

Supervising psychosocial counselling teams in Kosovo: personal reflections

M. Kemal Kuşcu

Foreign experts are often distant and alienated from the host culture in areas where they are working. It is a difficult task to be involved in a proper manner and yet maintain boundaries. In Kosovo such a mutual involvement is known as 'besa'. It is not something that can be learned intellectually, but has to be created through daily practice. This paper is a personal account of the ways I have struggled with the dynamics of the process during the supervision of psychosocial counselling teams in the field.

Key word: supervision

In 1999–2001 the International Organization for Migration (IOM) Psychosocial Trauma Response (PTR) Program organized two consecutive one-year training courses on psychosocial counselling in Kosovo. I visited the region in June 2001 to take part in the second year of the training program for the Community Based Family Therapy module. It was a two-week period with 40 students from diverse social and professional backgrounds, and expectations. I returned to Kosovo later that year for individual and group supervision of the second year graduates' field work. During this phase, the students worked within Psychosocial Mobile Teams, which were embedded within the newly established community mental health system. As well

as my work in community mental health centres, I also worked with several psychosocial teams from a variety of public services during that period.

This was a time of *transition* in Kosovo, a time when change was trying to define itself and find its own pathways. The old generation of mental-health professionals had been assigned to the newly established mental health structure. At the same time, a new generation of mental health workers, mostly trained by the international organizations, were slowly joining the service. Both groups were trying to define a new domain for joint work. The new comers were also bringing new language and new views. The old generation was nostalgically adhering to *the good old ways* while also trying to adapt to the new system.

In the same period, terms such as 'psychology' or 'psychological' were in the very centre of the public discussion in Kosovo society. The popularity of psychosocial work was at an all time high point. Anything that had a connection to 'psychosocial', gained a new legitimacy in the region. In one of our service user's words: '*The problems of Kosovo were 'psychological' and needed 'psychological solutions'.*' The expectations of the psychosocial domain reached such a high level that when the first psychology department was intro-

duced in Kosovo, over a thousand students applied for the entrance exam.

My personal life was in also in transition; having worked as a general practitioner in rural, northern Turkey, and completed my psychiatry training in Istanbul, I had just returned from family therapy training in England. My personal background was also closely connected to the cultural and historic landscape of The Balkans. Working in Kosovo activated my personal search, not only for the stories of the others, but also to make sense of my own personal experiences (Kuşcu & Papadopoulos, 2002).

Walking to besa

In Kosovo I was part of a group of 'cultural experts' who were struggling to find their way during stays in the field. For most of us, it meant a specific interchange with the local people; we asked questions, they answered. During our clinical work, our case discussions (or indeed any other kind of conversation) quickly adopted a particular tone of politeness; colleagues gave me their picture of Kosovo and I responded in a non-challenging way. This attitude, exhibited by the experts towards local experience, often leads to a hierarchical arrangement of positions and in daily practice to some degree of isolation. I was asking and they were responding, but at the same time, both the emotional tone and the personal agendas were so strong and so sensitive that no one dared to challenge this situation.

For me, the turning point in breaking through this isolation was to discover the basic routines of daily life in Kosovo. This began with my decision to get out of the car and walk. In Kosovo most of the international visitors are assigned a car. Except in the city centres, one hardly ever sees an international visitor on foot, let alone out for a walk. During this year, I lived quite a

long way from my office, and yet I walked to work. It became one of my favourite ways of meditating and times of reflection while in Kosovo. Walking provided me with many opportunities to participate in a variety of daily routines. I also came across many local friends during my early morning walks to work. I was offered rides by local friends and invited to join in their private conversations. Walking allowed me to be present in many unplanned ways and moments, and in unexpected places.

It reminded me of my early days as a general practitioner in a small village in my country. In that time I had also discovered that walking changed my position of isolation a great deal in the village. Walking, when one is in an isolated context, is not just a simple physical activity but also reflects an attitude of openness towards the community: it is a sign of participation.

Participating and being included in a 'host-culture' helps draw out the lines of trust and acceptance. These are parts of a dialectical relationship, meaning that the community only trusts you if you trusts in it. In Albanian language the word *besa* corresponds to some degree to the word 'trust'. Yet this word has several meanings that cannot be completely translated into any one word in other languages. *Besa* is, in a way, a basic social contract between two individuals, or groups of individuals. It is something to be 'given'; it has a symbolic time and space extension. *Besa* can only be defined in terms within the daily praxis. Signs of trust and acceptance are embodied within the daily routines of Kosovo.

Yet, simply knowing and following the rules of these transactions does not lead to *besa*. In the Kosovo reality, intellectually knowing has a minor impact on such a process. It is composed of simple ordinary things and moments. What is important is to sense the

rules or codes of a community, as well as their significance (Bourdieu, 1977). You must respect its importance for the community and decide to 'keep to' *besa*. Only then are you entitled to make your view clear within the community, and to be treated as a potential equal - no longer as a naïve participating visitor and a polite, reserved expert. In Kosovo, this attitude is linked closely to acceptance. Without being a part of the daily routine, one can hardly expect to start a dialogue within the domain of trust and acceptance. In the following paragraphs I will describe my personal steps in the *besa*.

Searching for a shelter in language

In times of severe loss of public, physical and human structures, it is often difficult to develop well-defined professional codes, institutional structures, or even basic physical establishments. During my early visits to the sites, the community mental health facilities were just starting, and often still under construction. The local professionals were waiting to find a solid and beautiful building. International workers often worked in well-equipped and comfortable offices. Physical structures are a search for secure ground for everyone. Parallel to that, each institution was trying to define its work-codes and professional structure. For me, one of the earliest challenges was to define a *common way of working in the field without a 'secure ground'*.

In such times, daily conversation becomes a connecting and sheltering tool. I found it extremely important to start the conversations within a daily context, like while carrying a table to a room, having a short lunch break in a nearby café, or outside in a corridor. This, in turn, created a vocabulary for chatting in social places. News from

families and friends, personal stories, jokes, and many other daily interactions, become a conduit for a secure trust-building start. This requires the production of a new common language: an inclusive language that encompasses the different professional and cultural backgrounds of all the participants (Gruenic, 2001).

A common language is also very important in the professional field. During the early days of my work, while talking about referral needs, my Kosovo colleagues used expressions such as *desperate women*, or a *family in pain*, or *a man with shame*. I thought that this was a result of translation. But soon, I realized that such expressions were a very typical way of expressing human experiences in the Albanian language.

In clinical language one must connect to the terms and definitions of the others. I found that any ready-translated technical term or etiological expression such as Depression, or PTSD (Post Traumatic Stress Disorder) resulted in an ongoing mismatch of validity; this in turn leading to alienation.

During field supervisions, I found that conversation implies also the important element of 'hearing' as distinct from listening (Barthes, 1985). Hearing is attentive not only to the individual source, *'but to the whole context. This does not take place only between two individuals, but within larger social frameworks such as organizations and institutions, thus mediating relations and determining the value of conversation and its participants. Speaking of, by, through, along with, against or for the institutions, participants become winners or losers, ideological or cynical, at home or strangers. Speech, content, and address become well-trained procedures with little space for improvisation and open play'* (Gurevich, 2001, p.100). Only careful hearing and contextualizing can give voice to each explanation and can provide a shared attitude in the supervision process.

Invisibility as a token of trust

The presence of international intervention is distinctive and visible in Kosovo. Often, the massive look of the international presence (large barracks, technical equipment, comfortable offices, jeeps and land-cruisers), the order in the speakers' list, and the tone and style of translations, creates a kind of qualitative distinction. Unless it represents, or confirms, the international view, local voices are often neglected. In general, the outsiders dominate the relationship in the field of 'legitimate' knowledge.

This domination process has many forms and more explicit versions; such as being introduced first or as leader of every performed work or activity. There also exists an implicit side of visibility on an interpersonal level. This can be a hierarchy which has not been mentioned before, like which seat is assigned to you when you get into a car. There are almost no international personnel that would sit in the back of the car. In Kosovo, the front seat is a right allocated to international guests and the usage of this right shows respect towards the guest. But with time, this seat becomes exclusively a right of the international guest. No one chooses to have a conflict with a guest of such status. It is almost a happy and peaceful sovereignty. Another example is the one regarding translation. When there are international personnel present during a local conversation, the locals feel the obligation of translating fully and adequately all of the conversation, even parts that are not directly relevant.

The basis for this situation seems to be the search of an international presence to provide a type of security for expatriates in insecure situations. Searching for security means being always visible and always distinct from the locals. This is shown in way one dresses, the cars one uses, restaurants

one goes to, the foods one eats, people one spends time with, the titles one carries, and houses or hotels where you reside. The daily routine of the international community remains almost totally isolated from the local community. The need for security is therefore a dialectic process involving both the reactions of the locals and of the international personnel. The more they choose to differentiate themselves from the locals, the less able they will be to create a common ground for joint work.

There are two possible positions: the first one is to be visible in the 'host-culture' and identify with the international community (by differentiating oneself from the locals). This option has some advantages, which can contribute to a certain extent to the projects, but its main disadvantage is alienation. The result of this option is intervening with an almost virtual reality, given the lack of context.

The second option is being invisible (in the international definition) and keeping the boundaries between local and international flexible. This can be a very difficult choice for international personnel, as it results in the loss of their unquestionable sovereignty and control. During the course of the year, I realized that I (and others) were obsessed with translation during the supervisions. Therefore, the most relevant question to ask myself was 'why'? The answer to it was obsession with the 'control'. Once I realized this, I asked the supervision group to continue with the discussion translating only what they found relevant for me to know. The minutes that followed contained a very fruitful discussion. The local colleagues realized that I was ready to trust and accept them, and that I was ready to give up the control and sovereignty that I was assigned. As a result, I noticed that the productivity of the discussion and the supervision

process increased, as my 'right' for speech and voice decreased. The more the outsiders' voice willingly gives up its sovereignty, the stronger the insiders voice gets.

Mutual trust in the future

I still struggle with the same question after Kosovo: What did we change there? I am sure that this valid question remains on the top of many interventions' agenda. Any evaluation has its own shortcomings, and it's often hard to come up with a simple, defined list of achievements.

In Kosovo, as in many other cultures, a misfortune is often described on the ground of an event. Similarly, a healing is expected to happen on the basis of a magical event as well. A magical moment is awaited to bring total relief. During the trainings, students often asked for a short recipe, a useful answer, a good comment or a ritual for this purpose. The outside experts also supported their view by unintentionally introducing miracle cases. One has to consider that the expectation of the miracle was not limited to the survivors but to the rescuers as well. For many, a change has to be magical in order to relieve the pain on the ground. During the last phase of our supervision period, Psychosocial Mobile teams spend time thinking about the meaning of healing and the local possibilities for change. The meaning of change had multiple effects in Kosovo and it was understood as a total phenomenon where everyone could find a new role. Change has its own forms, which infiltrates into the daily reality through small, and often unrecognized, things and acts. One has to keep in mind that most of the project assessment tools hardly capture this aspect of the field efforts. Projects are often asked about the quantitative results, but sometimes a small difference makes a crucial change. Also, it is often difficult to

produce evidence, which might reflect such change in the attitude and tone of the mental health service.

As Papadopoulos (2000) describes, such changes are often subtle. One has to search hard to discover these changes. Often they are hiding metaphorically (Summerfield, 2000) in daily activities, but not in clinical results. During my work, I visited a family whose son had just returned home from one of the main mental health institutions in Kosovo. The team at the institution had not been able to effect a change in his condition. Often families are reluctant when family members return to the family home with a chronic condition. I found that his clinical condition and symptoms were the only topic in the conversation. I asked the family if they had changed anything in their environment the past couple of weeks to cope with the new situation. The father disclosed that he had started to unlock the doors, and especially the large garden door, which separates the house from the rest of the village. He told us that only after he unlocked the doors did his son become somewhat calmer. Soon, the women in the house concluded it had been good, not only for the son, but for the rest of the children and the adults as well because they were quarrelling less. After many years, this was the first step towards changing the conditions in the house, not only for the young man but also for the entire family.

Change in Kosovo was not only subtle, but often shared. Changes were also not limited to the service users' domain. We all shared similar changes somehow. During field supervisions, we spent more time exploring the ways in which the referral changed our own approach. In this case, my colleagues spend the rest of the day discussing the meaning of *unlocking* instead of the symptoms of psychosis. In many ways, even such

a short encounter changed all of us in the way we deal with the reality on the ground. We all participated in, and all became part of the change while trying to find a path to *besa*.¹

References

Barthes, R. (1985). *'Listening' in The Responsibility of Forms*. New York: Hill and Wang.

Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge: Cambridge University Press.

Gurevich, Z. (2001). Dialectical dialogue: the struggle for speech, repressive silence, and the shift to multiplicity. *British Journal of Sociology*, 52 (1) 87-104.

Kuşcu, K. & Papadopoulos, R. (2002). Working with Psychosocial counsellors of refugees in their country of origin. Exploring the interaction of professional and other discourses. In: R. Papadopoulos (Ed), *No place like home: Therapeutic care for refugees* (253-269). London: Karnac.

Papadopoulos, P. (2000). A matter of shades: trauma and psychosocial work in Kosovo. *Psychosocial Notebook*, 1, 87-102.

Summerfield, D. (2000) Myths over the field of intervention. *Psychosocial Notebook*, 1, 45-52

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Dr. M. Kemal Kuşcu is currently working as an Assist. Prof. in Marmara University Medical School, Department of Psychiatry Community and Family Mental Health Unit. During 2001-2002 he was the Project Officer for Psychosocial Mobile Teams Project in Kosovo Author's address:

M. Kemal Kuşcu, Marmara Medical School Department of Psychiatry, Family and Community Mental Health Unit, Tophaneliöđlu Cad. No:13/18, 34034, Altunizade/Istanbul. E-mail: mkkuscu@marmara.edu.t