

Choosing a Different Path: *Muhabet* and an Alternative Approach to Recovery

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“When you, as a foreigner in Denmark, are hospitalized in a psychiatric department you experience double isolation. You are isolated because of your mental illness and because of your foreign background, which makes it difficult to understand the language and the things around you. Being mentally ill simply hits you harder as a foreigner than if your last name was Hansen or Jensen.” –Najib Haddar, Founder of *Muhabet*

In Denmark today, approximately 25-30 percent of all refugees are traumatized from their experiences of war and torture and their flight from it. Even after finding refuge in Denmark, this group’s battle for survival is still not done, as they must continue to fight the mental illness that has developed after their past. Unfortunately, the Danish treatment system is failing these traumatized refugees. All too often refugees cannot gain access to the treatment they need, either because there is simply not enough room for them at the treatment centers or because the treatment they get is not adequately suited to their specific needs. Most importantly, the Danish system often fails to embrace basic human and social needs as part of the rehabilitation process, such as building a strong support system around the refugees and re-establishing normalcy in their life, which is a necessary step to a successful recovery.

All of these factors help to maintain that double isolation that Najib Haddar, Founder of *Muhabet*, spoke of, and as a result several experts strongly suggests that many traumatized refugees are in fact getting worse and even more traumatized after coming to and staying in Denmark. As Bente Rich, a well-known psychiatrist for refugees, states:

“If they were in a society where they were recognized as human beings who have something to offer to society, then it would not be that bad. But the isolation and the constant feeling that they meet everyday, that they are marginalized and not wanted, will cause them at last to develop PTSD [Post Traumatic Stress Disorder]. I think even the strongest person is not able to cope with that.”

But in the midst of all of this hopelessness, there are a few people who are trying to correct the system and change the outcome of these refugees’ lives. Najib Haddar and his wife, Emine Ayyidizoglu, started *Muhabet* in 2003 in order to give traumatized and mentally ill refugees and immigrants a place to go where they can be themselves and be seen, heard, and respected for that. Although *Muhabet* is not a treatment center, it has treated many souls that have come through its open door. *Muhabet* caters to the very basic and instinctual needs of its guests, creating a network of support and embracing its visitors and their original cultures, something that the Danish treatment system is far from accomplishing. It brings back the dignity and normalcy in their lives in an open, safe, and comfortable environment when most of Denmark is turning its back on them, not only because they are mentally ill but also because they are foreigners.

PROBLEMS IN THE DANISH TREATMENT AND REHABILITATION SYSTEM

But why is it that the Danish treatment and rehabilitation system is failing so many of its patients? What are the challenges that the system faces when treating traumatized refugees from different backgrounds? And how is it that so many people are not being helped?

Capacity and Organizational Insufficiency

One of the largest, most immediate problems within the Danish treatment system is the severe capacity limitation, as there is a one to two year waiting period for most traumatized refugees before they can actually begin treatment. The capacity problem is, however, simply a reflection of the larger organizational issues of the entire treatment and rehabilitation system, where the geographical distribution of centers and the separation of treatment disciplines often causes patients to fall through the large cracks in the system. For example, Dr. Rich explained a story in which one woman was not able to get treatment because the rehabilitation center was located too far from her home. Because she had to attend the required language classes in order to receive social benefits and also had to take her children to school, it was actually impossible for her to travel to the center to receive treatment. As Dr. Rich notes, “We made a system where it looks like we take care of them, but we have constructed it so that we don’t actually help them.” Another issue arises from the division of the system, as the rehabilitation centers are separated from the general health system. As a result of this, patients who may present more than one psychiatric symptom in addition to PTSD are bounced back and forth in a great ping-pong match between the normal psychiatric center and the treatment center.

Lack of Knowledge of Treatment for People with Different Cultural Backgrounds

Besides the mere structural flaws found in the Danish treatment system, serious issues arise with the deficiency of professional training in and knowledge about the treatment of traumatized refugees from different parts of the world. Najib explains, “There are a lot of misunderstandings within this field because of the cultural and language divide that exists between the patient and the psychiatrist.” The use of interpreters varies from hospital and center, but some interpreters are not trained to deal with trauma victims while others are simply not trained in interpretation at all.

Combating the language barrier between doctors, psychiatrists, nurses, and social workers and their patients is extremely difficult. However, the true challenge comes in defining illness and understanding the different treatment possibilities when not only language, but also culture, serve as obstacles to overcome.

Marianne Østerskov, a nurse at the Center for Trans-Cultural Psychiatry at Righospitalet, works to educate the psychiatric field on the challenges and issues of treating patients from different cultural backgrounds. The center’s goal is to teach the professional community that culture must be taken into account when treating patients with other backgrounds, as it not only affects the way they may interact during their treatment but also the way they perceive their illness altogether. As she explains, “I teach people that it is important to see a patient’s background, to listen to him, and to see what he thinks of his illness, how he understands it, and how he will explain it because there can be many different explanations of illness.” She goes on to stress that

mental illness is a serious taboo in some of the countries that the refugees have fled from, so it is even more important to communicate about the way mental illness and treatment are viewed in Denmark and how that may differ from the views in the refugees' original home.

Just as the professionals may not be aware of the different understandings of what it means to be mentally ill and to receive treatment, Marianne notes that the doctors or nurses may not always be aware about what it actually means to be a refugee or immigrant in a foreign country. For both the professionals and the patients, it can be very hard to navigate such an unknown culture or life. However, it is important for the professional to understand the drastic differences between a traumatized Dane and a traumatized refugee in order to create an effective treatment plan and to establish a trusting relationship. As Marianne clarifies, "I am not sure that we as professionals are always aware of what this deep loss means to the patient and of all the grief that they carry heavily inside themselves because of it." It is this grief that displays their humanity when they have been so deeply de-humanized by what they have been through, so to not fully understand, appreciate, or recognize it, would only be to de-humanize them even more.

The De-humanization of the Patient

The most significant problem in the Danish treatment system is the de-humanization of the patient, as the illness is the primary focus throughout the treatment process. While treatment inherently requires the professional to focus on the illness, it does not require him to treat the patient as if he is *just* the illness, a *thing* that needs to be treated. Often times, however, the patient is simply seen as a client so that his "humanness" takes a back seat to his illness, causing the traumatized refugee to be further dehumanized on his path to recovery. As Dr. Rich explains it, "We have taken away the idea that they are respectful and equal subjects, playing a part in their own life and their own recovery." Because there is such a strong focus on the illness itself, the patient's voice, personality, and input is often not heard nor encouraged.

This objectification of the patient can often be seen in the simple interactions between the patient and his doctor, as they go straight to the medical questions rather than checking up on how he is doing emotionally or socially. Reflecting on some of his experiences in the hospitals, Najib explains,

"Take for example a refugee from Iran, Pakistan or Afghanistan who arrives in Denmark. They are reduced to an object instead of a human being. When they go to the hospital the psychiatrist asks you questions like 'are you shaking, how is your stomach doing, do you go to the toilet three times a week, do you sleep a lot', and totally leaves out more personal questions like 'do you miss your mother, the bazaar, the heat, smell of camels' or something like this. The human and cultural dimension of the patient is completely ignored."

Sidelining their human identity during a process that is made to help them get it back is not only counter productive to the treatment efforts but is also, and more importantly, degrading and demoralizing for the patient. By seeing traumatized refugees as objects or as the illnesses that plague them, doctors, psychiatrists, nurses, social workers, and whoever interacts with them with this attitude are really removing the last bit of hope for a full and successful recovery. However, there is another approach to interacting with the patient, and as Dr. Rich suggests, "By doing the

opposite, by recognizing and reaching out to the humanity within them, you are taking the first step to meet them and are reaffirming for them that they are not just objects in a society that wants them to leave and not be here. This sort of humanity in action is the very first step.”

And *Muhabet* takes that first step in a very profound way.

MUHABET: A DIFFERENT KIND OF “TREATMENT”

Muhabet Means Togetherness

To give the mentally ill refugees and immigrants in Denmark a little piece of humanity is exactly why the couple Najib and Emine opened the drop-in café *Muhabet*. They wanted to give this vulnerable group - often forgotten by society - a place to come, to relax, to find peace and to meet other people. But it is also a place to make the outside world aware of their existence. “We are part of the community. Why should we hide ourselves at the psychiatric unit or in our homes?” says Najib.

The motivating force for setting up the drop-in café stems from Najib and Emine’s many years of experience with the Danish treatment and rehabilitation system of mentality ill refugees and immigrants. They find the system inhumane and incapable of reaching the people who most need it, as they are marginalized and socially isolated from the rest of society because of their mental illness and language barriers. Najib explains this when he discusses his former job as an interpreter:

“For many years I was the fly on the wall. I saw the miscommunication between psychiatrists, nurses and patients and I thought that this we must be able to do in a better and different way.”

The couple therefore decided to open *Muhabet* in order to create a physical and mental free space for one of the most excluded and isolated groups in society by uniquely meeting them with warmth, understanding and respect. *Muhabet* offers its guests a break from the day, which for many, is marked by isolation, loneliness, and struggle, and because of this, its guests have learned to cope and live with their illness more effectively. As one guest describes, “I used to have stomach pain before I came here and it lasted all weekend. After I started coming here and talking about the old days and eating a meal, the pain has disappeared from my soul.”

In Arabic countries, *Muhabet* means “togetherness,” and this word very well describes the core values of the small café in Copenhagen. The place is designed like a regular café with sofas for people to relax and visit on. Flowers, decorations, drawings, and the warm colors on the walls remind the guests of home and create a cozy atmosphere. The café has four full time employees and a broad network of volunteers who jointly offer *Muhabet*’s guests time together, compassion, understanding, and a free meal.

Muhabet is driven by its philosophy that people with a mental illness also have an intact healthy side of themselves, a side that can be stimulated through appeals to the senses, humor, and social interaction. Through these experiences, the person can somehow recover – at least socially - by breaking the social isolation through interaction with others. Therefore, *Muhabet* offers its guests

a place where they can experience being part of a social atmosphere with other people, where they are seen and recognized for being exactly the people they are, in order to establish a life in dignity. As Najib explains it: “It’s all about seeing others and being seen yourself.” Through emotional attention and recognition, *Muhabet* facilitates and develops the self-confidence and the self-esteem of the individual. As one guest shares, “I was very low when I started coming to *Muhabet*, but now I am a mother to my children.”

The Muhabet Approach

So what exactly happens inside of this small café that makes *Muhabet* such a positive influence in these traumatized refugees’ lives? How can it be so effective in indirectly treating people when it is *not* a treatment center, while the public treatment and rehabilitation system seems to fail its patients so often?

First, in *Muhabet*, conventional use of the term “client” is replaced by the idea of a “guest.” Here, the people working and volunteering at *Muhabet* are seen as the hosts, while the visitors are seen as their guests. When an individual is referred to as a client, a unique and uneven power dynamic is created between him and the person he is interacting with, as he is immediately placed into a subordinate position. By referring to them as their guests, *Muhabet*’s staff and volunteers eliminate this power dynamic, removing the barriers and distance between the mentally ill immigrants or refugees and the volunteers working at the café, creating an atmosphere of trust and equality. As Najib explains, “We do not have badges or name tags. So when you come here you actually don’t know who is a member of the staff and who is mentally ill. And that is exactly the point. We are not different from each other. We are just human beings.” *Muhabet* also does not register any of its guests in order to create an environment of trust where people can be met just how they are. There is no hidden agenda, as there are no expectations or requirements for their guests; it is simply a place for them to be who they truly are.

Another important aspect to *Muhabet*’s approach is that they work very deliberately and consciously with the senses, stimulating them through food, music, and smells. As Najib explains it, “No matter how bad you are feeling mentally, one’s senses still work, and they are the ticket back to a time when things were different.” Because of this, *Muhabet* provides music, food and decorations that remind its guests of their home countries in order to wake something inside of them that is neither sick nor sad. “The smell of food, music, the taste of tea and so on is not only capable of raising good memories, but it also penetrates through the disease and touches upon what is life,” explains Najib. A free hot meal is served every day at two o’clock, which, according to *Muhabet*’s staff, is extremely important for their guests because when you are mentally ill and alone, you simply do not have the energy or sometimes the possibility to buy and cook good, healthy food. As one *Muhabet* guests says, “When the stomach is full, your head sings.” Lastly, *Muhabet* plays recognizable music from all over the world, catering to the different home countries of all of its guests. The people can dance and sing if they want or can just sit on the sofa and enjoy the music. “We want a place where the sound creates memories of another time in the guests. That’s why we play music from all the countries that our guests’ come from,” explains Najib.

Finally, one cannot deny that *Muhabet's* guests are in some way emotionally and socially treated when they visit the café, even though Najib and Emine are adamant that *Muhabet* is *not* a treatment center and should not be perceived as one. This approach goes very much in hand with their policy of meeting their guests with respect and dignity, seeing them as more than just the illness that affects them. As Najib declares, “By not offering treatment, we recognize the person as he is, and we do not try to change him.” In fact, a guest’s illness, medication, and treatment are never brought up at *Muhabet* unless he himself initiates the conversation. The illness is not the focus at *Muhabet*. The person is.

A contact staff at the district mental health department thanked *Muhabet* for its effect on her patient Wahid, saying, “Thank you for a fantastic couple of hours at *Muhabet*. Especially thank you for making Wahid laugh and tell jokes, he hasn’t done that in a long time. And thanks for telling me that he keeps coming as planned. It is a huge victory for him!”

By focusing on the person and by connecting to him through humor, *Muhabet* was able to positively affect him, even though the illness and its symptoms were never once discussed. As Najib says, “We do not talk a lot about diseases. But we follow their lives. We live with their disease, sorrows, and joys.” That relationship, which is made up of respect and mutual understanding, can often be the first step toward recovery.

MUHABET AS A SOURCE OF INSPIRATION

For the last six years, *Muhabet* has served as an oasis, a safe haven for traumatized refugees and immigrants and their families. While it has been emphasized over and over again that it is not a place to go to receive medical treatment, *Muhabet* provides medicine for the soul for all of its guests, something that the Danish treatment and rehabilitation system has not been willing or able to provide. Because of the powerful influence that *Muhabet* has had on so many individuals’ lives, *Muhabet* can and should serve as a source of inspiration to the Danish treatment system.

Muhabet's multicultural approach can serve as a powerful tool in overcoming the cultural divide that can often arise between a traumatized refugee and his psychiatrist, nurse, or social worker. Professionals who are able to understand and gain knowledge about their patients’ culture will be able to more effectively treat their patients by avoiding misunderstandings and miscommunications. “You have to make the effort to get to know the person in order to treat the patient in the best way. And if you don’t do that, the treatment will be half and superficial,” says Marianne.

Muhabet has also shown us that cultural embracement can act as a form of treatment on its own. By reminding the senses of something familiar and good, whether it is through food, music, or atmosphere, positive memories of life before illness can have an empowering effect on the individual and his recovery. As Dr. Rich explains, “It is a very good idea to remind them about their culture because they have some diamonds in their luggage, and we have to remind them about it. We have to support them so that they do not to forget the good parts they had in life.”

In addition to its multicultural approach, *Muhabet's* practice of always seeing its guests as the individuals that they are, rather than the illnesses that they have, should serve as the model way

for interacting with and treating traumatized refugees and immigrants in all aspects of treatment. Dr. Rich suggests that when the psychiatrist or nurse is genuinely interested in their patients' lives and wants to meet them as the people they are, like they do at *Muhabet*, it is the best way to initiate the recovery process.

While *Muhabet's* multicultural and humanistic approach are important factors to consider, what is lacking most in the Danish treatment and rehabilitation system seems to be the strong social support network that *Muhabet* provides for its guests. One of the most powerful effects that *Muhabet* has on its guests is that it removes them from the isolation that is caused by their illness and status as a foreigner in Danish society. While one of *Muhabet's* primary goals is to create this sense of community, the traditional treatment system does not prioritize or create the support network that is needed to bring stability and normalcy back to their everyday life. Breaking this isolation is the foundation that all recovery and treatment must be built upon.

Muhabet stands alone as the only drop-in café specifically made for traumatized refugees and immigrants. While the creation of more private initiatives like *Muhabet* would be beneficial, the real challenge lies in changing the system. The Danish treatment and rehabilitation facilities and programs need to adopt aspects of *Muhabet's* multicultural approach and underlying values in order to reach those who are currently being failed by the system.

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