Addressing psychosocial needs in a place with no hope A mental health workshop in Beeka valley, Lebanon

September 2022 Annkatrin Reiner

The Beeqa Valley is located in the east of Lebanon. UNHCR registered more than 800 000 Syrian refugees, and it is believed that there are more than 700 000 people without any registration. Due to a relative lack of support systems, most refugees live in wild settlements scattered around the valley, often for more than ten years since the Syrian war started in 2011. These settlements consist of structures made from plastic plans and corrugated iron placed on a self-made concrete floor. Often more than ten people live together in such tents, with no running water and very limited access to electricity. Small camping stoves function as kitchens, water is stored in tanks, and in winter, people heat their tents with unprotected little ovens that get dangerously hot and leak CO2 and monoxide.

In September 2022, I was allowed to join a Spanish NGO, TheHealthImpact, whose aim is to increase health literacy amongst the refugees in the area. They improve their health status by teaching emergency techniques such as CPR and pressure bandages and by offering classes addressing gynaecological questions as well as mental health.

As a psychiatric nurse and member of EMPOWERMENTE, I created a class based on ART® after Dr Johann Steinberger. ART® (Affective Resonance Training) is a psychotherapeutic - pedagogical concept with roots in psychoanalysis and intersubjective approaches, focusing on group dynamics as guidance throughout any workshop. It is far from giving advice or suggesting techniques to better handle certain situations; moreover, it creates space for expression and exploring personal feelings, perceptions and needs.

The following protocol describes my experience with a group of approximately 12 women attending this workshop.

I was working with a local teacher for TheHealthImpact, who supported me during the class by translating and putting my words into an appropriate cultural context. We decided to hold the class sitting on cushions on the floor to create a more relaxed atmosphere. Most women remembered me from the previous First Aid and Women's Health Workshops, which helped us create a trustful environment. From those previous classes we were aware of the high expectations and readiness the women had for the class. Many participants had been calling out for more support in terms of mental health and psychological help.

We started by explaining the aim and purposes of this class and reminded the participants of some rules regarding discretion - all topics discussed and shared during the workshop should remain within the group. After that, every woman was invited to share their actual mood briefly - most women reported feeling quite positive today, as attending one of the workshops meant an "outbreak out of everyday life" and having some time for themselves without their children.

After these few minutes of chatting, we asked what events and circumstances led to negative feelings and anxious or depressed moods. We used a whiteboard to collect their ideas; these are some of the outcomes: "sick children and relatives and having no access to health care"; "financial pressure", mainly related to the

end of the month when rents are due; "limited access to water and electricity"; "winter cold with insufficient heating options"; having" no perspective in life" and suddenly realising that another year had passed; experiencing racism, for example, "when having to queue for bread in separate lines than Lebanese people". My thoughts during this process were both feeling overwhelmed by this hopelessness and my own helplessness, as well as the idea that it might be good not to start looking for solutions for these individual needs - this was a mental health class. The women usually don't get enough space to express their concerns and let them speak about it as long as needed.

After it got a little more silent, we moved on to the next open question: What emotions do these events lead in particular? Here, I found it essential to let the participants find as many ways to describe different feelings as possible. They quickly mentioned "sadness" and "anxiety"in the beginning. But after some encouragement, they came up with more and more variety: "guilt" because they can't meet their children's basic needs, "anger" after getting discriminated, "numb", "powerless", and "tense". In this context, Hanadi and I tried to emphasise the importance of this variety of feelings - different events can lead to different emotional reactions in all of us. Many women nodded in agreement. One woman told us that her mother-in-law tends to get rather angry while she herself rather feels powerless and sad in certain situations, which would lead to conflicts. "We have to try to understand each other, and that's why we should talk more often about how we feel", she told us.

The third whiteboard was for body responses - next to the emotion, how does your body feel in certain situations? This question brought some energy into the group; many women seemed eager to answer: "headaches", "pressure on my chest", "increased breathing", "constipation", loss of appetite", "excessive eating", "trouble sleeping", and "nightmares". This correlated to my impressions during the First Aid Course; many people seem to suffer from psychosomatic symptoms.

Our class slowly came to an end, so we started the last Whiteboard-Round: What is helpful in these difficult situations? At first, the women seemed slightly embarrassed to share such intimate information, but then more and more ideas came up: "having some time alone", "giving the children to a neighbour for a while", "going for a walk", "tea and chat with friends", "talk to someone about the problem", "singing a song while cooking". Some women seemed surprised that other women would have similar coping strategies. Some reported "feeling relieved" that they're not the only ones that sometimes "needed time for themselves."

Together with the group, Hanadi and I summarised the session and tried to conclude: The circumstances are often harsh and challenging and lead to the feeling of powerlessness - but it is possible to gain control about how you feel about it. It lies in your hands how you approach your mental health. What we have done in today's class can be done anywhere - it is about giving yourself space and some room to express your emotions and experiences. The concept of the whiteboard helped organise a particular state of emotion into its different aspects. You can always ask yourself - what is the cause of my current feeling? What kind of feelings does it induce? How am I feeling body-wise about it? And what could help me? Is there anything that helped last time?

I wanted to transmit the message that the most powerful "tool" in the women's lives is themselves - they can look after each other within their community and know best how to handle the harsh life in these settlements. We finished the class with a short meditation and said goodbye to the group, hoping that this class gave them room to at least feel seen - in a place that seems almost forgotten by the western world.

References:

 ${\it https://thehealthimpact.org/en/}$

https://www.empower-mente.com

"Empathie als Kompetenz", Steinberger Johann, Gießen 2021