Summersfield, who has worked as a psychiatrist in Nicaragua and for the Medical Foundation for the Care of Victims of Torture, challenges this view. He argues that the individualistic concept of PTSD cannot grasp the social and cultural dimensions of war-related suffering: 'Western diagnostic classifications are problematic when applied to diverse non-western survivor populations. The view of trauma as an individual-centred event bound to

soma or psyche is in line with the tradition in this century for both western biomedicine and psychoanalysis to regard the singular human being as the basic unit of study' [Summerfield, D. (1997) 'The impact or war and atrocity on civilian populations' in Black, D. et al. (eds.) *Psychological Trauma: A Developmental Approach* (Gaskell)].

Summerfield argues that social context often determines the outcome after wartime suffering and loss. He challenges the domination of psychology in understanding the needs of people who have suffered war-related violence, pointing out that recovery does not occur without the rebuilding of social worlds....

We believe that asylum seekers need support and help with medical and social issues, and they need solidarity in their struggle against hostility and racism. Victims of violence may need time to talk about what has happened to them, but 'medicalising' and 'psychologising' their difficulties has many dangers. In our view, we must resist the fashionable tendency to frame this distress in terms of PTSD.

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