Refugee Mental Health:
Creating Individual Stability in a New Environment

A Research Paper

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Abstract

This paper looks at the importance of research and professional experience in the field of refugee resettlement and refugee mental health. The focus lies on the identification of events and factors that cause difficulties for individuals who have been forcefully displaced in context to acculturation in the new environment. The impact of violence on communities and individuals during the pre-migration phase, the vulnerabilities and protective factors during transit, and the stresses caused by resettlement and acculturation are reviewed in context to clinical symptoms. Policies pertaining to refugee protection in selected countries are analyzed in order to understand how these may create additional stress factors during the quest for safety. Finally, selected models that are utilized in the support and treatment of refugee clients in the United States and Europe are looked at in order to identify factors that are important for support systems to consider and integrate and that can assist in the process of therapy and in the prevention of additional stress in order to facilitate a re-creation of stability in the new environment. Factors that are necessary in order for the social support system and the psychotherapist to facilitate connections, identify the nature of inequalities and power differentials and alleviate these by working within the context of the client’s experiences and realities are looked at. The application of a systemic lens encourages practitioners to view refugees’ experiences and current situations from a non-pathological standpoint and in context to their environments and experiences throughout different stages of the journey; this can help in the creation of stability in the new environment by processing past events and safeguarding protective factors.
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Introduction – A Personal History

*Lahore, Pakistan* sometime in 1947

There is talk about the proclamation of two independent nations. Protests sweep the street of Lahore as a scholar from New Delhi shakes his head in disbelief. “Nobody turns on their friends”, he tells his wife at home, “we have friends here, have finally made our dreams come true: my job as the dean of the university, our house with the beautiful apple garden. We can’t just leave!” “What a fool you are”, she responds, “they are going to kill us, our so called friends!” she answers. He doesn’t want to leave; she organizes a bull cart for the 12 children, her husband and herself. Over mountain passes they travel to reach the new border of India. Still Punjabis, still in Punjab, but now on the other side of the border, and not at home anymore. The children from the ages of 2 to 16 become witnesses of violence due to the separation of India into the independent nations India and Pakistan; armed conflict, violent clashes, and mountains of corpses are the outcome of fights over religious identities. These ideologies are not reconcilable within one state? They see death, destruction and they fear for their lives. Among them the author’s father, a child of 3 at the time, how was he expected to cope with the situation, the destruction, the loss, and the fear?

And so a story closely linked to the author’s family experience begins with the issues and the problems connected to the culture of war and violence, competition and self-righteousness of the imperialists. This, as so many others, was a conflict born out of injustices and misunderstandings between the people, between the leaders, and caused by the irresponsible exertion of power. This episode in history can be seen as the beginning of an arms race between Pakistan and India which has influenced the contemporary world in that both nations have escalated their enmity to nuclear dimensions, while fear was planted in the heart and the mind of
a little boy, the author’s father, marking the beginning of a new life for him too. A whole family of 14, of which this little boy was a part, found itself without safety, feeling insignificant in the wake of the events, and began to strive towards the attainment of some superiority and control of their own lives in order to find home and find this feeling of belonging which was lost in the wake of the unfolding events.

**In Graz, Austria March 1938**

The author’s grandfather watched as Nazi troops marched down the streets of the second largest town in Austria. The cheering masses reminded him that he was not alone in his optimism for an economically brighter future and in his concern about this future. They were of the same opinion he was, “justice has not been done to us, and now we will finally be given what we rightly deserve. We will work, we will thrive and we will not let others take from us, what rightly belongs to us: Our jobs, our dignity, our life. And if we must fight for our territory and our race, we will be ready to do that.” He was swept away to war in the belief that he was supporting his home land, fighting for justice, doing what he had to do in order to belong to his community and to contribute by playing his role. His job as a mechanic made him the driver of a general and took him all the way to Russia. And while one of the most brutal regimes swept over Europe, the author’s grandfather and his family were “safe” as Arians while others became victims of the holocaust. Though he never commanded anyone or physically harmed anyone else, he did believe in the supremacy of the German race, as he believed in the inferiority of other races. However, encountering the enemy face to face, he did also seem to realize that they are both human beings sharing the need to remain unharmed. The Russian soldier he faced one day and was supposed to shoot was trembling as he himself was. After sharing a cigarette and agreeing that they had never seen each other they parted, the author’s grandfather however,
would talk about this encounter for the rest of his life, as if having realized that the enemy in truth is just another human being.

**His daughter, the author’s mother,** was born after the war had ended; into a world in which certain ideologies had not died and unspeakable crimes could not be talked about. For her this was unbearable from a young age onwards. In school she would provoke discussions about the past and criticize the generation of her parents, this was not taken well by teachers or her own mother. Children must be obedient and she was not. Her mother’s upbringing and the war with its hardships had made her a hard person towards her children. Her father was busy with re-building his life and with glorifying the war. He was a soft spoken man, but he had experienced the propaganda, the war, the destruction and the need to re-build. Once again he was left with the feeling that injustice had been done and though he was not bitter, he led a life without much daily interaction with his family and hard work in order to build and re-build life.

Of course, bringing the disarmament discourse into the scope of education and stressing cooperation while understanding the injustices, the reasons for this atrocious human behavior and the trauma caused by their own people did not happen openly. Schools did not offer or support this discourse when the author’s mother was looking for it and neither did the rest of the generation of her parents. The collective trauma was swept beneath the carpet. The one explanation she got from many adults was the justification that aggression was a natural emotion and war for human beings a genetic pre disposition. Biology had been in good use for the Nazi regime in order to achieve ultimate superiority; now this generation of war was justifying the war itself through scientific explanations. The author’s mother left home as soon as she could, in search of other cultures, other horizons and different ways of thinking, while rejecting the ideology and the ways of thinking that prevailed throughout her family; she left her home in
which she felt unsafe and insignificant in search of a new place to belong, finally, marrying the man who had once been forcibly displaced by no fault of his own.

**Socialization in different worlds.** The author entered into a world colored deeply by traumatic family history that had painted a picture of the individual’s struggles for significance, safety and in search of belonging, each in his or her own way, with different outcomes, different movement, and different implications in a world that posed challenges that were larger than the self. Born to this couple that was so very different in their experiences, their socialization and maybe even their views on life shaped the author’s professional ambitions and pathways. The author’s perception of life has been one of sensitivity towards injustice. The view that justice and equality are needed for the creation of conditions in which human beings are best able to be contributing members of their societies in combination with the author’s own family history and her work with refugees have led to the awareness about a need for better support systems, especially in the mental health field, for individuals that have been uprooted. Beyond that, the need to take a stance for those who have suffered injustices by no fault of their own, but simply due to their location, their race, their gender or any other feature. This understanding leads to the creation of recommendations for clinicians in the work with migrants, refugees, and asylum seekers, as will be discussed in this paper. The author’s experiences of her own family history and the immediate impact on family members has been colored by the exposure to family events deeply embedded in a world history telling of violence and displacement. The understanding of the need to create or re-create conditions within the self and in the environment which will allow individuals to contribute and to be a part of their new communities is essential in order to feel belonging and create stability in individual’s lives and the community as a whole. Multicultural
societies are only able to grow strong due to the involvement of all the members of these communities.

It is the author’s conviction that only by seeing each other as the human beings, by acceptance of difference, and by understanding movement and motivation within the context of their own lives, are individuals able to integrate into the human community and into a society that works towards the well-being of all its members. In regard to immigrants, this view applies to everyone involved, from the person arriving in the new society, over the receiving community, up to those creating the policies that shape the legal procedures and operational frameworks involved. Seeing each other as human beings with the same universal needs will allow for a healthy structuring of lives, relationships, policies, and support systems in the most beneficial way for everyone involved and eliminate divisions along the fault lines of gender, ethnicity, nationality, political affiliation, religion, or any other cultural aspect.

Unfortunately inequality is human reality. Theories about dominant groups in society creating norms and imposing their values, views, and their power onto the rest of society are many. No matter which underlying theory we chose to apply, the result of dominance and suppression is subjugation and violence. Violence often results in corruption of safety, loss of freedom, and the loss of an empowered lifestyle. It is, however, not always a majority imposing values on a minority as demonstrated in the oppression of women in the patriarchal system. Especially the system of patriarchy is linked to dominance of male values and in context to this paper, also to systems of war, genocide, and violence against women, children and groups that do not integrate well into the patriarchal value and belief system (Werlhof, 2011). Matriarchal or matrilineal systems that incorporate values such as equality and participation have almost disappeared; the Mosuo, a non-Chinese minority living in the boundaries of today’s China, are
considered to be one of the last living matriarchal societies (Vonier, 2007). We can observe the dominance of patriarchal system on the American continent when we recall the history of the conquering and eradication of Native Americans, many of these tribes were matriarchal or matrilineal (Indian Country Diaries, 2006).

Human history paints a picture of the harm collectives are capable of inflicting on individuals and groups, forcing them into a life governed by crisis and recovery from it, thus making it difficult for everyone involved to be productive and positively contributing members of a thriving society. Genocides throughout the decades are a dramatic but real example of how individuals and groups can be viewed as sub-human and subjugated to unimaginable conditions as seen during the Nazi regime and World War II, which led to the horror of concentration camps and the systematic extermination of human beings. The need for protection arising from World War II finally led to the attempt to protect human lives and manage displacement through the drafting of the Refugee Convention in 1951. Dehumanization allows for the creation of scapegoats and for the negation of human needs by creating the “other”, however, this appears to be a choice on both sides of the fence, for, as Victor Frankl (1959), a holocaust survivor himself, describes; “Human kindness can be found in all groups, even those which as a whole it would be easy to condemn. The boundaries between groups overlapped and we must try not to simplify matters by saying that these men were angels and those were devils” (p. 86).

Hardship and trauma is inflicted on human beings throughout the globe on a daily basis. Regardless of the reasons, dealing with inequality and violence requires a great deal of mindshare, energy, and resources. In situations of crisis, normal life is disrupted and a movement towards betterment of the situation governs all other aspects of life. Preexisting inequalities and
resiliency oftentimes will be perpetuated in times of crisis and may play a major role in how situations of conflict and outbreaks of violence are dealt with.

**Introduction to the Problem**

Global areas of conflict have been responsible for the exodus of millions of people. However, it is not only these types of conflict that cause individuals or groups of people to move; the reasons can be social, economic, or environmental. Regardless of the reasons, migration is always a disruption of stability and continuity. Stress, anxiety, and possibly trauma can occur at any stage of the process and depend on the individual’s experiences and perception of these experiences. At the perceived end of a long journey, the arrival in the country of destination, adjustment and the re-creation of stability become important. For the fiscal year 2012 the refugee quota in the United States was 76,000 with the largest groups coming from Iraq, Bhutan, and Burma (U.S. Department of State, 2012).

Conflicts between individuals and receiving communities and within the communities themselves are inevitable due to cultural and behavioral differences or simply caused by an inability to understand each other, prevalent cultural norms, language or habits. These conflicts are oftentimes not resolved to the benefit of all. In this phase many individuals, especially those who have experienced violent conflict, are in need of a support system to help them deal with the changes and adjust to a new life. A portion of these resettled immigrants are in need of professional mental health services; due to a lack of reliable data, it is difficult to determine these numbers.

Oftentimes the arrival of individuals that constitute a minority within their new communities creates problems for them and for the receiving community. Adjustment to a new culture can be difficult and traumatizing, depending on the experiences and the perceptions it
may be more or less difficult for individuals with diverse cultural backgrounds to navigate their new environment. Mental health services are a part of a necessary and essential support system in order for a person to maintain courage and find inner resiliency in adjusting to a new reality. In addition to the necessity of navigating and adjusting to the new environment it oftentimes becomes important to deal with past events after having arrived at the final geographical destination. However, only if clinicians are aware of the multiple facets of an immigrant’s experience can they be effective in their work. Mental health professionals can assist individuals in creating new stability in their lives and assist the community in understanding diverse needs, their own and those of their new community members. Inclusion of individuals into the existing social structure is as important for those arriving from other countries as it is for the existing communities. The need for stability in order to feel safe, be able to contribute and therefore find a new sense of belonging is essential for both, the new arrivals and the established community. This can be attained and maintained by remaining flexible and finding ways of immersion together. The re-creation of stability, especially in the lives of refugees, but also for all other immigrants is important in order for people to become contributing members of their new society. An integration of the new aspects into the existing identity will help with this process.

The receiving community will benefit through the diversity, creativity, and the new contributions that can then find integration into existing structures and individuals of these societies. Experience of safety can be maintained while the scope of contribution to the welfare of communities will lead to the benefit of an enlarged pool of experiences and realities.

**Statement of Purpose**

It is the intent of the author to analyze processes of refugee and immigrant policies and to understand the nature of mental health services offered to these populations in selected countries,
including the United States. Understanding the processes refugees and asylum seekers are subjected to will help to create an understanding about the role these processes may play as obstacles to acculturation and adjustment as well as the role they may play in the re-traumatization of refugee populations and asylum seekers. The needs of refugees and immigrants in their new environments must be better understood in order to be able to offer appropriate services that will help individuals fulfill their needs and deal with their own personal experiences.

In addition, an analysis of possible reactions to violent and disruptive events prior to migration can help in identifying the nature of support needed. It is important to understand this in order to effectively serve the refugee population and in order for practitioners to be prepared in their approach and be able to employ adequate skills.

Finally, it is the purpose of this paper to formulate recommendations for clinicians in their work with immigrants and refugees in order to be effective in their work of supporting healing experiences necessary due to the exposure to violence which was created through inequality and has resulted in substantial loss. This will help to create stability in the lives of individuals and communities and prevent re-traumatization.

The purpose of this work is to serve individuals in the creation or re-creation of meaningful and contributing lives that will enable them to be stable members of their communities by learning to cope with adverse or traumatizing events and in preventing unnecessary traumatic experiences in the new and safe environment. It is also intended to bring awareness to the internal and external processes involved in the refugee journey in order for practitioners to gain insight into the nature of these experiences and be better prepared for the work with refugee communities. This, in turn, can lead to the emergence of inclusive and
peaceful societies in which individual’s needs are met and conflict is dealt with in a constructive way.

**Rationale**

This research paper will analyze the situation and struggles of refugees in order to arrive at an understanding of the nature of their struggles, the quality of their losses and their ability to construct new lives. It will further seek to understand the degree to which psychological help is needed and determine at which times during the resettlement process this support can be offered effectively. The nature of necessary support systems will be identified. In addition, the paper intends to understand and formulate the needs of and demands towards practitioners working with refugees.

The paper will outline the main phases of a refugee’s journey, analyze the support offered by foreign countries by understanding the asylum and resettlement policies of selected countries and seek to identify the impact of these on individuals who have been forcefully displaced. Lastly, this paper will formulate recommendations to help practitioners in their work with immigrants and in particular with refugees. The objective is to determine the needs and to understand the nature of protective factors in order to be able to construct models of care that utilize and strengthen individual’s own capacity of healing.

**Research Questions**

In order to adequately integrate experiences and new identities, the question that needs to be understood is what the impact of violence and the challenge of transitions on refugees and displaced individuals are. In this context, attempting to identify the difficulties faced by this population and the mental health practitioners and identifying assets that can be utilized by refugees after resettlement will help to broaden this understanding. In order for migrants and
refugees to attain individual stability in a new environment, they need to incorporate a sense of safety, significance, and belonging (Ferguson, 2010, p.2). This newly created stability will lead to continuity and the application of new skills, the input of new ideas, and diverse ways of thinking, creating flexible and growth oriented communities.

Refugees struggle with the fulfillment of basic psychological needs such as safety, significance, and belonging (Ferguson, 2010, p. 2) since all of these needs have been threatened. Safety in a physical and emotional sense is severely impacted in situations of conflict. Without a doubt, a need to take flight is a result of jeopardized safety. Groups in power and the mechanisms used to exert control do not only threaten physical safety of the victims, they threaten emotional safety, the ability to trust, to rely on, and to articulate oneself are impacted in an equally devastating manner. Re-constructing this ability to be safe is essential for the creation of stability in the new environment in order to re-claim personal space and the inner freedom to articulate the self and to begin a process of grieving and healing to overcome losses. Only when this happens will the individual be ready and able to truly begin to immerse him/herself into the new community.

Being forced to flee or making the decision to flee from one’s home will inevitably impact the need for significance. Contribution to society and an appreciation of this contribution is essential in order to achieve a sense of belonging (Ansbacher & Ansbacher, 1964, p. 127). This ability to contribute and be significant in the new environment is an important part of the creation of stability in the individual’s new environment. The individual’s own ability to contribute to the community and to be socially interested is an important way of re-claiming a useful way of life that will benefit people who have not chosen to migrate, but been forced to leave their homes and begin anew.
Ultimately the feeling of belonging will enable the individual to unfold his/her potential and be a peaceful part of the new society. In order for this to happen, the need for safety and significance will need to be accounted for. Developing *gemeinschaftsgefühl* or community feeling within the new environment and finding acceptance through the community will benefit the individual (Adler, 2011, p. 39; Ansbacher & Ansbacher, 1964, p. 134) and the collective resulting in stability and the ability to solve problems and conflicts in a constructive manner. Being involved with and embedded in the community will lead to the balancing of the individual’s life and enable him/her to confront the work task, the social task and the love task (Ansbacher & Ansbacher, 1964, pp. 131-133) in constructive and creative ways impacting the individual’s level of functioning throughout all the tasks positively.

**Significance of the Study**

For societies and communities to function well and for conflict to be resolved in a non-violent manner, it is essential that individuals are able to find safety, significance, and belonging (Ferguson, 2010). This applies to individuals arriving in new communities as much as it applies to the communities receiving new members. In understanding the universal needs of individuals, finding solutions to support processes and recognitions about these needs, and by creating support systems that approach the individual as well as the whole topic in an adequate manner, and that help to meet these needs in the community, more peaceful and inclusive societies can emerge. This paper will guide practitioners in their work with immigrants and refugees and will help to understand the complexity of the situations and needs they face while enabling the creation of individually adaptable ways of working with these populations. This investigation is designed to help understand immigration policies, mental health regulations and practices as they pertain to immigrants and refugees, shed light on the needs of immigrant and refugee
populations, highlight the differences and sensitivities in working with these populations, and
guide practitioners towards a working method that will serve immigrants and refugees by helping
to create a sense of belonging within their new environment.

**Definition of Terms**

The definitions of terms used throughout the paper are important from a legal and political perspective due to the rights and benefits granted to different groups of individuals. These categories and definitions can help to gain insight into the situations individuals may have had to deal with which have shaped their personal experiences and are therefore useful in understanding experiences and possible issues arising for the person.

*Asylum seeker:* an individual who has applied for protection under the 1951 refugee convention and whose application is pending. An asylum seeker is in a very vulnerable position as he/she has ceased to be under the protection of the government and are unable to return due to a fear of persecution, however, are not provided with the rights of the country they are seeking asylum in.

*Culture:* is defined as acquired behaviors and attitudes determined by upbringing and choice. Culture is changeable and subject to assimilation and acculturation (Sewell, 2009). Culture is viewed as the ascription of meanings and values that determines belonging to a certain group.

*Displacement:* applies to persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters.
Ethnicity: is characterized as a sense of belonging and identity within a group. It is determined by social pressures and psychological needs. It is the creation of their own identity, largely constructed (Hall, 1989) it may contain factors of identification such as language, geographical origin, skin color, religion, and cultural practices within a group (Sewell, 2009). Ethnicity is partially changeable.

Immigrant: An individual entering a country with the intention of remaining in that country. The United States of America defines an immigrant as a permanent resident alien (US Dept. of Homeland Security, n.d.).

Involuntary repatriation situation in which individuals are forcefully returned to their countries of origin even though this constitutes a violation of the Geneva Convention

Local integration takes place when people can settle permanently in the country of asylum (World Savvy, 2009).

Migrant: The International Organization of Migration defines as individuals whose decision to migrate was taken freely and without the intervention of external compelling factors, therefore, a decision that was taken to improve prospects for themselves or their families. The organization categorizes migrants as: documented migrants, economic migrants, irregular migrants, skilled migrants, and temporary migrant workers (IOM Key migration terms, n.d.).

Non refoulment: The principle of non-refoulement is the cornerstone of asylum and of international refugee law. Following from the right to seek and to enjoy in other countries asylum from persecution, as set forth in Article 14 of the Universal Declaration of Human Rights, this principle reflects the commitment of the international community to ensure to all persons the enjoyment of human rights, including the rights to life, to freedom from torture or cruel, inhuman or degrading treatment or punishment, and to liberty and security of person.
These and other rights are threatened when a refugee is returned to persecution or danger. Non-refoulement has been defined in a number of international refugee instruments, both at the universal and regional levels. In the case of persons who have been formally recognized as refugees under the 1951 Convention and/or the 1967 Protocol, the observance of the principle of non-refoulement should not normally give rise to any difficulty. In this connection, particular regard should be had to the fact that a determination of refugee status is only of a declaratory nature. The absence of formal recognition as a refugee does not preclude that the person concerned possesses refugee status and is therefore protected by the principle of non-refoulement (UNHCR, 1997).

*Race:* is characterized by physical appearance and determined by genetic ancestry. It will be used in this paper mainly due to the implications the use of the term has had in a historical context in regards to discrimination and racial oppression. Race is considered to be genetically and biologically determined and will be used solely for the illustration of injustices towards groups and individuals.

*Refugee:* By the 1951 Refugee Convention, someone who "owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country" (UN General Assembly, 1951: Art 1A). This convention was amended in 1967 removing geographic and temporal limits (UN General Assembly, 1967). The Organization of African Unity addresses specifics of Africa’s refugees by defining refugees as a person compelled to leave their county "owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country or origin or nationality" (OAU, 1969: Art. 1). Central America’s
refugees are addressed by the Cartagena declaration which adds to the definition, stating that a refugee is also someone fleeing "because their lives, security or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order" (Cartagena Declaration, 1984).

*Resettlement:* occurs when countries are willing to accept individuals on a permanent basis; people are relocated to a third country.

*Voluntary repatriation:* process in which people return and are re-integrated in their countries of origins once it is deemed safe to return.

**Assumptions and Limitations**

This paper has utilized online and printed materials that are already in existence. The assumption underlying the research is that displaced populations, regardless of the degree of choice in their displacement, have difficulties adjusting and integrating into their new environments for various reasons. While immigrants face the challenge of navigating their new world consisting of habits, traditions and experiences that they might be unaware of, refugees have the additional burden of coping with forced displacement, uncertainties, grief, loss and trauma. Therefore, the creation of networks that are accessible to these individuals as well as the appropriate degree of assessment and utilization of appropriate interventions through mental health professionals is important and urgently required.

Due to the great diversity and differences in experiences, perceptions and individual needs of immigrants and the multiple and interdependent factors linking policies, rules, regulations, laws, and practices within communities, societies and countries to the individual, this paper will not result in the recommendation of standardized or uniform recommendations. Rather, it is the intention of the author to create an understanding of the situation immigrants and
refugees face, of the struggles and needs that need to be addressed, and to create a set of recommendations and guidelines which can be applied and integrated in a flexible manner in order to assist clinicians in their understanding and navigation of the regional and local systems, the options and possibilities to shape these in the work with refugees, and the multiple and complex situations and difficulties individuals face. Further, this paper will address culturally appropriate methods of assessment and interventions in the practical and daily work with individuals.

The paper will focus on the universal need for belonging as a key factor for the individual creation of stability and will resort to analyzing obstacles faced by certain groups; however, it does not claim to analyze these in detail due to limitations posed by the scope of the project. Further, it is assumed that the recommendations in this paper do not constitute a program in itself, but rather, are intended to be guidelines that can be applied in the creation of refugee mental health programs and adapted according to needs of specific populations.

**Review of Asylum and Refugee Resettlement Policies**

This chapter will seek to understand the plight of refugees and the differences in refugee protection and integration globally by comparing policies in the European Union, Canada, Australia and in the United States. Best practices, the fulfillment of responsibilities and the access to mental health services will be compared and the shortcomings and obstacles for refugees and their access to protection and integration will be analyzed. The paper will then proceed to understand the impact of violence and the challenge of transitions on refugees and displaced individuals while analyzing the difficulties faced and the assets utilized. This will result in the creation of culturally sensitive clinical practices by integrating needs, perceptions,
and experiences into a system that can adapt its practices to a range of diverse cultures and the uniqueness of experiences and individuals seeking professional clinical support.

**Refugees’ political plight throughout the world**

*The calamity of the rightless is not that they are deprived of life, liberty and the pursuit of happiness, or of equality before the law and freedom of opinion – formulas which were designed to solve problems within given communities – but that they no longer belong to any community whatsoever. Their plight is not that they are not equal before the law, but that no law exists for them.* (Arendt 1986, pp. 95-296)

Global areas of conflict have been responsible for the exodus of millions of people. The United Nations High Commission of Refugees (UNHCR) reports 33.9 million people as being of concern to the agency at the beginning of 2011. Not all constitute refugees in the strict sense; however, these are individuals that have been forcefully displaced due to internal conflicts in their states of origin, stateless individuals, those affected by major natural disaster and urbanization (UNHCR, 2012). Many of the refugees fleeing their countries will remain long term refugees with barely a chance of returning to their regions of origin due to protracted conflict. While UNHCR observes that fewer civilians appear to be killed directly in violent conflicts, they appear to be have become more vulnerable through their exposure to violence. As states becomes increasingly unable to provide security and protection, vulnerabilities to conflict and violence increase leaving individuals and groups of individuals unprotected. The nation state becomes dysfunctional, lives are lost, basic necessities cease to exist, exposure to natural disasters and other pressures further increases impacting the population and among it the most dependent: children, the elderly, and the disabled. People are forced to flee to urban areas and to other
distant countries in which they encounter more hardship, this includes policies by countries to protect their own borders and to restrict asylum (UNHCR, 2012).

Refugees and asylum seekers oftentimes travel alongside other migrants, accounting only for a small part in proportion to global movement. However, much of this movement takes place without documentation and through unauthorized crossing of borders; it oftentimes involves smugglers and human trafficking. This means that people are at risk of being exploited and abused and are in a vulnerable and very dangerous position while putting their lives at risk (UNHCR: Asylum and Migration).

Some of the most dangerous routes taken by refugee and asylum seekers are:

- Land routes from central and northern Sub-Saharan Africa to South Africa
- Travel by sea in make shift boats from West Africa to the Spanish Canary Islands in the Mediterranean
- Travel across the notoriously dangerous Gulf of Aden from Somalia to Yemen
- Land travel from Iraq to Turkey and then transport by sea to Greece
- Boat travel by Cubans and Haitians in the Caribbean to the US
- Land travel from Central American countries through Mexico and to North America. (World Savvy, 2009)
Fig. 1 Asylum claims in industrialized countries (UNHCR, 2013)

When individuals take flight and travel in search of safety their objective is oftentimes to reach safe countries that can offer protection and asylum. Upon reaching these countries asylum claims are lodged in order to start a structured legal process. The figure above demonstrates disproportionately high asylum claims lodged in Europe. This possibly stems from Europe’s central geopolitical position and its accessibility on land and by sea.

Old and new conflicts in Iraq, Afghanistan, Somalia and Syria have led to high rates of asylum applications in 2012. UNHCR (2013) states that “Some 479,300 claims were registered across the 44 countries surveyed in UNHCR’s Asylum Trends 2012 report, this is the highest annual total since 2003, continuing a trend of increases evident in every year but one since 2006”. By region, Europe was the largest recipient of claims, overall, the United States was the single largest recipient with 83,400 claims predominantly from China, Mexico, and El Salvador (UNHCR, 2013).
Protracted conflict and refugee displacement refers to conflicts, which have moved beyond the initial emergency situation, however, for which there is no solution foreseeable. Individuals affected by these prolonged situations find themselves in unstable situations with their lives governed by the crisis. They experience being “trapped” between an impossible return to their countries of origin and an integration into the countries of asylum. Typically they are subjected to restrictions of work, education, and movement and are oftentimes confined to camps. Levels of sexual and physical violence are high affecting particularly women, children, the elderly, and the disabled. For example, sexual violence against women in the Democratic Republic of Congo is estimated to be as high as 40% (Watts et al., 2013). Encampment for lengthy periods of time has led to human rights violations and violations of the Geneva Convention on Refugees and led to the creation of dependency, frustration, poverty, and unrealized potential (Loeschner et al., 2008).
Possible outcomes for refugees and asylum seekers depend on the circumstances. The standard outcomes expected are voluntary repatriation in which people return and are re-integrated in their countries of origins once it is deemed safe to return, and involuntary repatriation in which situation individuals are forcefully returned to their countries of origin even though this constitutes a violation of the Geneva Convention with its core principle of non-refoulement. Migrants are either turned away, deported back to their home countries, or ships may not be permitted to enter harbors or are intercepted at sea and escorted back to the port of origin. Resettlement occurs when countries are willing to accept individuals on a permanent basis; people are relocated to a third country. Local integration takes place when people can settle permanently in the country of asylum (World Savvy, 2009).

While all this information and data may cause surprise, maybe a shake of the head, and surely a realization about the negative impact of conflict throughout the globe, we must not lose sight and empathy for those who are most affected by what has become a disaster in their lives. Refugees, according to Judy Myotte (1992), have become “the by-products of war, become disposable people – political pawns of leaders, their own as well as those who have a strategic interest in the conflict” (p. 7).

Country policies in refugee protection and mental health services

On a general basis the admission of people in need of protection takes place either through an asylum application process or through the resettlement of refugees. The Refugee Council of Australia criticizes that the 80,000 referrals made by UNHCR annually are not filled due to lengthy security checks through the resettlement countries (Refugee Council of Australia 2012, p.3) Due to the quota of Western countries, resettlement is available to fewer than 1% of refugees globally (Refugee Council of Australia 2012, p. 14).
In order to better understand the different policies in place and the ways in which different countries protect refugees and address their needs, this section of the paper will examine these policies through comparison. The information learned, can then be applied to programs in order to better understand, protect, and support security and survival needs which can ensure stability and assist in the process of the creation of this stability. It is important to gain an understanding about where refugees are well protected in order to learn from those models, but also to understand where and how refugees encounter obstacles that possibly increase their burden as opposed to alleviating stress and guaranteeing safety.

The following figure shows the share of resettlement globally. Clearly the United States of America leads in terms of resettled numbers of refugees while the European Union hardly resettles refugees. The United States does not experience a large influx of asylum seekers, except via the Mexican border, while Europe with its multiple external borders and its geographical position between Africa and Asia experiences the entry of large numbers of individuals seeking
or requesting asylum, therefore, the quotas are filled leaving little space for resettlement of refugees from camps around the world.

Fig. 4: Share of resettlement in Australia, Canada, USA, EU (European Refugee Fund, 2010)
The European Union

![Resettlement in the EU in 2011](image)

Fig. 5: Resettlement in the EU (European Refugee Fund, 2010)

The path to finding protection in the European Union (EU) or rather in any of the 27 member countries of the Union, is possible either by applying for asylum in any of the sovereign countries or through refugee resettlement. As a community of modern democracies the European community is an important ally in international efforts to support and accommodate refugees. The EU has taken on the task of harmonizing its refugee policy in order to implement the same standards in all member countries. Cooperation with the United Nations High Commissioner for Refugees in order to guarantee the safety of refugees outside of European boundaries and to voluntarily resettle them to the territories of member states in order to ensure their safety has been a part of the political agenda as well (Council of the European Union, 2008). The need for common regulations has been recognized by all the member states, yet there are large differences and in part extreme inequality and unwillingness towards the reception of refugees in some of the countries. This is due to fears of economic decline, social unrest, and security issues.
Although the members of the EU are sovereign states, the Union has adopted policies to harmonize its immigration and asylum policies by creating minimum standards for all its members with the intention of setting similar standards in all of the countries and in order to eliminate inequalities and prevent a “shopping” around in the quest for countries that may offer easier access to protection. This was deemed particularly important by the member states since the Shengen agreement (European Commission, 2014) provides barrier free access to most of the EU countries which essentially means free travel throughout the EU once the external borders have been crossed.

Fig. 6: Share of resettlement among members of the EU (European Refugee Fund, 2010).

The number of refugees resettled to the territories of the EU 27\(^1\) is low in comparison to international resettlement and low in comparison to the number of asylum seekers in the EU.

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\(^1\)The European Union was established on 1 November 1993 with 12 sovereign Member States. Their number has grown to the present 27 through a series of enlargements. Member countries include: Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the United Kingdom.
The Scandinavian countries Sweden, Denmark and Finland resettle the majority of refugees within Europe making up 70% of resettlements to the EU.

The ratio of asylum seekers in the Union is much higher than that of resettled refugees. Upon entry into EU member states’ territory a person should be in the position to claim asylum, no matter whether the border was crossed legally or not. Assuming that this is a precondition for equal opportunities throughout the Union it is understood that legal procedures must be based on the rule of law guaranteeing asylum seekers the right to be heard as well as the right to legal consultation and legal remedies.

Unfortunately, Europe has tightened its borders and restricts access to its member’s territories due to a fear of illegal immigration and misuse of the asylum system (Heck, 2008). However, fighting illegal immigration must not ignore the fact that a number of people are forced to enter the EU on irregular grounds. In these cases refugees run a high risk of not being perceived as being in need of shelter. This situation puts asylum seekers at a considerable disadvantage.

The perception of a threat towards this feeling belong within the communities of the European Union appears to have led to a tightening of borders, exclusion of anyone who wants to penetrate these boundaries, and hostility regardless of the vulnerabilities “the other” faces. The
EU is selective in who it allows access to its territories.

Fig. 7: Asylum application to the EU between January 2011 and December 2012 (European Commission, 2013).

**Mental Health Services for Refugees and Asylum Seekers in the European Union**

Finding appropriate mental health care and services can be challenging for refugees and asylum seekers in Europe. While there are networks and private initiatives in existence to serve the mental health needs for individuals, these oftentimes occur on a voluntary basis, through the engagement of motivated individuals, and sometimes free of charge for the client or patient. After conducting a survey in 14 European countries Straßmayer et al. (2012) find that the complex needs of *irregular migrants* are beyond the capabilities of mental health services in 11 of the 14 countries; they identify the existence of a general lack of trust in health care and social systems of 11 countries, find a lack of general resources in 10 countries providing mental health care and a lack of specialized resources for migrants in 9 countries, in 8 countries there is a lack of knowledge pertaining to the legal entitlements to health care, in 7 countries there are no entitlements to health care beyond emergency care, in the other 7 countries the existence of
substantial barriers to mental health care, and identify a lack of awareness among the migrants of
the entitlement to mental health care in 6 countries (Straßmayer et al., 2012).

It is, however, difficult to arrive at a general conclusion about the state of mental health
services for refugees in Europe, since the differences in access and quality of care are enormous.
While some countries screen refugees and asylum seekers as a part of the application process,
others do not provide mental health care to these populations (Watters, 2007). The harmonization
process, as it concerns regulations in regards to immigration and asylum, does not include mental
health care and leaves the implementation of standards in this regard to each member.

Centers for the reception of refugees and asylum seekers do not provide psychological
services or screening and formal assessments are seldom made. Mental health centers, especially
those specializing in the delivery of services to refugee populations are scarce and where they do
exist, they are difficult to access from the reception centers, which are oftentimes located in rural
and remote areas. Waiting lists and waiting times for these centers are long. Psychological care is
oftentimes not offered until the status of an individual is clear and he/she will be able to remain
in the country legally. Many psychologists do not see individuals who have not obtained legal
status allowing them to remain in the country. However, the greatest problem is possibly the
practice of psychological assessments that are required in order to assist the legal processes of
asylum claims. This requirement mainly serves to clarify the details of claims as practiced at the
Federal Agency for the Reception of Asylum Seekers (Bell et al., 2009), however, should also
focus on identifying individual psychological needs.

Isolated individuals, health care professionals, and service providers throughout the EU
go to great lengths to offer services, but there is a lack of a coordinated effort and systematical
structure in the mental health care of refugees and asylum seekers (Bell et al, 2009). This places
the burden consisting of acquisition of knowledge and experience in working with this population, funding, and coordination/cooperation on the individual providers.

Apart from the scarce services offered to refugees and asylum seekers, communication has been described as a huge barrier to the access of mental health care where it is available. Most services are only offered in the majority language of the host country (Watters, 2002) and diagnostic assessment is most often void of the understanding of cultural differences or complicated by these differences. Mistakes and inadequacies in diagnosing are reported more frequently than with native populations; clearly, this issue demands culturally trained and experienced mental health professionals in order to avoid diagnostic mistakes and to administer the appropriate level of care (Carta et al., 2005).

The EU is just one of the Western destinations for asylum seekers and refugees; another major resettlement country in the Western world is Australia. Australia’s policies pertaining to refugee resettlement and asylum policies have sparked some controversy over the past decade. The following passage will review this topic in context to refugees and their mental health.

Australia

As a party to the Refugee Convention, Australia has the obligation to protect the rights of refugees and asylum seekers and cannot return them to their country of origin or any third country in which they would face a real risk of their human rights being violated (UN, 1951). Australia’s immigration system is comprised of the onshore and the offshore component, depending on where an individual lodges his/her visa application. Onshore applicants typically arrive by airplane or boat with a valid visa in hand which means that they have successfully applied for admission to Australia on foreign territory. These arrivals are categorized as *Irregular Maritime Arrivals (IMA)* when arriving by boat or as *Non irregular maritime arrivals*
(non IMA) when arriving by air. The onshore and the offshore programs are linked, pertaining to the Humanitarian Program, refugees are selected overseas by the offshore program, the quota is determined by the number of spaces available after asylum seekers have been granted refuge onshore. Therefore, an increase of onshore visas for protection automatically leads to a decrease in the offshore quota (Markus, 2012).

The offshore component of the Refugee and Humanitarian Program is designed for those individuals outside of Australia who are in need of resettlement due to humanitarian reasons. Most of these individuals are identified by the UNHCR. Australia provides two types of visas for these individuals:

- Refugee Visas: granted to individuals to whom the definition of a *refugee* as stated in the Geneva Refugee Convention

- Special Humanitarian Program Visas: granted to individuals who have suffered substantial discrimination amounting to gross violation of their human rights in their country of origin. This type of visa requires sponsorship by an individual or organization in Australia or New Zealand (Australian Human Rights Commission, n.d.)

The onshore component enables those individuals on Australian territory to apply for protection visas. These individuals must either meet the refugee criteria as defined by the Geneva Refugee Convention or be threatened by persecution if sent to another country (Australian Human Rights Commission, n.d.). In a global context Australia receives comparatively few unauthorized refugees. A high level of prejudice towards these asylum seekers has been reported (Pedersen et al., 2013, p. 254). Although Australia adheres to the principles of the Geneva Refugee Convention of which the principle of non-refoulement is a key obligation, there has been much discussion over the country’s policy of processing asylum claims by “outsourcing” to
other countries. In July 2011, for example, the Australian and Malaysian governments came to an agreement over the transfer of 800 asylum seekers to Malaysia where they would await the outcome of their applications. There has been much debate about the legal implications and the guarantee of safety has been questioned in regards to extraterritorial processing (Lowes, 2012, p. 168).

Figure 8: Population in Australian immigration detention (Australian Government, n.d.)

Australia has implemented a number of measures that make the application for asylum more difficult and impose hardships; the process of refugee resettlement has become a very selective process. The linking of the onshore and offshore program is criticized as designed to create different categories of refugees and a hierarchy leading to unequal treatment. Asylum seekers arriving in Australia without legal immigration documents are held in detention. Detainees have been reported to be held in shocking conditions, suffer solitary confinement and are treated like committed criminals (Hudson-Rodd, 2009, p. 192). A high security prison designed to incarcerate asylum seekers has been built on Christmas Island and is filled by
intercepting boats before they reach Australian mainland and transporting individuals to the high security prison on the island (Hudson-Rodd, 2009, p. 97-98).

Fig. 9: People in immigration detention by arrival type at 30 June 2012 (Australian Government, n.d)

Mental health services and concerns pertaining to Australian refugees and asylum seekers. Detention and particularly the indefinite duration of the incarceration exacerbates mental health symptoms experienced by refugees. Adverse effects on the individuals’ psychological state as well as negative psychosocial impacts on adults, families and children have been observed. This possibly causes prolonged mental health effects that extend beyond the duration of the detention and last well into the post migration phase. Re-traumatization or a compounding of refugees’ and asylum seekers’ mental health symptoms is a possible outcome (Silove et al., 2007, p. 360). The Royal Australian and New Zealand College of Psychiatrists (RANZCP) criticize Australian policies pertaining to refugees while pointing out the adverse effects detention has on mental health. Further, a position paper by the College addresses the lack of mental health services available to asylum seekers and refugees (RANZCP, 2012, p. 1).
The Australian Human Rights Commission reports issues of insufficient mental health care in detention, insufficient onsite supervision, and high level use of psychotropic medication, especially of sedatives (Australian Council of Human Rights, 2011, p.19). The Commission further reports high rates of self-harm and suicide (Ibid. p. 20). RANZCP advocates for access of asylum seekers and refugees to mental health services that are available to all Australians and suggests support for clinician to be able to network and therefore enable them to emerge from the isolated positions they are currently working from as individual providers committed to serving the refugee and asylum seeker population (RANZCP, 2012 p. 3).

One of the main points of discussion in this context appears to emerge in the context of the detention itself. A far cry from achieving regular and adequate mental health services for refugees and asylum seekers is the call for an end of immigration detention as a whole. This would be a necessary measure to not only prevent the re-traumatization of these populations who are potentially more disposed to the development of mental health issues due to their experience of war, violence, incarceration, and loss, but also in order to allow for allocation of energy to overcome and to heal from these experiences. Instead, mental health issues are perpetuated through the imprisonment, the inactivity and the lack of purpose (Coffey, 2011). Debates supporting mental health care for refugees and asylum seekers in Australia appear to focus on ending the negative outcomes of detention on mental health in large versus arguing for the creation of mental health facilities and adequate access for these populations.

The United States

76,000 refugees were resettled to the United States in the fiscal year 2012. This quota addressed humanitarian needs or was of other interest to the United States and funded through the federal refugee assistance through the Amerasian immigrant admissions program. Further, a
regional quota was established determining how many refugees were to be resettled from specifically denoted areas globally. For the FY 2012 the allocations were as follows (White House, 2011)

- Africa .................... 12,000
- East Asia .................. 18,000
- Europe and Central Asia ...... 2,000
- Latin America/Caribbean ...... 5,500
- Near East/South Asia .......... 35,500
- Unallocated Reserve .......... 3,000

For FY 2013 these numbers were lower and constituted 70,000 refugees comprised of (White House 2012):

- Africa ..................... 12,000
- East Asia ................... 17,000
- Europe and Central Asia ...... 2,000
- Latin America/Caribbean ...... 5,000
- Near East/South Asia .......... 31,000
- Unallocated Reserve .......... 3,000

There is some flexibility within the allocation due to the unallocated reserve that can be utilized as required while underutilized allocations can be re-distributed and transferred to other regions (White House, 2011/2012). The number set annually is known as the refugee ceiling and is determined by the president after consulting with Congress at the beginning of each fiscal year.
The United States is party only to the Protocol of the Geneva Refugee, which was added in 1967. The map below shows the United States and Venezuela (yellow) as the countries that are party only to the Protocol, the countries in dark green are party to the treaty and the protocol, Madagascar (light green) is a party only to the original treaty and remaining countries (gray) are non-members.

Fig. 10: Convention relating to the status of refugees (Wikipedia, 2014)

Upon resettlement to the United States, agencies, such as the Office of Refugee Resettlement provide assistance addressing various needs of the new populations. These programs include placement to ensure appropriate services and resettlement conditions, case management that addresses needs of newly arrived refugees, front-load resettlement services intended to ensure self-sufficiency such as employment services, health screenings and mental health services, outreach with the intention of engaging non-government organizations, and the utilization of data informed decision making (Office of Refugee Resettlement, n.d.).

The process determining which individuals will fill the quota of the U.S. Refugee Admissions Program and finally enter the United States is rigorous and detailed. Several steps
are required that need to be passed by the less than half of the 1% of refugees entering through the Refugee Admissions Program:

1. The UNHCR identifies individuals and refers them for resettlement.
2. Names are submitted to the US embassy of the host country.
3. Personal data and information is collected, officials meet with the refugee.
4. The compiled file is submitted to the US embassy by a refugee resettlement organization that has a contract with the US government and applies for resettlement.
5. The name of the applicant is run through a standard check.
6. An interview is scheduled with an official from the Department of Homeland Security (DHS).
7. A DHS officer travels to the host country and conducts face to face interviews with each applicant in order to determine whether the individual qualifies for resettlement under US law.
8. The application is submitted for processing.
9. A security review is conducted by the FBI and the CIA.
10. In case of clearance, the application is forwarded to the State Department for final approval and admission.
11. Upon arrival at the airport a DHS officials issues a photo ID and authorizes employment. (World Relief)

Prior to entering the United States, a refugee must be medically screened and cleared (this typically does not include a mental health screening), receives cultural orientation and a travel loan. Travel is organized by the International Organization of Migration (IOM), the individual receives a loan which will require to be paid back after a certain period. The
resettlement organization makes necessary arrangements for arrival. This agency begins the process of assisting refugees to settle into daily American life. The U.S. Committee for Refugees and Immigrants (USCRI) formulates the last step of resettlement and essentially the goal of this process as the integration into American life by becoming a contributing member of the community; this entails finding employment, gaining permanent residency, becoming a citizen, and building a new life (USCRI, FAQ).

Particularly the last step of this process, the integration into daily life by becoming a contributing member of the receiving community is of interest to Mental Health practitioners working with refugee populations in the mental health field. Unprocessed past traumatic experiences that have led to a disruption of life as it was known to the individual, may play a significant role in the ability to actively take part in this new life. The need to re-create and re-experience a sense of belonging is a process; the experience of feeling unsafe and insignificant is an integral piece of the refugee story. While laws and policies are able to provide a basic framework for a new experience, the focus is predominantly on legal and physical needs and situations. The experience of a collective of peoples as well as that of the individuals that have been impacted requires an in-depth understanding in this last step or phase of the resettlement process. While the USCRI (n.d.) recognizes that “Refugees spend many years overcoming past trauma, locating family members, adjusting to American culture, building careers, raising families, finding their first dream home, and creating a new life for themselves in the United States.” The settling into a new and normal life has only just begun when individuals and families settle throughout the different states.
Minnesota. Refugees resettled to Minnesota are welcomed by one of the six local Voluntary Agencies. These organizations receive the individuals at the airport, cover basic needs, provide home and community orientation, and connect them to services such as public benefits, social security, educational services, health services, community and employment resources, and other specialized services. Assistance is provided for 90 days, thereafter, refugees must be able to provide for themselves, be able to utilize other services, and meet the needs and demands of life in the new community.

In 2011 close to 2000 refugees were resettled to Minnesota. Between 2000 and 2011, 35,400 refugees found new homes here. The largest community of refugees in the state is of Somali origin, this constitutes the largest Somali population in the country; Minnesota is home to the second largest Hmong community from Laos with St. Paul hosting the largest urban concentration of Hmong globally. Other refugee groups from Burma, Ethiopia, Liberia and the former USSR have found a home in Minnesota as well (The Chicago Council on Global Affairs,
The largest Karen community, from Burma, has found a home in St. Paul; the community is currently estimated at around 5,000 (Harkins, 2012).

Although the large African community in Minnesota is comprised of predominantly Somalis, one of the largest Liberian populations outside of West Africa has settled in Minnesota due to civil conflicts within Liberia. Some sources estimate that Minnesota is home to the largest Oromo population worldwide; this ethnic minority has endured violent oppression in Ethiopia (The Chicago Council on Global Affairs, 2012). Apart from the unusually large and diverse groups of refugees that have been welcomed in Minnesota, another factor that sets the state apart from others is the high percentage of refugees within the foreign population of this Midwest state with 47% of the foreign born population having entered the state as refugees (Minnesota Council of Churches, 2012).

**Mental health services provided to refugees in the Twin Cities.** There have been coordinated efforts to provide mental health services to refugees in Minneapolis and St. Paul, including some surrounding suburbs. The voluntary resettlement agencies coordinate services and refer refugee clients to local clinics for health screenings during which, mental health issues are addressed. Since refugees that have been resettled to Minnesota are usually insured, they are able to benefit from all services offered to the general population. However, access to mental
health care may, in fact, constitute the problem. Since the concept of mental health is a Western concept, individuals from other ethnic or cultural backgrounds are unlikely to ask for support in this area in a manner that is well understood by clinicians in the United States. Further, the knowledge about where to access support systems is limited due to these differences in concepts. The language barrier as well as the translation of concepts and thought processes causes additional obstacles in accessing meaningful psychological care. These differences in concepts will be discussed throughout the next chapter, since they apply to cultural differences in general and are not specific to refugees in Minnesota.

Currently the mental health care of refugees occurs predominantly through individual providers. Some coordinated efforts have taken place lately to join forces and share knowledge pertaining to the care of refugees. The individual community organizations, such as the Karen Organization of Minnesota, the Hmong Community, and the Somali organizations make an effort to identify the needs of refugees pertaining to mental health. In general, the services coordinated by these organizations are geared towards medical care, help with issues of immigration, vocational and educational training. A focus on psychological care is not the main attention, although the realization about the impact past events and current need for adjusting have on daily functioning is more widespread than in the past. One of the few organizations that focus primarily on refugees is the Center for the Victims of Torture (The Center for the Victims of Torture, 2005).

Summary

Although the majority of countries recognize the need to protect refugees and individuals subjected to political repression and persecution, the barriers for these individuals still appear to be insurmountable. Given the low numbers of people who are resettled globally and the long and
difficult phases of transition, it appears the international system of protection for refugees has failed to protect the majority of individuals affected by armed conflict, violence and persecution. In regards to the political component of the general situation, the need for states to protect their territories and citizens from the influx of terrorism is real, while at the same time the dilemma of protection for the displaced arises. Therefore, psychological care for refugees does not only mean the establishment of a mental health system specifically designed to meet the needs of refugees, but also calls for the implementation of policies that prevent the destruction of communities and societies as well as aid in the creation and re-creation of stability when needed. In addition, the creation of a system that is accessible and addresses psychological needs of displaced people is necessary in order to process and manage distress related to loss and displacement and in order to adequately adjust to new and oftentimes uncertain situations; currently the barriers encountered by refugees in all of the compared states constitute a daily reality.

The Situation of Refugees Globally and Locally

In order to gain a better understanding of the situation that may be faced by refugees on a global and local dimension, the following passages will analyze the different phases of a refugees’ journey in order to attempt to gain an understanding of the impact this might have on individuals and societies. For this purpose, the journey is structured or categorized in three phases.

Pre Migration, Transit, and Post Migration

Apart from the regular struggles we human beings encounter physically or psychologically, the violations refugees are subjected to are additional burdens that individuals and collectives need to deal with. Although the focus of this paper is on the situation of
individuals after resettlement, it is important and necessary to see the whole picture. The events that took place before refugees left their homes and communities, and which were violent and disruptive in nature, are influential while oftentimes constituting the root causes for current struggles. This is especially true for people who have been displaced forcefully. It is safe to assume that refugees have suffered human rights violations prior to their departure from their home countries. Some were imprisoned and tortured, others were subjected to other forms of physical violence, were raped, threatened with death, forced to work in labor camps, or witnesses to the murder of loved ones, neighbors and other fellow human beings. Research on Cambodian trauma history revealed that seventy-three percent of interviewed refugees reported having lost one to nine family members and twenty-seven percent reported having been witnesses to the deaths of relatives; further, fifty-three percent reported having at least one family member who remained in Cambodia, while almost seventy percent reported having been witnesses to the destruction of their homes and forty percent state that they had escaped assassination by the regime (Boemel et al., 1992, p. 252).

Emotional responses to experiences of armed conflict and violence can manifest in a variety of symptoms such as psychosomatic complaints and illness, depression, grief, attitudes of lacking futurity, sleep disorders, lethargy, nervousness, shakiness, hyper-vigilance and a general sense of insecurity and lack of safety. These symptoms constitute clinical criteria for Post-Traumatic Stress Disorder (Roe, 1992, p. 93). However, as detailed studies and comparisons show, the existence of PTSD varies in degree, depending on the history of persecution, gender, and on cultural factors (Perera et al., 2013). From a perspective of dissociation, these dynamics of response to trauma can be understood as a mechanism of defense that is employed during a confrontation that threatens either physical or psychological integrity (Agger 1994, p.12). In fact,
many refugees utilize this maladaptive coping mechanism, especially antisocial coping is strongly related to dissociation; this in turn leads to a perpetuation of trauma and accentuates the tendency to isolate and withdraw from the community (Finkelstein et al., 2012).

When discussing emotional responses and coping mechanisms to severe and violent events, it is important to keep in mind that this discussion takes place utilizing the Western model and viewing trauma through the Western lens. Responses to violent and life threatening events and the symptoms associated with these responses are oftentimes expressed in culturally specific terms. The discussion of PTSD, dissociation and other syndromes essentially simply suggests the presence of symptoms of distress that are interconnected and have developed in the presence of exposure to horrifying experiences that have left individuals and collectives with little or no control of their lives (Miller et al., 2004, p. 8).

While much research has focused on the etiology of symptoms pertaining to the pre-migration situation of individuals affected by violent conflict, the potentially traumatizing effects of a journey to safety and of a situation in limbo are as much a part of reality with the dangers, the uncertainties, and the losses. While some groups of refugees remain trapped in regions of conflict, others are able to escape to refugee camps or seek asylum in countries they were able to travel to. By no means has their situation become any safer. The flight from the terrors is a treacherous and dangerous task. African refugees cross the deserts and the ocean in an attempt to reach a safe haven. Many thousands have lost their lives in the process while the survivors often suffer from chronic and multiple stress syndromes (Gebrewold, 2007, p. 3; Carta et al., 2005). In Asia people fight their way through the jungles and cross mountain ranges in order to escape persecution. In America, treacherous journeys through the desert in the hope of crossing the borders to North America, and journeys across the ocean in the hope to reach the US coast are
undertaken. While the lives of people who have survived may appear to have been saved, the situations they find themselves in are far from ideal or safe. Refugee camps can be among the most unsafe places and arriving in the West and claiming asylum can mean detention and imprisonment.

Essentially, immigration detainment disrupts refugees’ quest for a new and safe life; for those who have experienced political imprisonment, this situation directly recalls the threats, creating and re-creating anxiety and high levels of stress (Coffey, 2011). Separate from any prior experience, imprisonment creates an image of criminalization rather than a situation of protection. In fact, asylum seekers and refugees who are detained for prolonged periods of time are more prone to self-harm and patterns thereof. An explanation for these symptoms may be the disruption of what refugees have always done, finding a safe place (Coffey, 2011) and pouring in energy in order to re-create a productive and meaningful life. It comes as no surprise that refugees and asylum seekers who are held in detention experience an increase of distress of which a worsening of symptoms is a sure indicator (Chu, 2005, p.3). However, the issue is one that reaches beyond the mere identification or description of a (mental) health issue. It is not simply a medical/psychological problem. It is, rather, a problem of human rights and their violations, a problem of fractured community and therefore, these problems concern everyone.

Finally, having been resettled, the perception of having reached may prove to be a misleading one. Although the difficulties of the pre-migration phase and of transit are believed to lie in the past, they may in fact not be. Physical and psychological wounds can be very present and continue to impact individuals in their new environments. Symptoms such as nightmares, flashbacks, fear and panic are not unusual and physical scars from torture, prolonged hardship, or pregnancies resulting from sexual violence can be reminders of the own history of persecution.
and the losses associated. In order to grieve these losses adequately and process past events, it is necessary to arrive in a stable environment. However, resettled refugees rarely find themselves in a stable situation, asylum seekers even less so. Navigating a new world, a different culture with its unknown concepts and foreign language is a challenge for anyone. Understanding the new system, managing the children’s schooling, the language, driving, medical and other appointments, legal matters, housing, socializing and many other tasks are challenging enough without having to manage past distressing memories (Perera et al., 2013, p. 477-478). In addition, concerns about family members who have not been able to come along, uncertainty around family members and other loved ones whose whereabouts are unknown, and coping with the own experiences are very real and present for refugees. Finding one’s place in this new life is difficult and can be anxiety provoking to say the least. In many cases the new situation and the experience of being helpless and overwhelmed and possible existential fears can re-traumatize individuals or lead to new trauma. Acculturation is the next challenging step for people who have been displaced and resettled to the United States. Refugees represent a special category of persons in the process of acculturation. Unlike immigrants, who voluntarily migrate or indigenous people who have been provided a territory and system of their own, refugees face the new situation by no choice of their own and with nothing to call their own. Therefore, it can be assumed that the process, which is stressful in itself, poses a challenge to the mental health and psychological wellbeing of forcefully displaced individuals (Berry, 1986, p. 25).

Clinically Relevant Symptoms

PTSD. Multiple or prolonged exposure to traumatic events is common in refugee populations. Oftentimes these events and the experience of multi-traumatization do not neatly fit the diagnosis of PTSD (American Psychiatric Association, 2013) particularly due to the many,
oftentimes different, traumatic events. Therefore, psychological problems can hardly be reduced to a single devastating event or even to a chain of events but, rather, must be seen as having become an integral part of life; the concept of PTSD, therefore, only constitutes a part of the stressful experiences a refugee undergoes (Ingleby, 2005, p. 11). The presence of PTSD and symptoms consistent with the diagnosis exist in correlation to prior wartime experiences, but also in regards to the transit stage and to the post migration or resettlement phase of a refugee’s journey (Petersen et al., 2013, p. 480). It is important to keep in mind that these experiences manifest themselves differently depending on history, ethnicity, experiences, and gender; in addition, the interactions between all of these factors changes subjective experiences and can have a protective effect or increase vulnerability (Petersen et al., 2013, p. 481; Bhugra, 1999). Pre-migration trauma can have long lasting effects and increase vulnerability to acculturation stress, therefore perpetuating the situation (Schiltz et al., 2013, p. 54). Considering the complex situations that are so much a part of the entire life and its experience, the diagnosis of PTSD appears somewhat inadequate due to the fact that the disturbances caused by society as a whole and the subjugation to dysfunctional systems of violence reaches beyond an individual diagnosis and boundaries that can be considered in the realm of “mental health”; while the exact criteria constituting a diagnosis of PTSD may be present in some individuals, others may not meet criteria although overshadowed by equally or more complex problems (Ingleby, 2005, p. 11) relating to trauma, disruption and displacement.

**Psychosis.** Some groups of refugees present with much higher rates of psychosis than others. This, for example, has been observed in young Somali men of the inner city in Minneapolis. Connections between high incidents of psychosis in Somali men under the age of 30 are made to the very young ages at which these men experienced trauma, typical beatings
taken to their heads with rifle butts, starvation and malnutrition, and excessive use of Khat in early adolescents (Kroll et al., 2011, p.489). Research has shown that traumatized individuals are unable to feel their bodies, differentiate their emotions or identify who they themselves or others actually are; dissociation and shut-down appear to be psychological and physiological reactions to cope with trauma (Levine, 2010, p. 112-113). The prevalence of psychosis in young populations experiencing sexual trauma and degradation through bullying has been established in some studies and connects social isolation and trauma to the development of psychosis (Lataster et al., 2006), this could possibly constitute a contributing factor in the etiology of psychosis in young male Somali refugees. Further, the use of Khat, an amphetamine like stimulant, as well as the abuse of Marijuana could create a disposition for paranoia (Kroll et al., 2011, p.488). An additional important piece of the puzzle may be the prevalence of malnutrition and actual starvation in the population of young Somalis; drought and famine immediately following the Somali civil war from 1992-93 may have severely impacted this population (Kroll et al., 2011, p.489). Medical literature documents an elevated risk of schizophrenia for the children born of women who have suffered famine during pregnancy (Susser et al., 1996; McClennan et al., 2006). Earlier studies conducted in the 1960s and 70s identify a higher prevalence of schizophrenia and paranoia in immigrants, especially in those immigrants with a history of persecution or violent conflict such as those who had experienced World War II (Westermeyer, 1986, p. 39-40). However, several studies find high prevalence rates of schizophrenia and psychosis in immigrant populations to be the result of clinical misdiagnosis (Selten et al., 2008; Haasen et al., 2000). Standard assessment tools appear to be culturally inappropriate for this diagnosis while diagnostic criteria could be different across ethnic groups; it remains
undetermined to what degree a misdiagnosis of schizophrenia actually takes place (Selten et al., 2008).

**Depression.** Many studies and experiences of professionals in their work with refugees document an increased rate of depression or depressive episodes throughout refugee populations. The degree and prevalence of this diagnosis varies based on experience, history, gender and also on the type of interview and assessment undertaken to identify the symptoms. While some studies show greatly increased rates of depression for older Somali women and men (Kroll et al., 2011, p. 491), other studies simply reference elevated risk of depression correlating to a generally higher risk of psychological problems (Pumariega et al., 2005), among which typical symptoms of depression such as prolonged sadness, hopelessness, loss of motivation and somatic complaints are simply a part of the larger picture. Much as with other diagnosis, the question arises whether the observed symptoms actually constitute a diagnosis as described in the DSM 5 (American Psychiatric Association, 2013), or are symptoms expressed in the cultural context of the individual that essentially do not constitute pathology but rather, express psychosocial distress. Differentiation between the two is important since the Western model and view on psychopathology predominantly focuses and treats the individual, however, pertaining to the experiences of people from collectivist cultures, this may not bring symptom relief or tackle the underlying problem. This, obviously, pertains to other mental health diagnosis as well. On the other hand, diagnosing psychological problems and struggles is important since individuals require support and oftentimes therapy within the context of our Western model in order to acculturate more easily and be eligible for services in the first place. Oftentimes the diagnoses are warranted in the context of the experiences resettled refugees have endured.
Survivor’s guilt. One of the issues that has frequently been identified as a distressing symptom to many refugees is survivor’s guilt (Blackwell, 2005, p. 55). Initial relief about having fled a dangerous situation successfully can be overshadowed by the awareness about the others who have had to remain and continue to face danger, may be suffering or even dead (Bemak et al., 2003, p. 34). Some studies suggest that Cambodians who did not leave their country during the Pol Pot regime suffered significantly less from feelings of guilt than those who were able to leave (Chung, 2001). Survivor’s guilt constitutes one of the factors that might need to be considered since it may make moving forward difficult and become a major obstacle to acculturation (Douglas, 2010).

Shame. Another of the issues that is oftentimes experienced by those who have endured forms of sexual torture or rape or may be connected to the guilt of having survived and what an individual has done in order to ensure survival is shame (Blackwell, 2005, p. 57). This experience can be relevant due to its potential for blocking access to any therapeutic intervention and may prevent the individual from disclosing or describing the experiences that have led to feeling shame (Blackwell, 2005, 57).

Victims of Sexual Violence

“It has become more dangerous to be a woman fetching water or collecting firewood than a fighter on the frontline.”

-- UN Special Representative on Sexual Violence in Conflict, Ms. Margot Wallström, February 2012

Women can be subjected to sexual violence throughout their journey. Regardless of the stage in their life, in and after conflict they oftentimes experience difficulties in advocating for themselves since sexual violence reduces the ability to advocate for self effectively (Rider, 2012). The rape of women and girls during times of armed conflict is not a new topic; sexual
violence has been utilized as a military strategy in order to humiliate, dehumanize and
demoralize the opponent. It has been used as a means of aggression towards the opponents whole
society and been employed as a strategy of torture. As a result, the enemy is not only humiliated,
but oftentimes forced to flee (Friedman, 1992, p. 66-67). When political violence is used against
women who directly or indirectly resist political or military forces, this usually incorporates
sexual aspects in the form of threats of rape, forced undressing, or performance of sexual acts.
Rape is not unusual but is underreported since sexual torture often leads to isolation in order to
avoid stigmatization and for reasons of shame (Veer et al., 1992, p. 231-232). However, rape is
also used to change the genetic makeup of the next generation with the objective of genetically
“infiltrating” the opponent’s biological identity. Some examples of this strategy can be traced to
conflicts and “ethnic cleansings” as they took place in Rwanda (United Nations, 2012), Kosovo
(Human Rights Watch, 2000), Bosnia (Socolovsky, 2000), Sudan (Wax, 2004) and other war
zones around the world.

Some research suggests that women are not only at a greater risk of experiencing sexual
violence through armed soldiers, but also, that their vulnerability to sexual violence within the
family increases in times of conflict and war (Lindsay et al., 2012). A study conducted in a
refugee camp in Ethiopia supports these findings and describes an increase of incidents of
domestic violence against women due to the women’s low status in society and an increase of
alcohol abuse by the men in the camp (Feseha et al., 2012).

Although it appears to be evident that the largest groups of victims are women and girls,
men and boys can be affected by sexual violence during armed conflict as well. Reports indicate
at least 25 recent conflicts in which men and boys have been subjected to sexual violence in the
form of castration or threat of castration, genital mutilation, forced incest, sexual humiliation and
enslavement, or rape (Onyango et al., 2011). Some of these incidents have been reported in the media, such as the sexualized violence associated with Abu Ghraib (Tetreault, 2006), while others go relatively unnoticed by the world such as sexual violence against men in the Democratic Republic of Congo (Rowaan, 2011).

Needless to say, sexual violence most often results in psychological problems. Shame and guilt that may be perpetuated in the face of cultural taboos and can lead to isolation and depression. Anxiety and post-traumatic stress reactions are common symptoms among victims of sexual violence, and suicidal tendencies are increased (van der Veer, 1998, p. 142-146; van der Veer 1992, p. 232; Friedman, 1992, p. 70). Dissociation and emotional numbing as a consequence of a threat to physical and emotional integrity has been described as a coping mechanism to avoid overwhelming anxiety and a disintegration of the self (Agger, 1992, p. 12). Socially, women are oftentimes ostracized, blamed for the act, loose dignity and honor in their families and societies after having been raped (van der Veer, 1998, p. 146). For men, secrecy about the events due to severe humiliation and feelings of powerlessness may present a major concern. Physiological responses such as erections or ejaculation can cause conflicting emotions, ambivalence, guilt, disgust and rage (van der Veer, 1992, p. 225-226). As a result sexual dysfunction, aggressive sexual fantasies, and fear of intimate relationships have been described (van der Veer, 1992, p.226-227). Consequences affecting physical health such as infertility, mutilation, infections, and for women, pregnancy through the rapist, can affect psychological wellbeing (Hynes et al., 2000).

**Victims of Torture**

The effects of torture are not only felt by individuals, but by whole families and communities. The very goal of torture is to force these communities into submission and
terrorize them (The Center for the Victims of Torture, 2005, p. 10). The experience of torture represents a form of extreme stress and is a threat to the individual’s psychological integrity (Ebert et al., 2004). Torture has been differentiated from other forms of trauma, since torture comprises an ideologically driven and wickedly planned assault, with an intention of creating an intimidated victim that is helpless and dependent and turns into a desperate person (Silove, 1996). Torture and ill treatment oftentimes result in long term psychological effects causing symptoms consistent with post-traumatic stress disorder and major depression. Symptoms can include re-experiencing the trauma, avoidance and emotional numbing, hyperarousal symptoms, symptoms of depression, damaged self-concept and foreshortened future, dissociation, depersonalization, atypical behavior, somatic complaints, sexual dysfunction, psychosis, substance abuse, and neuropsychological impairment (International Rehabilitation Council for Torture Victims 2006-2009, p. 49-50). In addition to symptoms related to other stresses pertaining to the refugee experience, victims of torture more easily regress during torture, reaching for immature coping mechanisms as they may be typical in defense mechanisms of splitting, primitive identification or denial (Hardi et al., 2011, p. 134). Hardi and Kroon (2011) outline that these mechanisms may be crucial for survival during periods of torture, however, if they are maintained, behavior becomes maladaptive manifesting in aggression, inadequate rage, depression or suicidal ideation; this may prepare the ground for trans-generational trauma.

Torture survivors usually do not flee as a part of an intact family; it can take well over a year to re-unite with family members. The effects of torture trauma oftentimes surface after the uncertainties have subsided and can interact or interfere with cultural adjustment, losses such as those pertaining to economic status, social status and other losses such as those of family members and friends, or property (The Center for the Victims of Torture, 2005, p. 15).
In addition to dealing with symptoms that impair daily functioning and with memories of dramatic and traumatizing events, the need to navigate a new environment after resettlement can simply overwhelm individuals. This is especially true in the presence of severely traumatizing experiences such as sexual violence or torture. Acculturating in a new environment becomes a difficult task, but is necessary for the re-integration of the individual into society.

**Understanding Issues of Acculturation**

Acculturation can be understood as change that occurs when two or more cultures come in contact (Berry, 2001). Although it is commonly assumed that the mainstream culture does not undergo changes, this change can occur in both groups. In this case, the refugee groups entering into the new communities will benefit from understanding acculturation to the host culture, but also from retaining the patterns from their native cultures (Lazarevic et al., 2012, p. 218). However, the topic of acculturation demands a cross cultural perspective; the host culture must incorporate an understanding and acceptance of the culture that is a part of the refugees’ resettling into the new communities rather than perceiving these individuals as being part of a minority group (Williams et al., 1991, p. 633). This is important in order to reduce conflict, frictions, and to assist the process of adjustment for both sides.

Acculturative stress can lead to maladaptive behaviors governed by anxiety, depression, feelings of alienation, confusion in identity and heightened psychosomatic symptoms. Stress pertaining to the interaction with a new cultural system in which familiar patterns of authority, civility and welfare are fundamentally changed, constitutes the negative side of acculturation (Williams et al., 1991, p. 634).
The model by Lazarus and Folkman (1984) and Berry (1994) postulated that acculturation is influenced by the society or community of origin and that of settlement, as a first step. Acculturative stress can lead to reactions such as anxiety and depression and may influence psychological and sociocultural adaptation. Moderating factors are those relating to age, gender, religion or educational level. In addition dynamic factors such as contact, social support, societal attitudes, coping strategies and resources, and acculturation strategies, may promote or hinder the process of acculturation (Renner et al., 2013, p. 131). In addition to the stress caused by acculturation and the resilience and adaptability or the potential of traumatization, there is ample evidence suggesting connections between post traumatic and acculturative stress; essentially, refugees with a history of unprocessed trauma are more likely to experience difficulties in the process of acculturation (Renner et al., 2013, p. 130). Research has also shown that ample social support has moderating effects on acculturative stress and therefore, has the potential to...
significantly decrease anxiety and depression, therefore improving refugees’ psychological health (Renner et al., 2012, p. 141).

**Individual Wellbeing, and Community Feeling from an Adlerian Perspective**

“No experience is a cause of success or failure. We do not suffer from the shock of our experiences, so-called trauma - but we make out of them just what suits our purposes.”

*Alfred Adler*

The challenges posed by the external world lead to a striving of the displaced individual to overcome these and create equilibrium (Adler, 2006). Depending on the situation prior to displacement and prior to the phase of pre migration conflict, the individual may either need to re-create this balance or create a wholly new equilibrium. In context to the environment, the severity of the events during the pre-migration and transit stage, and the own perceptions and beliefs about life, the individual will behave in more or less beneficial ways to achieve this. Since the active striving for this betterment and towards the overcoming of adversity is inherent to life (Ansbacher & Ansbacher, 1964, p. 101; Adler, 2006; Mosak & Maniaci, 1999, p. 22), the process of acculturation will be successful if the efforts and energy of the individual can be channeled in a meaningful way. This is applicable to all individuals and not only true for the refugees arriving in their new communities, but equally so for the receiving community. While the receiving community and its individuals may not be in need of a re-creation of equilibrium, changes in the social system will require a recalibration of all areas of life in order to maintain a positive and active striving towards perpetual betterment and growth.

Viewed through the lens of Adler’s Individual Psychology it can safely be assumed that a refugee’s basic needs for safety, significance and belonging (Ferguson, 2010) have all been disrupted. While this may be true to different degrees and depend on circumstances, duration of
conflict and migration, and individual factors, the needs have been impacted at some point during the refugee experience. In order to obtain balance, these needs must be met and addressed; in order to create the balance, individuals employ strategies based on their outlooks in life that were formed long before their experience of flight, during early childhood (Adler, 2011, p. 99). Depending on the nature of these beliefs and the success of adopted strategies in the past, the individual will react to the new and extremely stressful situation (Mosak & Maniacci, 1999, p. 79). This is especially impactful during the process of acculturation and may strongly determine the quality of the process.

It can be argued that the closer the individual comes to balancing the essential life tasks on a high level, the more functional and psychologically stable the person becomes. These life tasks, defined by Adler as the work task, the love task and the social task (Ansbacher & Ansbacher, 1964, p. 131-132), are most definitely imbalanced or have been severely disrupted for anyone who has been forcibly displaced. The result of this disruption may be severe stress for the individual within each of these domains.

The work task (Mosak & Maniacci, 1999, p. 99-101) will be disrupted during the pre-migration phase and during conflict and flight. This means a loss of productivity but also a loss of significance within the work task, a loss of safety due to economic losses, and possibly the loss of belonging to the working or professional community that is a part of the personal identity. During the transit phase some of the task may be recovered, depending on the situation and the outlook of the individual and the community. Working towards daily survival, working in the camps, the task of acquiring nutrition and water for oneself, the family or larger community may be regarded as participating in the work task. Depending on the circumstances, this may assist in creating a sense of safety through ensuring adequate supplies, supporting survival and
community wellbeing (Mosak & Maniacci, 1999, p. 116). A sense of significance may be derived from the tasks, as well as a sense of belonging, if it is possible to work for the wellbeing of the community while being a part of this changed community. However, situations during transit vary greatly for displaced persons, therefore, creating very different possibilities. The work task may also be impossible or extremely difficult to fulfill. Incarceration, forced labor, fear, and dependence may be just some of the factors that inhibit or prohibit an individual from participating meaningfully in the work task.

The love task (Ansbacher & Ansbacher, 1964, p. 132; Mosak & Maniacci, 1999, p. 103) may be severely disrupted during the phase of conflict and pre-migration. Fear for loved ones, death, mutilation, uncertainty, and other adverse events cause intense stress and distress. Loved ones can be torn away physically, raped, tortured or forced to flee. Significance within a love relationship may be compromised due to sexual violence of either loved one or the inability to protect the loved person from harm. Safety within the relationship can be significantly compromised and the sense of belonging gone, as intact relationships are disrupted. During transit these may be restructured and can assist in the difficult process of relocation and coping.

The communal task (Ansbacher & Ansbacher, 1964, p. 132) is heavily impacted by conflict, especially since armed conflict aims at the dissolution of communities and is directed at the mass of individuals. Significance may be maintained by some members of the community, depending on their roles and their ability to take action on behalf of the community. Depending on the degree of fragmentation in the community during transit, the feeling of belonging may be significantly impacted or could be maintained due to the common experience. The latter may strongly depend on communal support and act as a protective factor or create more vulnerability.
Essentially, the level at which an individual is able to function within the three life tasks (Ansbacher & Ansbacher, 1964, p. 131) could determine the degree of activity in the striving to overcome the adverse and disruptive experience. Further, the manner in which the individual and the community are able to address the fundamental psychological needs of safety, significance and belonging play an important role in the expression of behavior and symptoms, which are considered to be psychologically relevant, pathological (Dinkmeyer & Sperry, 2000, p. 39), or deemed to be mental health problems.

In this context, the post migration phase in which acculturation takes place is significant for mental health professionals and anyone working towards socially supporting resettled refugees or asylum seekers. By understanding psychological needs in context to situation and experiences and by incorporating the individual’s perceptions and ways of having navigated his/her life, it will be possible to alleviate distress, support the process of creation or re-creation of safety, significance, and belonging, and assist in the formation of strong communities. The recovery of higher levels of functioning within the life tasks acts as a protective factor against psychological symptoms and potentially prevents maladaptive functioning. The earlier a person can actively strive for the overcoming of the difficulties in an effective way that is beneficial to the self and to the community, the higher the chances are of achieving balance on a high level.

The lack of this active striving and of self-sufficiency may manifest as depression (Dinkmeyer & Sperry, 2000, p. 51), an increased need for striving which is possibly disabled, uncoordinated or lacking due to a possible fear of defeat may manifest as anxiety (Dinkemeyer & Sperry, 2000, p. 46), a lack of integration of past events into an active striving for a re-creation of equilibrium due to a loss of courage may manifest as panic or PTSD (Dinkmeyer & Sperry, 2000, p. 46-47), while the complete avoidance and discouragement in dealing with the events in
context to the own life embedded in the community may manifest as total disruption or dissociation or fragmentation due to an extreme experience of deprivation or separation (Dinkmeyer & Sperry, 2000, p. 49). Needless to say, whole communities, on either side, will experience the disruption. Equilibrium exists in the greater sense and on a larger scale, when individuals are impacted, communities are as well. Therefore, supporting and empowering individuals to find the courage to utilize past experiences in the striving to overcome difficulties and to re-create meaning within all of the important life tasks while understanding and uncovering the own strengths and resources in the phase of acculturation, can lead to a useful application of the self in the context of community, creating wellbeing for the entire community and ultimately benefitting everyone.

**Working with Resettled Refugees**

The post migration phase is the stage in which most of the psychological work can take place. Although the perception may be that the journey is now over and a safe haven is reached, this may only be partially correct. International research has not only shown that stressors encountered during migration are impactful, but also that stress factors pertaining to resettlement and seeking of asylum in host countries can cause significant distress (Laban et al., 2005; Bentley et al., 2012). Although psychological support should ideally be accessible during the transit phase, i.e. in refugee camps, the post migration phase can offer support in a sustained and broad based manner; past events and trauma can be processed, the grieving of losses can be guided and accompanied by mental health professionals, and social support can help to navigate the new environment and support the refugee client by minimizing acculturative stress. Throughout the process and the journey, different levels of experiences have been encountered
and incorporated into the whole picture of the refugee’s situation and journey. It is necessary to recognize and address these different levels that are impactful in individual’s lives.

**The Social Level**

Only by living in the present and looking ahead will it be possible to re-create stability and integrate past events into a meaningful life. The experience of disruption to all aspects of life, most often in a violent manner, can cause initial difficulties in living life in the present. Looking ahead and identifying goals and option, while recognizing opportunities can be a very difficult task in this situation. The integration of new aspects into the existing identity will become necessary during the process of acculturation. Acquisition of new skills, identification of new perceptions and experiences within the own and the group’s identities and the learning of new ways, while remaining connected to the identities within that have existed before resettlement, is not necessarily a straightforward process. One of the important community based tasks in the support of refugees is the creation of awareness for the own culture and elements of the own identity. This is important to uncover biases and begin to understand the new culture and its elements in order to integrate parts of it into the existing identity. Essentially, this identity will be reshaped, as will the identities of individuals within the receiving community. The awareness and the identification of biases are necessary in order to remain open to the process and in order to make decisions and have choices.

To begin with, when the situation of refugee clients is assessed and treatment is about to begin, attention must be given to understanding the variables within the host culture to which the client must adapt. Before delving into possible psychological symptoms, their possible causes and resolution thereof, it can be very effective to understand the adjustment process of the individual to the environment and new culture (Miller et al., 2006). Factors such as the host
culture, weather, employment, language, housing, medical support, presence of like-ethnic communities, and schooling should be addressed in order to provide social support and alleviate some of the stresses related to the navigation of the new surroundings. Supportive services can foster an understanding, facilitate communication, promote knowledge and help in the acquisition of skills that will assist in daily life. To some extent professional social support can substitute the loss of traditional community support during the process of acculturation. The unavailability of customary support systems, such as family, friends, and community leaders can lead to isolation and alienation (Bemak et al., 2003, p. 35). Isolation may oftentimes present to the Western practitioner as independence, however, many refugees are rooted in collective cultures; independence may, in fact, be the presentation of isolation, alienation, or depression.

Although the need for a connection to community resources and supportive systems that can teach and assist in the process appear to be a logical, research shows that such social support has not been invoked effectively and that assistance is not offered to refugees on a regular basis within their receiving communities (Stewart et al., 2012). It is crucial that the services offered are culturally appropriate, which requires knowledge, awareness and sensitivity towards cultural aspects of the clients receiving the services. In addition, these services must take current living conditions and situations of the refugee client into consideration. Language barriers, transportation problems, low income, poor housing, and inability to access services independently are just a few of the reasons why services need to be provided in different ways than to local populations. Availability of services must be made visible to the refugee population in order for them to be able to access these in a meaningful way. Services provided at schools, community centers, refugee resettlement agencies, and language centers may present an entry
point into obtaining services that can be tailored to the needs of this population and are adaptable to the cultural background of refugee groups.

Facilitating peer group interaction, coaching and mentoring of newly arrived refugees by those in the community who are well adjusted, connections to indigenous ways of healing and community leaders and connection through language services are just some of the ways in which services can be enhanced in order to be meaningful to the recipient. Essentially social support operates successfully by increasing protective factors in order to improve and maintain mental health. The aim is to strengthen the ability of individuals and families to navigate and cope with daily challenges in a new environment. Social services are able to support this process by increasing quality of life and life satisfaction, enhancing the feeling of significance and control in daily life, assisting in the creation of a new sense of belonging, and strengthening the balance between physical, emotional, social, spiritual and psychological health (Center for Addiction and Mental Health, 2012).

Creating meaningful access to services that can provide treatment, connect with the community, and to language services is an important initial step in the stabilization of the situation and the creation of social stability. When we think about refugee mental health, the tendency towards thinking in psychological terms, to pathologize and to prescribe treatment appears to be the predominant thought process. However, it should be considered that some of the individual who present with symptoms may not require assessment or treatment once their social situation has stabilized, these meaningful connections have been forged and the ‘natural’ course of striving for equilibrium at a higher level has been initiated. Those refugees who require psychological care will find it more effective to work on processing events and grieving when
their social lives have been stabilized. In addition, much anxiety or even traumatization can be avoided by providing meaningful access to social services.

**The Psychological Level – Counseling and Psychotherapy-Integrating the Political,**

**Personal and Psychological Levels of Distress**

Apart from the presentation of psychiatrically relevant symptoms that may require immediate attention, the participation in psychotherapy is a voluntary process and depends on the individual’s subjective need for it. Choosing psychotherapy most often results from difficulties in emotional adjustment, processing or due to reduced levels of functioning in connection to psychological or emotional issues; refugees, undoubtedly, have experienced much difficulty and in general have to deal with a life that is tough (Blackwell, 2005, p. 18). Regardless of how their presenting difficulties are labeled, they are connected to the political, the personal and the social aspect of their lives. We could say that they are all encompassing, affecting the very balance of everything in their lives. It must not be forgotten that although this balance has been disrupted, we, as therapists, are working with individuals who bring along with them their strengths, their skills, their resilience, and their own personal resources. The therapist in this context is not the distanced helper for those in need, but rather, becomes a part of their process of re-creating a balanced life. As Blackwell (2005) remarks “…their project of creating their own future…is inextricably linked with our future” (p. 21).

Our models of psychotherapy are Western models that have been developed through a Western looking glass (Bemak et al., 2003; Blackwell, 2005; Pedersen, 2002). The question in context to work with refugees therefore becomes how we can adapt our models and ways to their needs and not how they may become suitable for our models. Beyond that, minor adaptations may not be sufficient; we might require a re-thinking of our approach, our communication and
our understanding. It is often suggested that the whole undertaking may actually not work since psychotherapy is not applicable universally; however, all cultures have means and traditions of expressing distress and pain (Blackwell, 2005, p. 19). Communication is universal to human beings, the means and manner in which distress is expressed may vary. Pertaining to psychological care of refugees, this is possibly the most important aspect to be aware of and adjust to. One of the most prominent differences between Western models and those of other cultures throughout the world is the individual focus vs. the collective focus; while personal gain, individual achievement and personal goals are values in Western society, collectivist societies understand themselves in the context of interdependence defined by family, community and social networks (Bemak et al., 2003, p. 22). It is therefore important to shift focus and to not apply individualistic and Western perceptions, in order to effectively embark on the journey together; communication may essentially depend greatly on the outlook and concepts applied. Obviously it cannot be possible for a single practitioner to understand all the difference aspects of different cultural backgrounds, however, it is essential to be able to maintain an open and culturally sensitive approach while continuously working on understanding own biases, own perceptions and their formations and evaluating these. It is important to note that cultural unresponsiveness of services and by the therapist is the greatest barrier to the utilization of mental health services (Bemak et al., 2003, p.27)

In this context, the political level becomes relevant as well. Refugees essentially have had to flee and have lost their homes and places of belonging due to political conflict. This dimension is impactful, an integral part of the experience and often neglected by psychotherapists (Blackwell, 2005, p. 29). The political aspects of a refugee’s life and experiences are a part of the process and a part of who the person is, this automatically is an
inherent element in the process of therapy. If this is neglected by the therapist, a vital piece of necessary work might not take place. The loss in the political battle can be impactful for the individual and can possibly be accompanied by feelings of defeat, of guilt, of hopelessness, or of a loss of orientation (Blackwell, 2005, p. 32). Refugees may struggle with the role of their host country pertaining to their political defeat or the cause of the conflict. This may be particularly true of the United States due to its international involvement in conflicts; an example of this possible ambiguous relationship may be found in some Iraqi refugees who have been resettled to the United States. Further, the role of colonial and post-colonial relationships may play a direct role in therapy; refugees from colonized countries may have internalized certain power differentials, or resent them (Blackwell, 2005, p. 35). These general examples demonstrate the necessity of acknowledging and possibly addressing these topics in order to effectively and respectfully work with the client.

For the therapist it will be necessary to address the own political position, understand the own relationship to the political context, and evaluate biases very carefully. Since the relationship between client and therapist has come to life due to a political conflict, the therapist cannot remain neutral. Blackwell (2005) encourages the examination of questions such as: How identified with the governments asylum policy is the therapist if he/she originates from the host culture? Can the client express him/herself freely and safely? Can ambivalence be expressed such as gratitude for a safe haven and anger about the obstacles? What is the relationship of the host country to the regime the client has escaped from? What is the history of these relationships? How does the therapist think or feel about this? How does the therapist experience his/her relationship to the host country or the refugee’s country of origin if he/she is not from the host country? If the therapist is from the same country as the refugee client, does he/she have
things in common? Is he/she disconnected due to social class or different experiences? Is the therapist from a different ethnic group or opposing political side? (p. 60-61). Blackwell (2005) suggest the following two tasks: “…first, to recognize the ways in which the client may perceive their relative geopolitical locations and the sorts of significance the client may attach to this aspect of their relationship; second, to consider the therapist’s own perception of this relationship, how he or she feels about it, and how it might affect his or her response to the client” (p. 62).

Referral for therapy is never based simply on the fact that a person is a refugee and no referral form will have “refugee” as the presenting problem or reason. However, the experience of loss and dislocation can lead to the need for psychological support. Oftentimes like-ethnic communities can help with orientation and a re-structuring of life, at other times; these communities do not exist nearby or are not able to meet the psychological needs.

Individual therapy can be helpful for grieving losses and working through feelings of guilt or shame. Other struggles such as depression, dissociation, panic reactions and severe anxiety can be processed and effectively worked on in therapy sessions. Undoubtedly, many of these symptoms increase isolation and a focus on the self, leading to a kind of “self-centeredness” of sorts, due a tendency to withdraw emotional connection to surrounding society, therefore, drawing boundaries closely (Garland et al., 2002, p. 73). Putting the client back in touch with the self and connecting to the community and the world around in a meaningful manner will assist in breaking through isolation and in reconnecting with the potential for rebuilding “social capital”; in this context group therapy can help with staying in connection or re-creating connection to the world around and can lead to more open and wider boundaries (Garland et al, 2002, p. 72), which in turn can help to learn to trust in interdependent and
interactive relationships. This is essential in order to participate well in any of the life tasks and therefore crucial to the regaining of balance and a striving for betterment (Adler, 2011).

Whatever form is chosen, individual or group therapy, the refugee client will benefit from moving away from the perception of the world being a dangerous place and from broadening the frame of reference in order to change paranoid thoughts of lurking persecution into a new trust in the own abilities and the opportunities offered around. This in turn can lead to engagement in the community and create or re-create community feeling (Ansbacher & Ansbacher, 1964), which is so essential for psychological wellbeing.

Arts based therapy has been found to be very effective in working with refugees, whether as a biographical narrative, utilized for assessment, performing arts that express emotions and thoughts through physical movement, visual arts, or music. Most cultures express themselves through art; art, in whatever form, can connect to traditional and familiar ways while creating connection to the present community. Art is constructive and reflective; it makes experiences, hopes and ideas visible and becomes a social product with transformative qualities (O’Neill, 2008). In this context, the concept of the creative self as the artist and the canvas of life, an Adlerian analogy, comes to life visible for the world to see, defining human behavior as more deliberate than simple reaction to the environment and the circumstances (Mosak & Maniaci, 1999, p. 17).

The Ecological approach to working with refugees identifies psychological problems as a reflection of a poor fit between the demands of the setting and the adaptive resources that can be accessed. Therefore, an alteration of the setting to enhance individuals’ capacities to adapt will positively influence psychological symptom (Miller et al., 2004, p. 35-41). Interventions must address problems that concern the community as a whole and reflect their priorities. In addition,
prevention has priority since it is more effective, more cost effective, and less invasive (Miller et al., 2004, p. 35-41).

The testimony method is a directive approach that can be integrated into non directive therapy since it can encourage individuals to describe traumatic experiences in detail, almost as though witness was given for prosecution (Van der Veer, 1998, p. 126). Social and political acknowledgement of losses and experiences positions refugees as eye witnesses of history and survivors rather than seeing them as patients in need of treatment (Luebben, 2003). Testimony can be useful in order to not have to repeat facts and stories, but also in order to articulate feelings and thoughts and thus integrate them and ascribe new meanings; in essence we call this process a transformation of personal shame to political dignity by identifying and making aware of repression through violence and wounds inflicted on individuals through this system (Agger, 1992, p. 10). Transforming this personal shame constitutes an important and impactful aspect that is therapeutic by placing them into the context of the bigger events and the system of violence that the individual and the whole community have been impacted by.

The Multi-Level Model (MLM) is an approach to psychotherapy with refugees that considers the many different aspects and layers associated with the topic of forced displacement; especially the therapist is challenged to understand the refugee’s background, culture, circumstances of flight, impact of events, the impact of distress on acculturation and the circumstances of this situation, while fostering an awareness about the own ways of viewing the world, applying psychotherapy and flexing to the client’s needs (Bemak et al., 2002; Bemak et al., 2003). The therapist must therefore integrate social, political, cultural and psychological considerations as the diagram below demonstrates.
Fig. 14: Multi Level Model of psychotherapy with refugee clients (Bemak et al., 2003).

No matter which one of the above approaches is integrated into therapy or taken into consideration, they are all frameworks and ways of conceiving this complex topic with its multiple tentacles. In order to consider all the factors at play, it is necessary to spend the time contemplating, researching and understanding the situations that exist globally, and the own world and perceptions within. Finally, this understanding can lead to the application these concepts as the framework that stands on the foundation of Adlerian theory. The individual who has fled his or her home and encounters difficulties in the new environment is, essentially, experiencing social maladjustment which is caused by social consequences due to a position of inferiority (Adler, 2011). As a psychotherapist with a refugee background once noted: “Always remember, we are here because we lost!” (Blackwell, 2005, p. 29). We may flinch at this thought,
but essentially it is true, this severe and violent disruption has caused the loss of almost
everything and created a position in which the individual is now faced with the overwhelming
task of re-building, re-gaining, and re-structuring. The only manner in which this can become
possible is to strive for a “better” position; to strive to overcome this feeling of inferiority (Adler,
2011; Ansbacher & Ansbacher, 1964; Mosak & Maniaci, 2000).

The situation, emotionally and socially, of a refugee has become more complex than
before the pre-migration conflict and the social disruption that goes hand in hand with it.
Individual feelings of inadequacy and the reality of this inadequacy is alleviated by living in
society (Adler, 2011). When the fabric of this society disintegrates, as it does in situations of
violent and armed conflict, the individuals are now vulnerable to the situation and the
surrounding, and also to their own individual shortcomings that may have been compensated for
in the community (Adler, 2011). After re-settlement and stabilization of the situation, it is
essential for individuals to regain a community feeling (Ansbacher & Ansbacher, 1964), which is
essentially the only manner in which people can find safety, be significant, and find belonging
(Ferguson, 2010). The more difficult this adjustment is and the fewer meaningful interactions
and integration into a community, the more symptomatic a person may become (Dinkmeyer
& Sperry, 2000). However, no matter how difficult and painful experiences have been, the striving
to overcome is inherent to life; the existence of the human being in context to the outer world has
been to establish a favorable relationship and therefore to adapt and strive for more within the
greater scheme of life (Ansbacher & Ansbacher, 1964). Ansbacher and Ansbacher (1964) state:
“The continuous striving for security urges toward the overcoming of the present reality in favor
of a better one.” (p.107). Adopting this view on human nature and on human psychology helps to
understand the severe disruption and displacement that is caused through the loss of community,
but it also opens the view to understanding that the individual will continue to strive towards the creation, or in the case of total loss the re-creation, of community in order to attain the equilibrium mentioned earlier on. From this standpoint, the work of the psychotherapist encompasses the social and the political realities more than simply the individual psychological aspects and experiences. Therefore, the utilization of any of the frameworks discussed above can be integrated into the Adlerian view of human nature and universal needs.

Fig. 15: The feeling of community (Stein, n.d.)

Henry Stein’s diagram above demonstrates this striving towards a universal and ultimate goal; diversion of this striving can lead to maladjustment within society and create behaviors and symptoms that we tend to label clinically. In context to refugees, the striving for this bigger and universal goal has always existed, however, dramatic and disruptive events may have changed the ability or perceived ability to achieve this final goal (Adler, 2011). Possibly strategies have been changed which may have led to maladaptive behavior, as depicted in fig. 15 as a diversion
towards either dominance, abuse or criminality, or, on the opposite side, may lead to depression, self-harm and isolation (Stein, n.d.).

**The Role of the Therapist**

Regardless of the refugee client’s cultural background, in the context of the Adlerian view of universal human needs and the striving for improvement or even perfection (Ansbacher & Ansbacher, 1964; Dinkmeyer & Sperry, 2000; Adler, 2011), no matter how unattainable, this view on human nature is in itself culturally sensitive and universally applicable. In addition, it is essential that the therapist be aware of their own striving, their own personal goals and their own lifestyle perfection (Ansbacher & Ansbacher, 1964; Dinkmeyer & Sperry, 2000; Adler, 2011) in order to work effectively with the client. The interactions with the client cannot stop at the individual level without considering the social realities, the political scope and the cultural dimensions in terms of biases and inequality, in terms of power differential and the striving of whole systems.

The therapist who works effectively with the refugee client will be required to scrutinize the Western model of approaching therapy. Since work with refugees and displaced individuals and their experiences is highly stressful and demanding and the Adlerian idea of community feeling and support through the community applies to the therapist as well, it should be seriously considered when in this area of work. The inadequacy of a single individual in the face of systemic inequality and the struggle for power or dominance is a reality for the psychotherapist as well, although in a different manner than for the client. Engaging in the community through consultation with peers, supervision, or in groups that discuss and share experiences is essential. This becomes necessary for different reasons; as Blackwell (2005) states, few therapists are familiar with addressing political contexts in the realm of psychotherapy, the attention given to
these processes and the own standpoint in regards to political, cultural and social topics is not anything psychotherapists or psychologists are trained in. In addition, the experiences of individuals who have fled persecution, torture and the horrors of armed violence is not what the Western therapist routinely encounters in his or her training and usually has only experienced on a virtual level; in order to deal with some of the horrible experiences that are presented, therapists employ their own coping strategies, which must be made conscious in order to work effectively and relate well as a professional, but also in the personal life (Blackwell, 2005).

In order to be effective as a psychotherapist, it is essential to not be afraid of delving into the experience with the client. Continuous warning to be cautious in “opening” up memories related to traumatic experiences of clients are often well taken by professionals and those in training. The question arises to what extent this could, in essence, be a defense mechanism of the psychotherapist who can hide behind the façade of professionalism without risking severe emotional discomfort, or the need to take a position. It is, in the opinion of the writer, not possible to address trauma and to accompany the client through the painful memories of horrific events, if we continuously try to maintain distance to the accounts. Of course, this is a very difficult predicament, since it involves an encounter with the own ways of being impacted, the own emotions, and forces us to take a stance. Blackwell (2005) identifies working with refugees as a powerful presentation of dependency that involves the following four levels of relationship:

- The political dominance of the West over the world from which the refugee has come
- The shared fantasy of the superiority of Western culture, particularly its science and technology
- The interpersonal reality of a relationship between an established and
relatively influential professional and an asylum seeker or refugee with very little knowledge of the host society and no influence in it.

- The intra psychic regression and tranference evoked by the traumatic experiences and the therapeutic context. (p. 97)

Essentially, the reality of systems of power and dominance enter the psychotherapist’s office in a manner that is more evident than usual. This involves an investigation of the own position, especially due to the fact that we are operating from a position that is the more powerful one in many ways.

Imbalances of power show in a multitude of ways, some are more evident than others; racism is one outcome of the social impact socialization has on the individuals within the community. Its impact within Westernized individualism must not be underestimated and oftentimes emerges unintentionally (Pedersen, 2000, p.53). This may occur in a “well-meaning”, “good hearted” or “patronizing” manner, nonetheless, having a damaging effect due to the upholding of a power differential. Undoubtedly, not acknowledging ethnicity, race and culture in the work with refugees amounts to a continuation of inequality and a discrimination on racial basis (Sewell, 2009, p. 39). Sewell (2009) finds clear words in regards to this topic, stating that mental health practitioners have to make the simple choice to “…confront and deal with the barriers to effective work or remain passive and, in so doing, become complicit in the perpetuation of racial inequality.” (p.41). Although this approach does not only apply to working with refugees, it does so in a much more concentrated manner.

In order to identify the issue of power differentials, it becomes necessary to define power in context to a white or Western society that is dominated by male or masculine values (Espin, 1994). Sexism and gender inequality is an important aspect when analyzing issues of inequality,
biases and experiences of subjugation; not just in other cultures, but beginning with the therapist’s own socialization, experiences and biases. Simply understanding dominating masculine behavior as an act of unconsciousness or desperation does not diminish suffering (Espin, 1994, p. 266). In acknowledging this and exploring the topic of male dominance in a patriarchal world, it will become possible to better understand and identify the differences in the experiences of male and female refugees. On the therapist’s side, understanding a feminist approach to therapy will help to understand the concern about social forces and their impact on the lives of women and girls (Espin, 1994, p. 269) at every stage of the refugee journey, including the approach to psychological treatment after resettlement.

In summary, the political, the social, the personal and the psychological level are all intertwined. In a refugee’s life, governed by loss and displacement, the striving for betterment and for the creation or re-creation of a balance at a higher level within the new society is the primary goal in order to stabilize daily life and acculturate well. The impact of this task extends through many levels encompassing the social, political, psychological, and interpersonal experience. The role of social support systems and the stance of the therapist are an important factor in the creation of this stability; while the perpetuation of inequality and power differentials can affect adjustment adversely, the understanding of these connections and the ability to engage in this process will constitute effective support.

**Methodology**

In order to analyze the topic of forced migration in connection to pre-migration experiences and the psychological effects, the transit phase and the asylum policies of selected countries, and the acculturation phase after resettlement, a review of literature online was conducted. Over thirty peer reviewed journals were utilized in the research; in addition a number
of books are cited that include relevant information pertaining to the topics analyzed and discussed in this paper. Further, the author’s own experience in her work with refugee populations has shaped opinions and conclusions, in connection to the analyzed literature.

Information and data was analyzed through comparison of different sources and through the evaluation of its importance pertaining to the topics addressed in this paper. Many of the authors have significant experience in the work with refugees and with the training of staff or the development of models that have proven to be effective in the work with refugee populations.

Theoretical concepts of human nature have been analyzed in order to create a more comprehensive understanding about human psychology from an Adlerian viewpoint. This is applied to the situation of refugees in the contemporary setting by integrating psychological approaches with situations faced on a daily basis by individuals affected by political conflict. These impacts can only be understood in the context of experience and research that is available at this point of time and makes no universal claims.

Finally, while including clinical factors and significance, the topic of structured assessment and the creation of linear recommendations and guidelines has deliberately been avoided in order to allow for a more comprehensive view on the nature of the problem and the nature of the needs for supportive systems in the work with refugees.

**Summary and Recommendations**

Violence and armed conflict in the 21st century continue to impact individuals and their societies globally. This disruption causes losses of unimaginable magnitude and on a psychological and physical level severely threatens an individual’s survival needs by impacting his or her ability to be safe, to be significant, and to belong to a larger community (Ansbacher & Ansbacher, 1964; Ferguson, 2010). The need to flee, to ensure safety for self and loved ones, and
simply to survive becomes the main task. Traumatic experiences caused by fear, by violent experiences, through incarceration or forced labor, and the flight from home are inherent to the refugee experience. At all stages of the journey the need for adjustment and survival are predominant.

However, many countries are unable or unwilling to extend active support by opening their borders and allowing those impacted by armed or violent conflict to find a safe haven. The journey to safety is treacherous and dangerous. The refugee experience therefore, becomes one of extreme dependence and uncertainty, magnifying the power differentials throughout the globe. Immigration and asylum policies do not focus on the needs of all human beings and communities and therefore create and perpetuate problems for whole communities, those seeking refuge and those who are a part of the existing and potential host communities. While much effort is exerted in the crafting of policies and the deployment of forces to deflect the influx of refugees into the Western world, communities are deprived of experiences that are inherent to the interdependent nature of human beings and societies.

Heightened global and local security concerns have led to further tightening of the borders, perceived threats manifest themselves in “fortress building” (Gebrewold, 2007). These decisions in border regulation, of opening and closing of borders, is seldom based on a thorough knowledge of current realities but rather on fears of decreasing national welfare or fear of the ‘unknown’ (Houtum & Pijpers, 2006). The impact of this hostile attitude constitutes an additional stress factor in the refugees’ quest for a safe haven. Essentially the victims of conflicts are treated as though they are the perpetrators. This constitutes a strange twist of reasoning.

Mankind strongly believes in its ability to reason and evaluate rationally. Belief in this ability is often extended to the political level of governments, organizations, institutions and
leaders that represent the individual. However, there is certain recognition of the fact that individuals can be prone to irrational acts and at the same time a tendency to believe that political units are less prone to making emotionally driven decisions. Considering the interaction of people organized in collectives throughout history suggests that these bodies are just as susceptible to frailties as the individual itself is (Volkan, 1997). This appears to be no different in its application to the protection of refugees and pertaining to the policies of asylum.

According to Huysmans (2006) there is a general sense of insecurity connected to the issue of asylum and immigration. He sees the linkage of a high number of immigrants to the fears of a destabilization of the labor market in public discourse as a key reason for securitization. The existential connotation allows this securitization to take place without the need for complex argumentation. Migration is therefore framed by securitization on two levels, one being the transformation of migration into existentially endangering developments for the independent and autonomous political unit and secondly the other asserts this autonomous community by endangering it. Huysmans argues that by securitizing immigration and refugee flows a political community of insecurity is produced and reproduced (Huysmans, 2006).

This approach perpetuates the problem that refugees face on a very practical level, on a political level, a personal level, and on the psychological level. Apart from the experience of persecution, the exclusion from communities, the inability or difficulty in obtaining support and safety from the world community clearly creates losers and victims in the power imbalances that govern the world. Adjusting to these realities, in fact, in itself could be the cause for serious psychological problems.

Although the individuals presenting with difficulties pertaining to adjustment and acculturation may, in fact, demonstrate symptoms related to psychological problems, it appears
that unresolved pre-migration trauma is closely linked to psychosocial maladjustment after resettlement (Bemak et al., 2003, p. 31). This makes psychological and social work important in context to acculturation and alleviation of acculturative stress. However, work with refugees cannot focus solely on individual psychological symptoms; the issue is much more complex and tied to a system that has facilitated the uprooting, and needs to address topics that are shied away from in western psychology, such as addressing inequalities and power imbalances on a social and political level. This is not necessarily terrain that is comfortable or familiar for most mental health practitioners, however, in order to work effectively and, beyond that, in order to not perpetuate inequality and power differentials, this awareness and work in this direction is imperative in order to support the re-creation of stability within the community for refugee clients.

In order for this work to be effective, it must incorporate the multiple levels that have impacted the refugee’s life and lead to the situation he or she is in. Primarily, the support an individual experiences in connecting to community resources is essential in order to connect and re-connect to independent and self-sufficient ways of managing life and engaging meaningfully in the three life tasks that essentially determine our ways and levels of functioning and create equilibrium within daily living. It is assumed that this is possible through the inherent striving of the individual towards the alleviation of positions of inferiority (Anbacher & Ansbacher, 1964; Mosak & Maniaci, 1999; Dinkmeyer & Sperry, 2000; Adler, 2011). Therefore, work with refugees will trust in the intrinsic force that guides towards growth and development; the attempt to alleviate positions of inferiority (Ansbacher & Ansbacher, 1964), when applied to all the participants, the client, the refugee and the system as a whole, will strive for growth and for
betterment (Dinkmeyer & Sperry, 2000). When this attempt is conscious to the therapist and well
guided, the direction of movement will be in a positive direction.

The psychological dimension is guided by the psychotherapist who is challenged to
identify their own inner perceptions and biases in relation to the political, the social, and the
psychological level (Blackwell, 2005). Working in this field essentially means engaging in the
striving towards equality within society. The psychotherapist is no longer solely the professional
assessor, implementing strategies in order to reach goals, but rather accompanies the individual
on his or her journey into a new space. Needless to say, the knowledge and professional
approach to human psychology is important, however, beyond that, there is a need for an intense
inner dialogue in order to understand outlooks and crucial systemic factors that may be very
different from the values and outlooks experienced by the therapist (Bemak et al., 2003,
Blackwell, 2005). In order to not perpetuate the experience of being at the receiving end of this
differential, and in order to be effective in the work with refugees, this aspect is more crucial
than the employment of any specific technique or method.

**Conclusion**

The major challenges for refugees in the 21st century remain the conflict that force them
to flee and provide disruptive experiences of violence, the difficulties in finding a safe haven in a
world that asserts the value of protection and justice, but in which nation states are pre-
dominantly concerned with national security, and the adjustment and acculturation in the new
environment, once safety has been reached. This impacts life on all levels, including the
psychological and social wellbeing, which is essential in order to function on a high level in
order to process past experiences and stabilize daily life. At the beginning of this paper the
question was asked, what the impact of violence and the challenge of transitions on refugees and
displaced individuals are. The problem has essentially been identified in the disintegration of society and community in the pre-migration phase, which leads to losses for the individual on multiple levels. In addition to the possible loss of physical integrity, the loss of physical safety, the loss of life, belongings and loved ones, the psychological loss of safety, of significance within the community and the feeling of belonging can be devastating. Transit is not made easier due to uncertainty and hostility in receiving individuals and granting refuge to those who have been displaced through violent conflict, oftentimes, those who deny refugees are stakeholders in the conflict. This, in turn, raises more questions pertaining to the ethical dilemma of power differentials, dominance and the striving for superiority through individuals and systems.

Simultaneously, the need for working with refugees as early as possible in order to connect them to the community they live in, whether during flight, in the camps, during transit or lastest by the phase of resettlement and acculturation to the new environment, is evident. Facilitating these connections may oftentimes be sufficient to help in the process of alleviating distress and supporting the ability to employ inner resources in order to re-create their own life in a meaningful way and in context to the newly found or re-structured community. It should, of course, not be neglected that psychological work may be of importance for many of the individuals who might need to and are ready to process the past events. The methods that are employed while working psychotherapeutically with forcefully displaced individuals are not the main focus of this paper; however, an understanding of displacement, loss and the nature of human needs is important. In this context, the unique and complex situations of refugees require the psychotherapist to approach him or herself introspectively in order to effectively recognize the client and his or her struggles or needs. This, in context to the multiple levels that are connected in a refugee’s life, may challenge the practitioner to look beyond any traditional
Western method of psychotherapy. The psychosocial aspect and the political aspect of the situation are intensely important in processing and integrating past experiences. The therapist may as well be a social activist in this context, one who understands and attempts to remove power differentials, first and foremost in therapy and in relation to the client. This is a precondition for any processing or healing of the refugee experience, which is intrinsically linked to injustice, inequality, powerlessness, loss and the personal experience of power differences. The assets that can be employed by both sides is the striving for growth and development in the knowledge that being a part of the community can protect us from vulnerability and compensate for human inadequacy. This applies to all, the refugee clients and the therapists.

Discovering the ability, the tools, the inner resources and the support in becoming a meaningful and vital part of society, will go a long way in the healing of trauma while assisting in the process of integrating new aspects in order to broaden their own identity and remain a part of society and being connected through community feeling. Understanding, processing and integrating past experiences is the goal of therapy, while preventing negative consequences due to acculturative stress can be achieved through social support. In combination, these approaches constitute meaningful support for forcefully displaced individuals and their communities.

Although this paper has not presented step by step recommendations for the psychotherapeutic work with refugees in clinical practice, it has outlined important factors and their possible impact on these individuals, therefore giving orientation to practitioners in the social and psychological field of refugee work. Understanding the factors that create vulnerability during all phases of the refugee journey is important in order to design programs that can focus on the alleviation or avoidance of these whenever possible; understanding protective factors throughout all the phases of the journey can lead to application of interventions.
that will strengthen these protective factors; understanding the elements that are necessary in the acculturation process in order to reduce stress and be able to work on processing prior events and stabilizing the individual’s life in the context of society is crucial in order to be effective. The models of therapy that have been outlined briefly and proven to be effective in the work with refugee clients can be embedded into this framework and can be applied on the basis of a firm theoretical foundation, in this case, the positive outlook of Adlerian theory. The question in context to work with refugees now becomes how we can adapt our models and ways to their needs and not how they may become suitable for our models. Finally, the probably most crucial element in working with refugee clients is the therapist’s approach. It is of utmost importance that the practitioner understands him/herself in the context of the psychological, the sociological, and the political realm. Therapy with forcefully displaced refugees cannot simply focus on the aspect of the individual psychological approach, but is naturally embedded in the global political and social context.
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Appendix

List of Resources

- American Refugee Committee
- Bureau of Population, Refugees and Migration (PRM)
- Center for Applied Linguistics (CAL)
- Centers for Disease Control (CDC)
- Cultural Orientation Research Center
- Church World Service (CWS)
• Ethiopian Community Development Council (ECDC)
• Episcopal Migration Ministries (DFMS/EMM)
• Harvard Immigration and Refugee Clinic
• Hebrew Immigrant Aid Society (HIAS)
• Health & Human Services, Department (HHS)
• International Catholic Migration Commission
• International Committee of the Red Cross (ICRC)
• International Organization for Migration (IOM)
• International Rescue Committee (IRC)
• Lutheran Immigration and Refugee Services (LIRS)
• Minnesota Council of Churches
• Office of Refugee Resettlement
• Refugee Women’s Alliance
• U.S. Citizenship and Immigration Services (USCIS)
• U.S. Committee for Refugees and Immigrants (USCRI)
• U.S. Conference of Catholic Bishops (USCCB)
• U.S. Customs and Border Protection (USCBP)
• United Nations High Commissioner for Refugees (UNHCR)
• World Relief (WR)