Hunted: Thoughts on Escape and Safety

Duy Nguyen, MD Candidate

My position was unique: a boat refugee from Vietnam who was also a medical student interested in becoming a child psychiatrist. As a patient and a clinician rolled into one, I could perhaps provide a window into the experience of psychiatric disorders among the displaced: posttraumatic stress disorder, disruptive behavior, depression, and even psychosis.[1,2] I could also share my view as a survivor, looking at the experience from outside of a deficit model in order to better understand the acts of strength and resilience that so often permeate these situations.

Remembering

I couldn't stop writing. Feelings and images poured out: the darkness of the boat's hull, the accidental prick of the knife my mother used to protect us in a Malaysian jail, the odor of the garbage truck that carried us to our refugee camps, the coldness of the rain, the hurricane's wind that blew down our jungle shelters in Malaysia. It all felt terrible. Writing it down helped me understand how to think about violence in a therapeutic way, and not only as a patient: as a doctor I suffered from the violence I routinely witnessed.

For the first time in my life I pushed methodically through an analysis of my circumstances: pre-escape, escape, and safety. I've chosen not to use migration terms: pre-migration, peri-migration, postmigration—because they don't feel accurate. They don't capture one of the most painful things we faced: we were hunted. For years.

We were the losers, the South, traitors, puppets of America. We needed "re-education." The Fall of Saigon was the fall of our way of life—my mother told me I was born because the women in Saigon were afraid they would get systematically raped.

We were the defeated, hiding, escaping as a way of life, from storms, from sea pirates, from our own police and government who seized our house and business. My grandfather spent years searching for the remains of my uncle, who was arrested trying to escape and likely died in jail. We never found my aunt's body.

For a year, we lived like animals, each day scavenging for food and safety, scampering along hidden trails untouched by sidewalks or laws, our predators both criminals and the police—we knew we could be killed on sight. And, in fact, it's been estimated that up to 70% of us died.[6] It is no wonder that even years later in the safety of a new land, we carried this hiding with us, whether in school or in a doctor's office.

We were the Other (exiles, enemies): our arrival another kind of loss. We had lost everything; now, we were lost *in* everything. I was mute for 2 years in school because I was never taught English. I cheated when my first-grade teacher asked students to write down their names and looked at what the boy next to me wrote: *Steve McNeely*. I copied that. And then *Robert Taylor, Seth Campfield*: I copied their names too.

I did not know how to write *Duy Nguyen*. I failed the first grade.

Repression vs Suppression

Recalling these memories, I could not stop shaking. Like what many studies have concluded, I realized the assault against a refugee's life is devastating—a stripping of humanity: stripped from your home, your parents, your school, the name of your city, your language.[3] It is no wonder that the first survival strategy is repression. A study on Bosnian refugees curiously showed "Refugee families that did not discuss adverse events had *fewer* psychological problems."[4] In this context, a psychiatrist should understand that this is not repression, but rather suppression, a *mature defense*. They mirrored my family's silence, because we too could not waste any words and thoughts outside of surviving. A person whose life is in danger often times does not feel like they

can stop for their feelings or their sense of injustice. Suppression, in this case, was the strength to put aside one's fears so that one could recreate another life. And so, the other side of this story of devastation is a story of remarkable resilience.

My hope is that if I was a refugee child in front of you, that this would be the story you would try to tell me about myself. It would help me understand that I had persevered. When an athlete wins a championship or a woman gives birth, we look at them in light of what they have accomplished or created. We admire their determination and will, and then we say, now let's take a look at those injuries. Reinforcement of a refugee child's self-esteem and efficacy are among the strongest protective factors against psychiatric disorders (another is the cohesiveness of family and cultural identity in an inclusive environment).[5] I know that these children lose a part of their innocence: summer camps are replaced by refugee camps, reading and singing and playing games are replaced by a predator-prey survival struggle, the injuries from which their parents are often not capable of shielding them.

But loss so often makes room for gain. Though not captured in studies, refugee children sometimes find ourselves in situations where we have a better grasp of the surrounding language and culture than do our adult care-takers. The role of child and parent can flip. This is indirectly suggested by studies demonstrating that refugee adults often have fewer means of protecting their children, thus encouraging their self-reliance.[2] I know I gained a precocious sense of responsibility and even leadership.

Maslow's Hierarchy of Needs

It is the nature of medicine to look at pathology. As I remembered these events, I noticed that I had immediately framed them as tragedy, a deficit, believing that such jarring events can only traumatize. And this is the default narrative. Why?

Besides tapping into a general sensationalism for tragedy, this narrative also reveals how our immediate conditions affect our perspective. Our safety—whether we are cold or warm, hungry or well fed, hunted or protected—affects what we see. What we need to see. Over the decades since I first descended into the hull of that boat, I have moved up Maslow's hierarchy of needs. That threatening ocean is now often a mere backdrop for a jog with my dog, and the darkness of that hull has been replaced by an ivory-colored armchair where I have the time and resources to process my feelings and experience. At the top of this pyramid, from my need for self-expression and self-actualization, I look through the distance of hindsight at my struggles for food and shelter. A first world's safety frames a refugee's survival instinct; a first world's orderliness frames a refugee's instability; a first world's prosperity frames a refugee's violence—and it misses so much at once. It somehow only captures the loss and violence.

If I place myself back into a time when I was a part of those who struggled, other details surface, revealed by another kind of light.

In the darkness of that boat, crowded among some 40 others, with only a single hatch for the sun's rays, where fresh air became a commodity, where people scrambled for the first drops of a rainfall, my 23-year-old mother made a decision: to go insane… or to plan. She talked and talked endlessly about her plans in America, from going back to college, to getting me to taste my first hamburger. She was imbuing her dreams with the details needed to turn them into reality. I still remember these moments well—this dreaming and planning transformed into my unshakable faith that no matter the darkness, a vision will always light a path. Somehow, my adult problems, no matter how stressful, have always become more manageable when I recall these moments in the hull.

And there were other things that were much easier to see then. Like how much I was loved. When I was starving, my mother begged for me and gave me whatever she got even though she hadn't eaten for days. When we were in a garbage truck being driven to a refugee camp, my aunt gave me the "best seat" she could get. Or when, without even knowing my name, a fellow refugee put me on his shoulders so I wouldn't drown in the waves.

There were many examples I had of determined people who had nothing and rebuilt their lives giving everything they had. There were many examples of separated love that held strong for decades: between husband and wife, mother and daughter, brother and sister, between friends. There were so many instances of heroism and kindness that I witnessed, both large and small, perhaps because life's destructiveness brought out the strength of the adults around me. And brought out my own ability to sacrifice and persevere.

This is what Dr. Hendry Ton, a former boat refugee and now a psychiatrist, meant in a speech given at the University of California, Davis in October 2019 during a lecture, when he urged us to use a positive model to establish a therapeutic relationship with refugees. It is not just politically correct: it's more accurate. Just look at your own lives. Even if you've never experienced something of this magnitude, you would probably agree that the most meaningful parts of your life, the things that define you, are not your moments of leisure. They are your struggles. Your triumph over them.

The traumas of the refugee experience are real, but it is important to see what may have been gained from those experiences. For many of us, they add richness: an understanding of life, an appreciation of family and sacrifice, a confidence in ourselves, a practicality, perhaps even a lack of cynicism. Our best allies are not those who "treat "us, but those who can help us discover the preciousness of our experience, who help emphasize and amplify these possible discoveries, instead of unwittingly feeding, even limiting us to a narrative that we are one endless bleeding wound.

Children in this position need hope. Back then, I needed plans and dreams, and adults who teach by words and actions that I could endure—that life can be rebuilt against all odds, the heart can be preserved against all assaults, and the future is a light to follow and not a darkness to be lost in. All children need these, but refugee children in particular, need to be read a story of their resilience and not of violence.

Take Home Summary

Refugee children have often faced years of persecution, cultural negation, as well as physical hardship and can most benefit from a humanist approach that emphasizes resilience.

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About the Author

Duy Nguyen, MD Candidate, is a fourth-year medical student at UC Davis School of Medicine. Mr. Nguyen is currently applying for a psychiatry residency. He was born in Ho Chi Minh City, Vietnam, in 1976, immediately after the Vietnam war, and from 1982-1983 escaped from the Communist government with his mother and aunt. It was a one-year trek to the shores of Danang, across the Indian Ocean, through the jungles and jail of Malaysia until they reached safety at a refugee camp in the Philippines. There, the American Embassy arranged for their resettlement and reunion with the rest of their family in California.

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