

## When the foundations of life have been upset... An integrated clinical and experimental study with refugees and asylum seekers

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### Summary

**Aim** Recent research results in clinical psychology, health psychology and neurobiology underline the relationship between dissociative states, complex posttraumatic syndromes and borderline functioning [11]. Our study is meant to investigate the traumatic hypothesis of borderline functioning and to develop appropriate psychotherapeutic measures based on artistic mediations.

**Material and Methods.** To estimate the effect of traumatic events, from the beginning of life up to recent stressors, linked to natural catastrophes, war, political persecution and migration, we undertook an integrated clinical and experimental study with a sample of 73 refugees and asylum seekers. In a second stage, those who suffered from PTSD or complex post-traumatic states were offered to attend arts psychotherapeutic sessions.

To investigate the personality functioning at the structural level, we used a mixed quantitative and qualitative methodology, combining a semi-structured biographical interview, a projective test, i.e. the Sentences Completion Test, for which we developed a new manner of interpretation, and psychometric scales, i.e. the HADS and the Index of Wellbeing. Furthermore, we analysed the artistic production (pictures, stories written under musical induction) with the help of rating scales constructed in the phenomenological and structural tradition.

**Results.** With the help of non parametric multidimensional statistics, we extracted two profiles of personality functioning, linked either to repeated breaks, negligence and maltreatment from the beginning of life, or either to a recent external catastrophe, interrupting a continuous life course. Through the evaluation of the arts therapeutic sessions, we could note the first signs of resumption of the blocked process of subjectivation.

**Discussion.** The results of the study support the traumatogenic hypothesis of borderline functioning, as well as current clinical considerations concerning the defensive role of dissociation in complex posttraumatic states.

**Conclusion.** The study opens tracks for future research concerning an in depth investigation of the arts therapeutic process with traumatized people.

**arts psychotherapies / complex post traumatic states / expressive tests, integrated quantitative and qualitative research methodology / non parametric statistical procedures / rating scales**

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This work was supported by the Ministry of Higher Education and Research of Luxembourg [Grant R & D 2003-11-02]. There is no involvement of the funding source in study design, collection, analysis and interpretation of data, writing of the report or decision to submit the paper for publication. There is no conflict of interests to declare.

### INTRODUCTION

A multi annual research project, funded by the Ministry of Higher Education and Research in Luxembourg „was focussed on the link between traumatic experiences of the past and the current functioning of personality“ [1]. One of the aims of the study consisted in developing ap-

appropriate therapeutic interventions for the tertiary prevention of deprivation, exclusion and marginalization.

To estimate the effect of traumatic events, from the beginning of life up to recent stressors, like natural catastrophes, war, political persecution and migration, we undertook an integrated clinical and experimental study with refugees and asylum seekers. They were compared to other clinical subgroups of people suffering from exclusion and marginalization, i.e. homeless people and long term unemployed people, as well as prisoners suffering from drug addiction.

We adopted the structural and dimensional view of psychopathology. Our therapeutic approach was inspired by Kohut's psychology of the Self [2], which underlines the importance of constituting a mature narcissism at adolescence and by Bergeret's description of the "fundamental violence" [3]. Especially, we focused on the traumatogenic hypothesis of borderline functioning [4, 5] and even of psychosis [6-8].

Recent research results in clinical psychology, health psychology and neurobiology underline the relationship between dissociative states, complex posttraumatic syndromes and borderline functioning [9-11].

From these clinical considerations we can draw special indications for arts psychotherapies, as this method of treatment is non intrusive, as it respects the defensive functioning and as it can lead towards a gradual re-integration of splitted or dissociated parts of the Self [12].

## 1. MIGRATION, TRAUMA, MARGINALISATION

There is a convergence of research results from psycho-sociological, clinical and epidemiological sources, pointing towards a state of poor mental health in people suffering from exclusion and marginalization [13-18]. They often present a disruption of identity and a high frequency of psychiatric disorders, like low level borderline functioning [19, 17], drug induced psychoses [20, 21], PTSD coupled with delusional ideas [22, 23, 18] or depression coupled with delusional ideas [24, 25].

It is especially well established that, with asylum seekers and refugees, the risk of psychiatric disorders of this kind is very high [26]. In fact,

they show high levels of post-traumatic stress, depression and anxiety [27, 28]. The high risk of psychiatric morbidity can be related to their past experiences. Research by Blair [29], corroborating this hypothesis, shows that almost 40% of Cambodian refugees have been exposed to non-natural death or the assassination of others, to forced separation from family members or that they have suffered health disorders without having access to medical care. Altogether, 40% of them have barely escaped being killed and 26% have been tortured. Depression coupled with delusional ideas of persecution is for instance a frequent state with refugees coming from Africa., for instance from Cameroun, where the cultural pressure pushes people to look for an exogenic personified agent causing their illness [30].

After arriving to the hosting country, the process of acculturation is a new source of stress. For asylum seekers, the uncertainty of the situation and the reluctance that they cause in the population of the receiving country [31] are added to all the other stressful factors. Berry [32] has developed a model considering different possible consequences of increased stress linked to acculturation. The model comprises two components. On the one hand, it suggests that during acculturation, increased levels of stress can generate an important level of depression and suicidal thoughts. On the other hand, the model identifies cultural and psychological factors that can alter the level of depression and the suicidal thoughts. These factors are the social support that the person can find within the new community, the direct and indirect social networks of the family, socio-economic status, education and income. Nevertheless, many studies show that pre migration traumata have a long-lasting negative effect on mental health and can cause a special vulnerability to acculturative stress [33].

## 2. METHODS

### 2.1. Research design and measures

Our experimental approach follows a complex research design composed of several concurrent, embedded and sequential analyses [34].

The first stage of our project consisted in an integrated psychosocial and clinical study. It

was based on a semi structured biographical interview, the Hamilton Anxiety and Depression Scale [35], the Index of Well-Being by Campbell [36] and the Rotter Blank Sentences Test [37], used in a new manner. For the Rotter test, we have developed a method of interpretation linked to the phenomenological and structural approach allowed us estimating the status of the Ego Ideal and considering some fundamental diagnostic dimensions such as the archaic aggressivity, the pathological narcissism, the analitic objectal relationship and the essential depression [38].

The second stage consisted in the evaluation of the arts psychotherapeutic sessions offered to these people. The subjects have had weekly sessions of arts psychotherapy, combining several artistic mediations, in a receptive and above all active manner, consisting of listening to music, of writing stories, painting or modelling under musical induction, of vocal and instrumental or dance improvisations, followed up by verbal elaboration.

The changes occurring during the second stage of the study were evaluated with the help of observational frames, rating scales and with projective tests. An interesting tool of research has proved to be the stories written under musical induction for which we have developed a methodology of interpretation, allowing using them as a kind of projective test. In comparison with the TAT they give us the opportunity to explore complementary parts of the personality, providing us with a very promising instrument of treatment and research [39]. Another tool developed for the second stage of the research was a special rating scale for the pictures produced during the psychotherapeutic setting [40, 41]. Both instruments allow us using the artistic production to assess personal changes induced by arts psychotherapy.

## 2.2. Statistical procedures

As our data belong to a mixed level of measurement, we used non parametric statistical procedures (Mann-Whitney's U-test and Kruskal-Wallis' H-test for between-groups comparisons, Wilcoxon's Sign-Rank-test for within-groups

comparisons, Spearman's Rho for computations of correlations).

The multidimensional statistical analysis is based on Alternating Least Squares Principal Component Analysis. The PRINCALS algorithm was first described by Van Rijckevorsel and De Leeuw [42]. and it is based on works by De Leeuw, Young and Takane. A principal component analysis aims at describing a large number of variables with the help of a smaller number, termed principal components that still contain as much information as is exhibited in the original variables. Unlike classical factor analysis, PRINCALS cannot only handle quantitative data belonging to the numeric level but is also able to deal with qualitative data and mixed measurement level data.

## 2.3. Participants

**Table 1.** Socio-demographic data of the sub group of refugees (N=73)

Variable	Descriptive data and distributions
Age	m = 37,19 ± 9,34
Gender	M: 68; F: 5
Civil Status	married: 18; divorced: 12; single: 43
Educational Level	primary: 16 secondary I: 19 secondary II general: 15 secondary I technical: 8 post secondary: 10 university: 5
Origin	Africa: 38; Europe: 35

## 3. RESULTS FROM THE CROSS SECTIONAL STUDY

The results of the comparative studies between the clinical subgroups, as well as the results of the multidimensional studies of the total group, were analyzed in detail elsewhere [1, 44]. In this article, we will focus on the subgroup of refugees and asylum seekers and explore the relations between the biographic interview, the Rotter test and the measures of depression, anxiety and well-being, that could throw light on the traumatogenic hypothesis of borderline functioning and guide us in the development of pertinent psycho therapeutic interventions.

### 3.1. Relationship between selected biographic variables and the current status of anxiety, depression and well-being

**Table 2.** Rank correlations between psychometric and biographic variables (N=73)

Variable 1	Variable 2	Rho	Level of signif.
Anxiety	Depression	0.622	0.000
	Absence of well-being	0.589	0.000
	Continuity of life course	0.271	0.000
	Suffering adult age	0.336	0.004
Depression	Absence of well-being	0.408	0.000
	Single break	0.250	0.034
	Complete family	0.247	0.036
	Enlarged family	-0.405	0.000
Suffering adult age	Suffering adult age	0.361	0.002
	Absence of well-being	-0.272	0.021
Absence of well-being	Enlarged family	-0.272	0.021
	Suffering adult age	0.394	0.001

The analysis of the results of Tab. 2 shows that anxiety and depression have stronger links with repeated breaks and physical abuse in childhood than with a single break and suffering starting at adult age. Absence of well-being is linked to suffering at adult age, whereas the presence of an enlarged family seems to function as a protective factor.

### 3.2. Crossing over of the Rotter test with the biographic interview

**Table 3.** Rank correlations between biographic variables and variables of the Rotter test 3rd person (N=73)

Variable 1	Variable 2	Rho	Level of signif.
Single break	Guilt	-0.270	0.021
	Professional goals	0.274	0.019
Repeated breaks	Guilt	0.299	0.010
	Conflicts at work	0.238	0.043
Loss	Guilt	0.247	0.035
	Goal of love	0.244	0.037
Neglect	Resignation	0.241	0.040
	Pessimism	0.244	0.037
	Conflicts with family	0.441	0.000
	Conflicts at work	0.241	0.040

*table continued in next column*

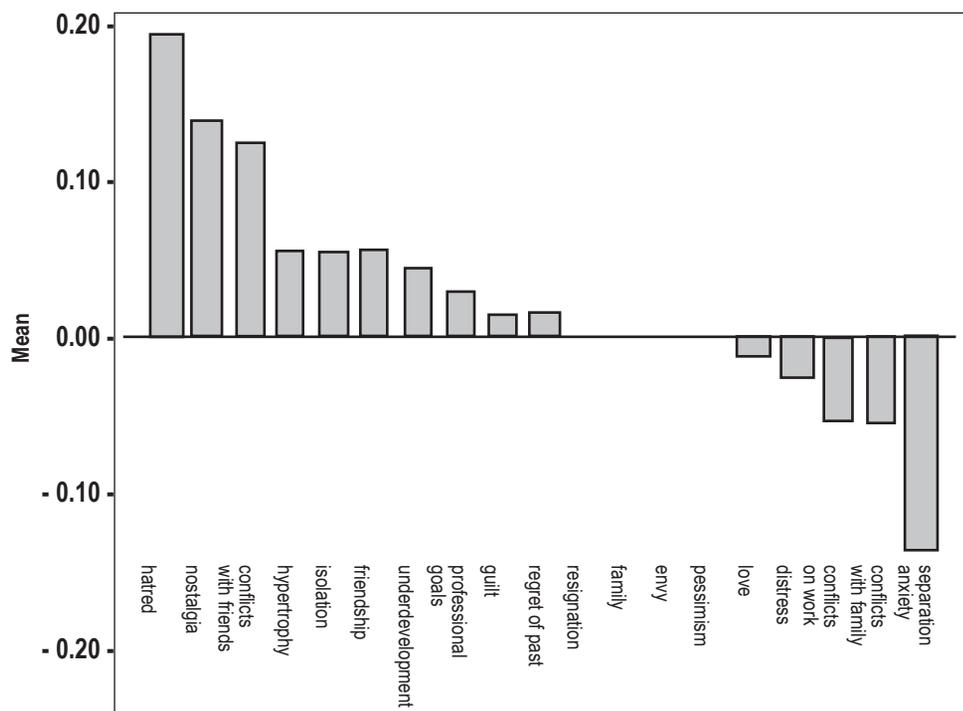
Maltreatment	Resignation	0.269	0.021
	Hatred	0.235	0.046
	Hypertrophy of Ego Ideal	0.235	0.046
	Conflicts at work	0.269	0.021
Exterior catastrophes	Distress	0.275	0.019
	Conflicts with family	-0.302	0.009

**Table 4.** Rank correlations between biographic variables and variables of the Rotter test 1st person (N=73)

Variable 1	Variable 2	Rho	Level of signif.
Continuity	Resignation	0.432	0.000
	Goals friendship	-0.233	0.047
Single break	Separation anxiety	0.255	0.029
	Hatred	-0.285	0.015
	Pessimism	0.280	0.010
	Goals family	0.242	0.039
Repeated breaks	Separation anxiety	-0.241	0.040
	Distress	-0.257	0.028
	Resignation	-0.247	0.035
	Hatred	0.306	0.008
	Pessimism	-0.240	0.034
	Professional goals	-0.234	0.046
	Goals of friendship	0.234	0.046
Goals linked to family	-0.302	0.000	
Loss	Nostalgia	0.331	0.004
	Goals of love	0.244	0.037
Neglect	Pessimism	-0.248	0.035
	Regret of past	0.363	0.002
	Goals of friendship	0.364	0.002
Maltreatment	Guilt	0.286	0.014
	Resignation	0.292	0.012
	Hatred	0.261	0.026
	Hypertrophy of Ego Ideal	0.312	0.007
	Conflicts with friends	0.248	0.035
	Isolation	0.417	0.000

The correlations between traumatic biographic events and the current expression of emotional needs and drives in the Rotter Test (Tab. 3 and 4) are meaningful at the light of theoretic considerations on narcissistic wounds and compensatory pathology of Ego ideal [2], as well as at the light of recent research results on trauma and dissociation [11].

### 3.3. Comparison between the conscious and unconscious expression of emotional needs and drives.



**Figure 1.** Differences between the expression of emotions and goals on the unconscious and conscious level (Rotter test 3<sup>rd</sup>- 1<sup>st</sup> person)

The differences between statements in the third and first person ( Fig. 1) can give indications on the dynamic interaction of defence mechanisms with coping strategies and social desirability [44]. Fig. 1 shows a polarization between the expression of hatred at the unconscious level and the expression of separation anxiety at the conscious level. In our sample, people seem to be rather moved by a desire of psycho-social adjustment.

#### 3.4. Optimal scaling of the rating scale for the Rotter Test

In order to extract latent dimensions with non metric data, we used the Non Linear Principal Components Analysis (PRINCALS) which allowed us extracting 3 dimensions (table 5) meeting the criterion of Eigenvalue  $> 1/N$  [45]. (Tab. 5 – next page).

The total Alpha of 0.92 is quite satisfying, showing a good consistency of the dimensions. (Tab. 6 – next page).

After inspection of the matrix of the component loading (Tab. 6), we proposed the following labelling for the dimensions:

- Dimension 1. (Cronbach's Alpha 0.74): Narcissistic anger / relational needs
- Dimension 2. (Cronbach's Alpha 0.63): Resignation / desire
- Dimension 3. (Cronbach's Alpha 0.58): Orientation towards past / future

From the answers in the first person we extracted quite similar dimension (total Alpha= 0.93)

## 4. EVALUATION OF ARTS PSYCHOTHERAPEUTIC SESSIONS

Our evaluation is based on the artistic production of 20 persons suffering from complex post-traumatic states and assisting regularly to arts psycho therapeutic sessions.

### 4.1. Initial assessment of the pictorial production

Based on our previous clinical experience we had constructed a theoretical typology which covered more than 90% of the pictures produced during the first stage of therapy in several inde-

pendent samples of people suffering from exclusion and marginalisation [41].

- Type I: Desire of the lost paradise
- Type II: Fascination by evil and death
- Type III: Graphics and ornamentation
- Type IV: Mere description
- Type V: Break-up and dislocations of forms

**Table 5.** Eigenvalues of the dimensions extracted from the rating scale for the Rotter test 3<sup>rd</sup> person (N = 73)

Dimension	Cronbach's Alpha	Eigenvalue	% of variances accounted for
1	0.740	3.342	17.591
2	0.636	2.515	13.238
3	0.588	2.258	11.882
Total	0.925	8.115	42.711

**Table 6.** Component loadings Rotter test 3<sup>rd</sup> person (N = 73)

Variable	Dim 1	Variable	Dim 2	Variable	Dim 3
Hatred	0.874	Pessimism	0.599	Regret of paste	0.663
Conflicts friends	0.844	Goals linked to family	0.549	Guilt	0.543
Hypertrophy	0.797	Underdevelopment	0.543	Goals of love	0.462
Love	-0.335	Guilt	0.529	Conflicts with family	0.408
Professional goals	-0.401	Conflict at work	0.469	Underdevelopment	0.377
Distress	-0.451	Goals of friendship	0.446	Distress	-0.357
Friendship	-0.458	Distress	0.411	Nostalgia	-0.436
Nostalgia	-0.519	Resignation	0.405	Isolation	-0.405
		Conflicts with family	0.361	Professional goals	-0.459
		Envy	-0.341		
		Goals of love	-0.370		

#### 4.2 Distribution of types in the initial pictorial production (N = 31)

In our clinical subgroup of 20 people participating to arts therapeutic sessions we analyzed the typological distribution of 31 drawings and paintings produced during the first session (table 7).

Type IV, called “mere description” is the most frequent among the refugees. Among the types showing a more direct expression of emotions, the negative feelings represented by type II “fascination by evil and death” are more frequent than type I “desire of the lost paradise”. To understand the meaning of these results, we have to consider that the refugees and asylum seekers have often been confronted to severe recent

traumata (war, political prosecution, natural catastrophes, etc.).

On the other hand, type III, called “graphics and ornamentation”, showing the importance of esthetical defence mechanisms is as frequent as the three floating of archaic anxiety and depressive feelings. Type V, called “break-up and dislocation of forms”, is rare among the refugees. It appears more frequently in the subgroup of people living in extreme precarity and it seems to be linked either to chronic psychosis or to cognitive deterioration due to long term abuse of alcohol and drugs.

#### 4.3. Changes appearing during the arts psychotherapeutic sessions

Tables 8 and 9 summarise the significant changes in the pictorial and literary productions

between pre test and post test. Due to the small size of our sample (N = 20 participants), we accept a risk of  $\alpha = .10$ . The differences were computed with Wilcoxon's Sign-rank Test.

We find out that in both forms of expression the changes veer towards a better quality of the imaginary and symbolic elaboration and a more genuine demonstration of feelings, even if these feelings are negative, as well as toward an improvement of the formal quality of the creations.

#### 4.4. Clinical illustration

The first pictures drawn by a young man who suffered from depression coupled with perse-

**Table 7.** Classification of pictorial productions during the first session (N= 31)

Type	Frequency	Percentage	Cum. percentage
I	4	12.9%	12.9%
II	8	25.8%	38.7%
III	8	25.8%	64.5%
IV	9	29.0%	93.5%
V	2	6.5%	100%

**Table 8.** Pre-test – Post-test comparison of the pictorial production (N = 20)

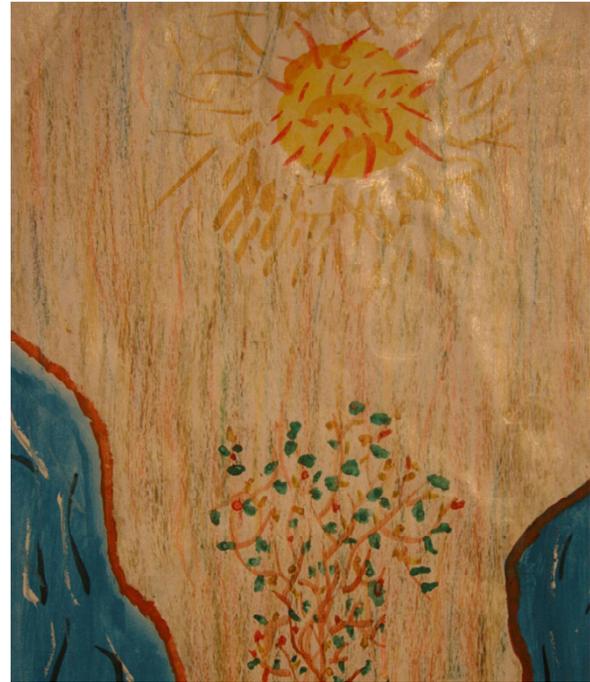
Variable	Z	Level of significance	Direction of change
Richness of colours	-2.078	p < 0.05	Pre < post
Assurance of line	-2.345	p < 0.01	Pre < post
Flexibility of line	-1.925	p < 0.10	Pre < post
Accuracy of forms	-2.214	P < 0.05	Pre < post
Abstract contents	-2.130	p < 0.05	Pre > post
Scene	-2.060	p < 0.05	Pre < post
Nostalgia	-2.532	p < 0.01	Pre < post
Conflict	-2.156	p < 0.05	Pre < post
Love	-2.343	p < 0.01	Pre < post
Death	-1.914	p < 0.10	Pre < post
Trivial contents	-2.131	p < 0.05	Pre > post
Originality	-2.217	p < 0.01	Pre < post
Personal involvement	-2.142	p < .05	Pre < post

**Table 9.** Pre-test – Post-test comparison of the literary production (N = 20)

Variable	Z	Level of significance	Direction of change
Originality	-2.217	p < 0.01	Pre < post
Description	-2.078	p < 0.05	Pre > post
Emotional involvement	-2.345	p < 0.05	Pre < post
Adjusted aggressiveness	-1.925	p < 0.10	Pre < post
Richness of details	-2.214	p < 0.05	Pre < post
Stylistic flexibility	-2.008	p < 0.05	Pre < post
Cognitive elaboration	-2.130	p < 0.05	Pre < post
Artistic elaboration	-2.060	p < 0.01	Pre < post
Intra psychic conflicts	-2.212	p < 0.05	Pre < post
Nostalgia	-1.914	p < 0.10	Pre < post

cution anxiety were characterized by a strong defensive functioning and belonged to types III (graphics and ornamentation) and IV (mere description). After some months of treatment, he

drew a picture (Fig. 2) that shows the emergence of vital desire. It represents a plant tending towards the sun but still lacking roots.

**Figure 2.** Growing towards the sun

Thus, there are some signs pointing towards a possible restoration of vitality, creativity and motivation in the participants, but the arts psycho therapeutic process has to go on for a long time in order to lead to lasting changes, especially if we are in the presence of a posttraumatic embitterment syndrome [46].

## 5. DISCUSSION

The traumatogenic hypothesis of borderline functioning [47] is supported by the data of this study.

We recall the fact that according to the current traumatogenic hypothesis, the precocious repeated traumas could be an etiological factor of borderline functioning [4]. The latter would be cultivated later on through adverse life events met at a later point in the individual's life. Borderline functioning would be the source of unadjusted behavioral patterns and of dysfunctional adjustment strategies vis-à-vis stressors and anxiety, so that a retroactive knot would exist be-

tween the underlying personality organization and the reaction to the external stressors [17, 10]. According to Zubin [6], a stressing event going beyond the critical level of vulnerability results in a psychotic episode.

This hypothesis is supported by relations between biographic variables and measures for anxiety, depression and well-being and also by the discrepancies between the conscious and unconscious expression of emotional needs existing in the Rotter test, pointing to strong dissociative tendencies. It is also supported by the frequency of posttraumatic states and of other psychiatric conditions existing in our sample, linked either to traumatic biographic events occurring from the beginning of life and having resulted in a borderline personality organization or psychotic break-downs, or else to recent external stressors like natural catastrophes, wars and persecution or to difficulties in acculturation. In the latter condition, the psychiatric disorders are lighter, unless there was a special vulnerability related to ancient breaks, losses, neglect, abuses and maltreatment, recent events acting in that case as launching factors for more severe psychiatric conditions [44]. Finally, the in-depth analysis of the Rotter test lead to interesting results concerning the pathology of Ego Ideal in our sample, an hypertrophy or underdevelopment of this representation being associated to personal characteristics and coping strategies, in accordance with Bergeret's conception of fundamental violence [3], and with Kernberg's and Kohut's views of sound and pathological narcissism [48, 2].

The indications for psychotherapeutic interventions differ according to the personality profiles of people.

If the expression of suffering and distress as well as the vulnerability to subsequent psychopathological complications (suicidal behavior, drug addiction, hetero aggressive violence, chronic psychosis) is massive, the implementation of psychotherapeutic interventions is necessary [49, 50, 46]. Whereas for people having had a steady life course and suffering from the consequences of a recent traumatic event, a short supportive type of counselling [33] or psychotherapy [51] may be sufficient, a long term restructuring psychotherapeutic approach will often be necessary for those having endured re-

peated traumata from the beginning of life. The focus should be put not only on the elaboration of ancient traumata but also on the current identity quest, favouring thus the integration into a new socio-cultural environment [52, 53].

According to our clinical and experimental results, we propose a three-step approach:

- Exploratory arts therapeutic sessions in an open setting
- Arts socio-therapeutic group sessions with the aim of restoring the social link and facilitating the acculturation process
- Arts psychotherapeutic individual sessions for those who need a long lasting restructuring type of psychotherapy

However, there are limits to the possibilities of arts psychotherapies as a long lasting emotional stress or the neurotoxic effects of drugs or alcohol may lead to an irreversible damage in the hippocampal area [54].

Tracks for future research come out of our study, especially as to the enlargement of our typology for the pictures, in order to include new types emerging during the course of the arts psychotherapeutic process and pointing towards a relaunchment of the blocked process of subjectivation. In order to achieve this, we have to analyze a large number of productions in a temporal sequence. With a greater number of women participating to our clinical group, we would like to analyze the influence of gender on defence mechanisms, coping strategies and outcome. Finally, in a perspective of ethno-psychiatry [55] it would be pertinent to undertake a comparative study between several cultural subgroups, based on the same kind of integrated qualitative and quantitative research strategy.

## 6. COULD ARTS PSYCHOTHERAPIES BE A PERTINENT THERAPEUTIC APPROACH FOR TRAUMATIZED PEOPLE ?

Arts psychotherapies are not focused on the psychopathological symptoms but stimulate the healthy part of the personality, not in a quasi-miraculous or magical way, but by improving the connection between the conscious and the unconscious part of the self. It opens the mind to a flow of significant images and favours at the

same time their cognitive and symbolic elaboration. The use of an artistic mediation is pertinent, as it is not intrusive, and as it can first allow the transition through non-verbal expression of unconscious conflicts and splitted tendencies of the personality, and as it afterwards allows the transition to verbal elaboration, and as furthermore it stimulates creativity and actualization of the person's inhibited cognitive and emotional resources. Furthermore, it can provide pleasure and enhance self-esteem with persons who are completely un-hedonistic and confine themselves to a state of immobility and lethargy, where the psychic energy is only focused on the elementary biological needs.

*ACKNOWLEDGMENTS: We express our gratefulness to the Ministry of Higher Education and Research of Luxembourg who funded this study [Grant R&D 2003-11-02].*

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