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Systemic psychotherapy and life management of refugees and asylum seekers

Sistemska psihoterapija ter urejanje življenja beguncev in iskalcev azila

POVZETEK

V prispevku je bil pri desetih beguncih in iskalcih azila uporabljen kvalitativni pristop utemeljene teorije. V analizo so bili vključeni polstrukturirani intervjuji ter posnete terapevtske seanse oseb, ki so imele najmanj 10 in največ 39 seans individualne sistemske psihoterapije v teku 6-12 mesecev. Ugotovitve kažejo, da lahko psihoterapija pomaga beguncem pri premagovanju travmatskih izkušenj, obvladovanju stresnih dogodkov, olajšanju njihovega trpljenja, doseganju bolj stabilne socialne situacije ter osebnega uspeha v gostiteljski družbi. Glavni pozitivni doprinos sistemske psihoterapije ni bil povezan s specifičnimi dejavniki v smislu posebne tehnike ali metode, pač pa so bili najbolj pomembni za pozitivni izid terapije skupni dejavniki (tj. terapevtski odnos), terapevt (tj. empatija, toplina) ter klientovi dejavniki izven terapije (tj. osebnost, poklic, hobiji, sistem prepričanj, rituali, družina). Terapevti z Zahoda ne bi smeli obravnavati beguncev in iskalcev azila le v skladu s teoretičnimi standardi njihovih terapevtskih modalnosti, pač pa bi morali pomniti, da se klient najbolje spozna na lastno življenje. Terapevt bi moral skrbeti za terapevtsko zvezo in graditi zaupanje.

KLJUČNE BESEDE

Begunec, iskalec azila, travma, skupni dejavniki, terapevtovi dejavniki, klientovi dejavniki izven terapije, sistemska psihoterapija

ABSTRACT

The qualitative approach of Grounded Theory was conducted with 10 refugees and asylum seekers. Semi-structured interviews and recorded therapy sessions were used for the analysis. The participants had a minimum of 10 and maximum of 39 individual sessions of systemic therapy during 6-12 months. The findings suggest that psychotherapy can help refugees to overcome traumatic experiences, to cope better with stressful events, reach alleviation for their suffering, attain more stable social position and personal success in the host society.

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The main positive contribution of systemic psychotherapy was not connected with specific factors in the sense of special method or technique, but the most important for the positive outcome of therapy were common factors (e. g. therapeutic relationship), therapist (e. g. empathy, warmth) and extra-therapeutic client factors (e. g. personality, occupation, hobbies, belief system, rituals, family of clients).

Therapists from western countries should not treat refugees and asylum seekers only according to the theoretical standards of their therapeutic modalities but remember that the client is the best expert in his life. Therapists should take care of the therapeutic alliance and take time in building up trust.

KEY WORDS
Refugee, asylum seeker, trauma, common factors, therapist factors, client extra-therapeutic factors, individual systemic psychotherap

Introduction

Traumatized refugees are a special group of vulnerable clients,whose psychological distress has been caused by their experiences of traumatic events and by the straining of psychosocial aspects of their lives at home and during the resettlement process (Molica, 1987). According to the last report of UNHCR by the end of 2016, 65.6 million people had fled from their countries of origin. This rate is growing steadily: compared to last year, the number has increased by 300,000 worldwide. These people were forced to flee for different reasons, but their background is similar: life threats, political persecution, and discrimination for religious and ethnic reasons (Edwards, 2017). Psychotherapeutic literature has shown that organized violence is a violation of fundamental human rights. Deprivation of liberty, torture and sexual abuse are common factors in refugees' problems. Consequently, these factors relate to psychological pressure and the victim's feelings in life (Seiner, 2000). This is well documented in a range of clinical manifestations of mental health among refugees caused by traumatic life circumstances (Tribe, 2002; Turner et al., 2003; Laban et al. 2004).

Numerous studies have mostly paid attention to post-migration factors that trigger psychological distress among refugees in the host country. The absence of any legal status or permission for residence in the host country, lack of choice concerning their housing, poor living conditions, insufficient financial support, uncertainty about the future and unemployment are all factors hindering the refugees' adjustments in the host country (Nicholl and Thompson, 2004; Silove et al., 2007).

In the past decade, psychotherapy has been an effective method of therapeutic care for traumatized refugees. Psychotherapy research suggests the efficacy of different kinds of psychotherapies that provide healing for traumatized clients with PTSD (Hinton et al. 2004; Nicholl and Thompson, 2004). According to the Cochrane review, psychotherapy for traumatized refugees, individual trauma-focused Cognitive Behavior Therapy (CBT), eye movement desensitization and reprocessing (EMDR) and stress

management are all recognized by the scientific community as effective psychotherapeutic modalities for PTSD (Bisson and Andrew, 2007). A recent study, using a meta-analysis of 13 trauma-therapies demonstrated the effectiveness of trauma-oriented models of psychotherapy for traumatized adult refugees (Lambert and Alhassoon, 2015). Unfortunately, there is limited research on individual systemic therapy for traumatized refugees. Psychosocial obstacles have also not been well explored.

The life management of traumatized refugees allows for consideration of individual, social and political aspects. Traditionally the majority of refugees living in Austria came from Chechnya and Afganistan (Salem, 2011), where they had suffered traumatic events and human rights violations. Traumatization of displaced people is well described in refugee literature where authors have confirmed that war and conflict strongly affects the psyche (Stevanović et al., 2016). According to the report of Human Rights Watch (2004) Chechnya has been officially identified as an area with violation of human rights and women's rights, discrimination on religious grounds and political persecution (Denber, 2004; De Jong et al., 2004). According to the literature, the reason given by refugees leaving Afghanistan is long-term civil war. During the last ten years, the lack of any functioning central government allowed the Taliban to gain power that has led to political insecurity for the Afghan population (Salem, 2011). There is similar literature about Armenian refugees living in Austria. After the collapse of the Soviet Union Armenia became an independent country in 1991. However, corruption and human rights violations by the authorities against protesters and persecution of journalists for political reasons are daily occurrences (Human Rights Watch Report, 2016).

Methods

Participants

Participants attended the outpatient clinic of Sigmund Freud Private University, Vienna (SFU) or Austrian institutions (Caritas, UteBock, Hemayat, AmberMed), which offered free psychotherapeutic care and services for refugees and asylum seekers in Vienna (Austria). The sampling of the qualitative part of this research was designed to collect participants with varied traumatic life experience. The flow diagram is presented in Figure 1.

Recruitment strategies and sampling decisions were discussed in consultation with supervisors, who were certified experts in psychotherapy with long-term experience of working with refugees and asylum seekers from the department of psychotherapy science in the Doctorate Programme of SFU (Vienna, Austria).

The inclusion criteria for clients to participate in this study were: (1) coming from a conflict or ex-conflict zone (Chechen Republic, Afghanistan, Armenia), (2) having the status of an asylum seeker or a refugee, (3) having experienced a traumatic event, (4) having attended a minimum of 10 sessions/follow-up of individual systemic therapy, (5) having noticed psychological improvement as a result of therapy.

The exclusion criteria in this study were: 1) A serious disease (grave somatic illness or impairment, or participants needing in-patient psychiatric treatment for bipolar disorder or psychosis), 2) the absence of writing and reading skills, 3) disrespect for the research project plan or participants' missing an assessment at follow-up.

The sample for this study consisted of traumatized refugees and asylum seekers who escaped to Austria from a war or ex-conflict zone. The semi-structured interviews and recorded therapy sessions were conducted in Russian and translated into English without translation back and were verbatim transcribed by a researcher. The recorded data was discussed with volunteer interpreters.

Measures

Clinical symptoms were measured by using SCL-90-R (Derogatis, 1977). No specific questionnaire for the assessment of PTSD was used because it can re-traumatize clients who have indicated very heavy trauma in the anamnesis. According to the literature review, it is possible to use SCL-90-R for research purposes without needing to add dedicated PTSD measures (Derogatis, 1977). We recruited clients with psychological diseases, according to the International Classification of Disease (ICD 10). All participants had acute and/or chronic post-traumatic symptomatology and experienced varied psychological trauma in their life history as presented in Table 1.

Table 1:*Background information about participants of qualitative research (N=10)*

Participant	**Gender**	**Age**	**Trauma referred to**	**Number of sessions**	**Institutions where clients received therapy**	**Duration of living in Austria (years)**	**Status**
1	F	60	Victim of civil war	39	SFU	3.0	Asylum seeker
2	F	27	Political persecution of family	13	Caritas	2.0	Asylum seeker
3	M	50	Victim of civil war and political persecution	26	SFU	7.5	Asylum seeker
4	F	29	Sexual abuse	10	SFU	1.1	Asylum seeker

5	F	30	Domestic abuse and violence	10	Amber Med	1.4	Asylum seeker
6	F	45	Political persecution of family, blood feud	12	SFU	11.0	Refugee
7	F	46	Victim of civil war	14	Caritas	1.0	Asylum seeker
8	M	39	Combat veteran and political persecution	25	SFU	5.5	Refugee
9	F	56	Victim of civil war	16	Hemayat	3.0	Refugee
10	F	32	Life threats, domestic abuse, and violence	10	UteBock Haus	0.5	Asylum seeker

The sample consisted of two males and eight females aged 27 to 60. Five participants were recruited from the outpatient clinic of SFU and five from the Austrian Institutions that offer in Vienna free psychotherapy and crisis interventions (Caritas, UteBock, Hemayat, AmberMed). All participants were unemployed. Three participants had refugee status, and seven were asylum seekers. The duration of living in Austria varied from half a year to seven and a half years. The majority of participants (7) were without any secure residency status, had poor housing conditions, lacked any principal domicile and had no possibility of being employed, and therefore belonged to the low-economic strata. They survived because Austrian humanitarian organizations assisted and helped them. The reasons for fleeing to Austria were war or internal conflict, the risk of death and the violation of fundamental human rights. The length of individual systemic psychotherapy varied from six months to twelve months. The participants' informed consent comprised a brief description of the purpose of the project, procedure of research, benefits of the clients' participation, information about the confidentiality of receiving information, and contact information in case any participants had questions about the research.

Methods Design

In quantitative-qualitative »interactive continuum« design, the researcher in this study took a small sample of participants from the quantitative analysis for the qualitative part of the survey (Figure 1). In this paper the qualitative part of the research is presented. The publication of the quantitative part of the research is in preparation.

Participants received individual systemic therapy (10-39 sessions). The number of sessions was adapted to the needs of the participants. The qualitative part of the study included a semi-structured interview (Mishler, 1986; Dourdouma and Mörtl, 2012) and recorded therapy sessions. They were conducted in Russian and translated into English. The data was independently reviewed and categorized by several different individuals. The duration of each interview was 50 minutes. It included twelve open-ended questions about cultural beliefs, motivations, expectations, challenges, helpful and hindering factors during psychotherapy, about the process of recovery after a massive psychological trauma and life management. The recording of therapy sessions took place at least four weeks after recording the interviews. Each therapy session lasted approximately 45 minutes and enabled the researcher to receive deep and broad information about the experience of a client (Seidman, 1991; Polkinghorne, 2005).

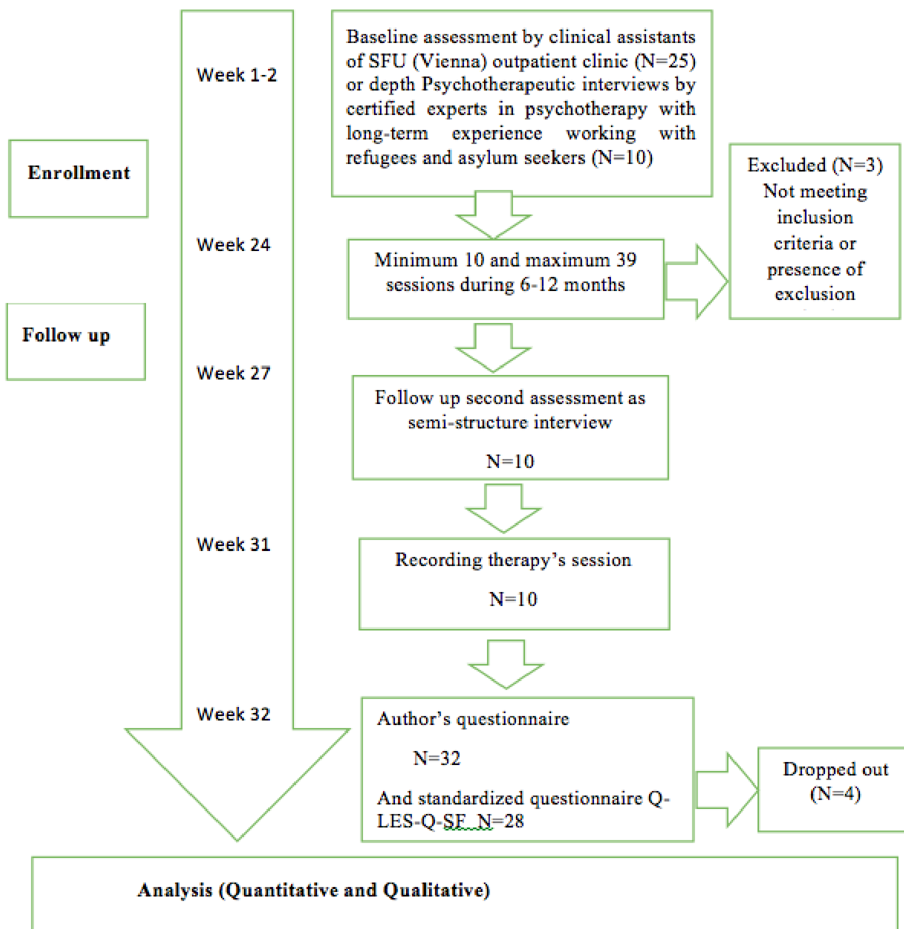

Figure 1. Flow diagram of the present study

Qualitative data analysis

The qualitative approach of Grounded Theory was applied to explore the unique experience of the traumatized clients (Creswell, 1998; Glaser and Strauss, 1997; Strauss and Corbin, 1998; Mörtl, Gelo and Pokorny, 2012). For the qualitative analysis, the data collected was analyzed manually and interpreted from the systemic perspective. According to the literature review this approach has advantages, because the software packages reduce field material by electronic coding and there is a risk of losing some valuable information (Denzin and Lincoln, 1994). The researcher transcribed interviews and therapy sessions, identifying a thematic framework, coded themes, and sub-themes, mapping, analyzed and interpreted it (Becker, 1970; Lofland, 1971; Miles and Huberman, 1984; Charmaz, 2014).

Results

This study aimed to assess how individual systemic therapy helps traumatized clients to cope with life difficulties and to build a scientific concept, which is based on the exploration of the inner voices of the participants. We integrated the data into a multidimensional model (Figure 2).

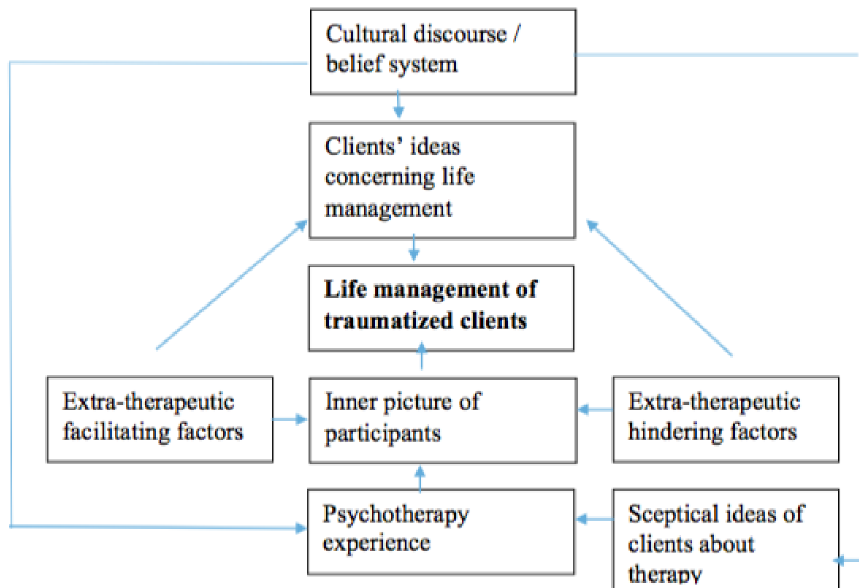

Figure 2. Systemic psychotherapy and life management of traumatized clients

Cultural discourse/belief system

The central aspect of psychotherapy with traumatized clients is based on cultural background (belief system) (Figure 2). The participants shared traditional thinking and behaviour, according to their religion of Islam. Our findings show their religion to be an essential belief; it has both advantages and disadvantages for the coping strategy and life management. For example, religious beliefs protected our participants in a depressed state, diminished suicidal thinking and prevented suicide attempts. They kept in mind their religious rules, had a fear of punishment and tried to banish their suicidal thoughts. They saw religion also as the significant factor that promoted their ability to find satisfaction in life.

Clients' ideas concerning life management

Based on their ideas concerning life management, in everyday life, the traumatized clients presented a broad range of different attitudes (See Figure 2). Active coping was characterized by planning, solution-focused strategy and positive cognitive restructuring. Such positive strategy produces goal-oriented behaviour, self-improvement, hope for a better future and expecting a child. The most important motivational factor to keep up their courage was to have a goal in life. We would like to point out that having a goal supported traumatized clients and allowed them to stand firmly on their own two feet. Some participants were particularly energetic and expressed their wish for self-improvement, i.e., making an independent decision by themselves, building strong personalities, improving their physical state, getting a divorce or improving foreign language skills.

Negative strategy consisted of uncertainty and obscurity about their future, visiting Mecca as a solution to get rid of trauma, imagining a future in prison and waiting for death from a physical disease. The absence of any future for one traumatized participant, his expectation of going to prison, soon caused submission and passivity. Awaiting death from a somatic disease is an understandable expression of pessimism, negative thinking and a sign of depression.

The traumatized refugees demonstrated various aspects of inner natural resources that were represented in four categories: 1) parental responsibilities; 2) power of own self, strong personality, a wish to prove and to trust oneself; 3) using spiritual resources such as strong faith in God and meditation; 4) recommendations of the therapist that influence inner natural resources of the participants. The responsibility of parents was identified as taking control and being in charge of everyday family aspects. One participant explained that making decisions about the life of the family and the responsibility for child health, were the primary sources for recovery. Also identified were the following natural resources: strong personality, good self-esteem, the power of own self, wish to prove oneself and to trust oneself as well as belief and strong faith in God.

Sceptical ideas of clients' about psychotherapy

The cultural background of the participants influenced their skeptical ideas about psychotherapy (Figure 2). The majority of the participants mentioned that they had both positive and negative expectations. Negativity was expressed as one came just to try therapy, they did not believe that therapy could help them and asked themselves the question, whether therapy could genuinely help them and most participants came just for reconnaissance. One participant expected therapy to be a »surgery of the soul.«

Positive attitudes were seen in their hopes that the therapy would help them to get the necessary documents from the Immigration centre and that it would have a positive effect (short-time relief). Moreover, therapy provided in their mother tongue enhanced their positive expectations of psychotherapy. The patients with negative expectations of therapy changed their opinion immediately after the first therapeutic session. Our participants mentioned that therapy without a third person in the room creates a condition of confidentiality.

Inner picture of participants

The extra-therapeutic facilitating and hindering factors influenced the inner picture of participants (Figure 2). This topic became more crucial in the study, as we received additional information and it was significant for traumatized refugees. The most significant problems that participants said were occupying a central place in their lives were feelings »of the body's explosion«, bodily sensation as a wave inside, uncontrolled crying, going crazy, anxiety, negative (suicidal) thinking, a fear of darkness without any reason, violent behaviour, aggression.

The participants described their individual traumatic experiences of living in ex-conflict zones, military conflict and the experience of fleeing to the host country. The participants characterized their inner feelings as terror, fear, horror, and how they faced death and corpses by describing the traumatic picture. The memory of trauma was represented as the spontaneous remembering of traumatic events during the semi-structured interview and recorded therapy sessions.

Their vulnerability is crucial for the conducted research since the participants characterized their feelings as unstable, uncertain, anxious and worried. After a course of therapy, some participants noticed a feeling of numbness about the lack of feelings, mood swings, depressive mood, lack of energy, fatigue, permanent suicidal thinking, and their memory problems that related psychologically to their refugee status.

Psychotherapy experience

Positive psychotherapy experience was connected both to the clients and to the therapist (Figure 2). Contributing factors on the part of the clients were: their trust and openness, communication in their native language, work with selves and listening to the

therapist's advice. The therapeutic factors on the part of a therapist that refugees identified were the understanding and listening of the therapist.

Confidentiality and an atmosphere of openness were crucial aspects of psychotherapy. In this atmosphere of mutual trust the respondents talked freely to a therapist about themselves and about life events that they had not told anyone before. The therapist helped the client to find his positive direction without psychological pressure by using humour, humanity and personal charm. The support of the therapist helped them to reach a positive outcome in terms of life management.

All participants gave the impression of personal achievement and changes after undergoing therapy. The participants associated therapy with »small« and »big« psychological changes and with the improvement of their life situation. The participants identified three groups of changes: in inner feelings, of oneself and their behaviour. Nevertheless, one should point out that not all the problems of traumatized refugees were solved with psychotherapy. In other words, they resolved only a visible »tip of an iceberg.« However, even emotional relief and stimulated resources enabled the participants to see more clearly the way out of their situation.

Extra-therapeutic facilitating factors

The participants identified extra-therapeutic facilitating factors that contributed to their life management and provided psychological improvement: occupations, hobby (environment of clients) and characteristics of the personality of the clients (Figure 2). The development and reinforcement of coping strategy owing to psychotherapy were a suitable means for managing their psychological destabilization. The participants highlighted that an occupation such as a walk and hobbies helped them to achieve short-term improvement. This finding was related to the environment of the clients or with the extra-therapeutic factors that according to Lambert's model can contribute to therapeutic change (Lambert and Barley, 2001).

The most beneficial approach to life management for refugees was a personal set of their character traits. The characteristics of personality that participants presented were the following: the capacity to stimulate by themselves good mood and humour, positive thinking, optimism, natural resourcefulness and success, goal-oriented and decision-making behaviour, the well-developed capacity of adaptation in a foreign environment, to have a strong sense of self which helped to survive in the conditions of a civil war, to have the capacity to fight, to protect oneself against social violence, natural obstinacy and 'stick-to-itiveness'. According Lambert and Barley (2001) and Duncan, Miller, Wampold and Hubble (2014), these characteristics are client and extra-therapeutic factors which are crucial for the positive outcome of psychotherapy.

Extra-therapeutic hindering factors

Our participants presented the extra-therapeutic hindering factors of life in exile during psychotherapy (Figure 2). They mentioned that they had experience of disappearing, as well as psychological and administrative barriers along the path to integration and well-being. Extra-therapeutic hindering factors were one of the most important topics of

the participants when they reported about the lack of peacefulness or rest, their inability to control restless behaviour and relax body and mind. Their conversations with their therapists from time to time involved endless worries and anxieties. The common hindering factors of asylum seekers that resulted in limited improvement of symptoms and created feelings of uncertainty were: fear of a loss of legal status, fear of deportation and a negative answer from the constitutional court or Immigration Centre. These factors re-traumatized asylum seekers. Some of the participants also spoke of the long delay in processing requests for asylum that led to anxiety and general uncertainty.

In addition, significant extra-therapeutic factors were difficulties with a foreign language and feelings of missing children and/or relatives. Consequently, the features or/ and negative sides of the asylum procedure adversely affect the asylum seekers' behaviour and limit the chances for a positive therapeutic outcome.

Discussion

Our findings support what we expected, namely that refugees and asylum seekers in Austria (Vienna) are a particularly vulnerable group and a special challenge for psychotherapy. Their psychological problems were caused by straining psychosocial aspects. The majority of them had experienced individual/distinct traumatic events and organized violence. This appears consistent with previous literature that signified that suffering from the violation of fundamental human rights, such as the deprivation of liberty, torture, sexual abuse are common factors among refugees (OMEGA, 2000).

At the beginning of the course of psychotherapy, the majority of participants spoke of having only modest expectations. Some of them were unwilling to go to therapy but saw it as the only the way to obtain help and relief. The participants saw the therapist as a part of the administrative system, with which many clients were struggling. Traumatized clients indicated that they were not sure about the benefits of therapy because they were afraid that it could be another threat to their security. The therapist had to overcome the participants' distrust. This is in accordance with a recent study where the author identified a more positive approach by refugees to therapy after a few sessions of psychotherapy (Fathi et al., 2016).

The belief system, cultural background and family are cornerstones of the resources of people living in exile that relate to extra-therapeutic factors (clients) according to Lambert's model (Lambert and Barley, 2001). Their religious beliefs supported refugees. Their family responsibilities gave them one of their central goals on the path of reconciliation. Their inner structure was mostly built on nature, religion, ritual and closed family interconnections. The researchers noted a positive side of cultural background: patients with cancer who were part of an ethnic minority are associated with the great success of Post-traumatic Growth Outcomes (Lechner and Antoni, 2004).

The participants kept their sense of humour and their capacity to adjust to their experiences as refugees. A 'stick-to-itiveness' and a capacity to fight protected them against social violence. This is in line with the literature. A recent study showed that character traits or characteristics of the personalities of clients are connected with the autonomy

of the individual, communication with the environment, spirituality and with the assessment of the world around us (Abele and Wojciszke, 2007; Cloninger, 2013).

The participants in our study valued psychotherapy as a benefit and a path of recovery from a traumatic experience. The authors of recent research among refugees and asylum seekers observed that 85% of the participants reported psychological improvements and that psychotherapy had a positive impact for traumatized clients (Renner, 2009).

The interviewees mentioned that it was a kind of holistic approach that helped them feel better after each session. In accordance with the findings of Lambert and Barley (2001) and Duncan, Miller, Wampold and Hubble (2014), we propose that the most important factors in this holistic approach are the therapist, common factors and client (extra-therapeutic) factors. Over time, short-term relief turned into stabilization of the psychological state of traumatized refugees. Both therapist and client inputs in the process of therapy and the achievement of success represent two inseparable components of one therapeutic system. We found that the therapist and the client collaborate as members of a unique team in a therapy process to achieve traumatized refugee's well-being and resilience. This finding is in line with the research conducted by Anker et al (2010): they believe that a positive therapeutic relationship during therapy leads to an increase in psychological improvement.

The therapeutic relationship is the cornerstone of psychotherapy (Lambert and Barley, 2001). The result of a recent study indicated that the therapeutic alliance of traumatized refugees and asylum seekers is significantly weaker than other post-war generations of Dutch veterans (Douma, 2014). These results contradict with our findings, where all participants reported that they had a favourable therapeutic alliance and they actively participated in therapy. Later, Douma hypothesized that for a positive therapeutic alliance of traumatized refugees one needs more time than for other categories of patients. Another study displays similar results: a low-level of trust among refugee patients hinders a positive therapeutic relationship (Fabri, 2001).

We also found that, on the one hand, traumatized people achieved adaptation in exile. On the other hand, we also noted the instability of their psychological status in the final stage of psychotherapy. The refugees continued to report about the uncertainty of their social position in the host country. New administrative difficulties again stimulated fear, increased feelings of uncertainty, depressive mood and short-term suicidal thinking. One explanation for the instability of the psychological status of traumatized clients could be the absence of secure legal status. The traumatized clients live in conditions of permanent risk of deportation. This is in accordance with recent literature that explained hindering factors (Berry, 1997; Allan, 2012). These authors described the extra-therapeutic hindering life factors that people have to face in the conditions of forced involuntary migration. The negative experience can lead to secondary traumatization. Berry empirically created a model of life circumstances that can influence the process before and after the flight of traumatized refugees (Berry, 1997).

Extra-therapeutic factors, which were part of the observed participants, influence the life management of traumatized refugees, their psychological status, and included pre- and post-migration experiences. Specifically, psychotherapy, despite life difficul-

ties, the absence of legal status and the cultural sensitivity of their home country, helps traumatized clients in the process of recovery and stabilization of their life in exile and establishment of life management.

We also found that systemic psychotherapy was not helpful in the sense of method, but that the most important contribution came out of the therapeutic relationship (common factors), empathy, warmth of therapist (therapist factors) and extra-therapeutic factors (characteristics of clients and their life context). The atmosphere of openess between therapist and client in which they could share their feelings was crucial for their short-term relief and then long-term stabilization. For the therapist the most important are empathy and stimulation of resources. This is in line with Lambert's model which emphasizes common, therapist and client factors as crucial for therapeutic change (Lambert and Barley, 2001; Duncan, Miller, Wampold and Hubble, 2014).

The results of this study have limitations. The sample is not representative of the refugee population across Austria generally. Therefore, the results of this research should be interpreted with caution. The use of semi-structured interviews and recorded therapy sessions was an advantage in comparison to studies where only semi-structured interviews are used. We assume that our methods are coherent and applicable to various fields of psychotherapy research. The method design of this study demonstrated the possibility of conducting an in-depth, detailed analysis of empirical findings and could be repeatable for other research.

Conclusion

The client-therapist relationship (therapeutic alliance),therapist variables and facilitative conditions of the client's life (extra-therapeutic factors) can have a positive effect on traumatized refugees even without a secure residency status. The asylum seekers and refugees who received individual systemic therapy became stronger in the face of stressful events, reached alleviation for the psyche, obtained a stable social position, personal success in the host society and life management. The following practical recommendations originate from the findings of our study.

Psychotherapy is an effective professional approach, but therapists from western countries should not treat refugees and asylum seekers only according to the theoretical standards of their therapeutic modalities but remember that the client is the best expert in his life. This is also in the foreground of systemic psychotherapy (Anderson, 2001, Joseph, 2015). Western therapists should also be aware that inner structure with own beliefs of traumatized clients from non-western cultures draws upon their resources from nature, religion, ritual,and closed family interconnections. Therapists should take care of the therapeutic alliance and take time in building up trust. They should also consider the characteristics of the personalities of traumatized clients with respect. When planning psychotherapy for traumatized refugees and asylum seekers,it is most important to use a resource-oriented approach by predominantly using inner and contextual resources that already exist, because this will enable traumatized clients to achieve successful life management.

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