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# EXPERIENCES OF PSYCHOTHERAPISTS WHO WORK WITH ADULT SYRIAN REFUGEES IN THE PRESENCE OF AN INTERPRETER

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Experiences of Psychotherapists Who Work With Adult Syrian Refugees In The Presence of An Interpreter

Suriyeli Yetişkin Mültecilerle Tercüman Eşliğinde Çalışan Psikoterapistlerin Deneyimleri

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## ABSTRACT

According to the recent data of Directorate General of Migration Management there are more than 3 million Syrian refugees in Turkey. In addition to basic needs such as shelter, employment, and medical health refugees also need mental health support. When Syrians apply to organizations that support refugees, they also encounter mechanisms that offer psychotherapy support. Although there are numerous studies about multicultural competence and mental health of refugees, there are few resources that analyze psychotherapy process with Syrian refugees in Turkey. Clinicians may need to get more guidance and competence on working effectively with refugees following the rapid surge in psychotherapy practice with Syrian refugees. Therefore, results derived from the experiences of psychotherapists who work in this field are thought to be very useful while working with refugees.

The present study addresses the experiences of psychotherapists who work with adult Syrian refugees in the presence of an interpreter. The central questions of the study are what mental health professionals experience when working with a culturally different group of people in the presence of an interpreter, how interpreters are positioned during the psychotherapy process, and what kind of somatic and emotional experiences mental health professionals have in relation to their work. During the study, ten psychotherapists who have seen Syrian refugees were interviewed by the researcher. The data was analyzed by using thematic analysis in MAXQDA 2020 within the qualitative research frame. The results indicated that there were four main themes according to the accounts of the participants: Interference of external reality with the therapy room, managing therapeutic work with the interpreter, growth experience and boundaries of the therapist. Psychotherapists noted that they faced many challenges during the sessions. Listening to clients' challenging life stories, creating harmony among clients, interpreters, and therapists in the session room, and facing various role conflicts were mentioned as processes which affected the psychotherapists in many aspects. However, the participants also noted that this work provided them with a growth experience both personally and professionally. The results of this study are

thought to be an important resource for psychotherapists working with refugees. In addition, it is thought that the experience of the psychotherapists working with an interpreter can be a guide for other practices and other psychotherapists in this area of work.

**Keywords:** Psychotherapy with Syrian Refugees, Therapeutic Work with Interpreters, multicultural Psychotherapy, Immigration, Experiences of the Therapists

## ÖZET

Göç İdaresi Genel Müdürlüğü'nün son verilerine göre, Türkiye'de 3 milyondan fazla Suriyeli mülteci bulunmaktadır. Barınma, istihdam ve tıbbi sağlık gibi temel ihtiyaçların yanı sıra mülteciler ruhsal sağlık desteğine de ihtiyaç duymaktadır. Suriyeliler, mültecileri destekleyen kuruluşlara başvurduklarında, psikoterapi desteği sunan mekanizmalarla da karşılaşmaktadır. Kültürlerarası yetkinlik ve göçmen/mülteci çalışmaları hakkında uzun süredir devam eden bir tartışma olmasına rağmen, Türkiye'deki Suriyeli mültecilerle psikoterapi sürecinin incelenmesine dair çok az kaynak bulunmaktadır. Suriyeli mültecilerle psikoterapi uygulamalarındaki hızlı artışın ardından klinisyenlerin mültecilerle etkin bir şekilde çalışma konusunda daha fazla rehberlik ve yeterlilik almaları gerekebilir. Bu nedenle, bu alanda çalışan psikoterapistlerin deneyimlerinden elde edilen sonuçların, mültecilerle çalışırken yararlı olacağı düşünülmektedir.

Bu çalışma, Suriyeli mültecilerle tercüman eşliğinde çalışan psikoterapistlerin deneyimlerini ele almaktadır. Araştırmanın temel soruları, bir tercüman varlığında kültürel olarak farklı bir grup insanla çalışırken ruh sağlığı profesyonellerinin deneyimleri, psikoterapi sürecinde tercümanların nasıl konumlandığı ve psikoterapistlerin ne tür somatik ve duygusal deneyimler yaşadıklarıdır. Çalışma sırasında Suriyeli mültecileri gören on psikoterapist ile araştırmacı tarafından görüşülmüştür. Veriler, nitel araştırma çerçevesinde MAXQDA 2020'de tematik analiz kullanılarak analiz edilmiştir. Sonuçlar katılımcıların açıklamalarına göre dört ana temanın bulunduğunu göstermiştir: Dış gerçekliğin terapi odasına müdahalesi, tercümanla terapötik çalışmanın yürütülmesi, büyüme deneyimi ve terapistin sınırları. Psikoterapistler seanslar sırasında birçok zorlukla karşılaştıklarını belirtmişlerdir. Danışanların zorlu yaşam öykülerini dinlemek, terapi odasında danışan, tercüman ve terapist arasında uyum yaratmak, ve çeşitli rol çatışmalarıyla karşılaşmak psikoterapistleri birçok yönden etkileyen süreçler olarak ifade edilmiştir. Katılımcılar, bunlara rağmen bu psikoterapi süreçlerinin kendilerine hem kişisel hem de profesyonel olarak bir büyüme deneyimi sunduğunu belirtmiştir. Bu çalışmanın sonuçlarının mültecilerle çalışan psikoterapistler için önemli bir kaynak olacağı düşünülmektedir. Ayrıca,

tercümanla çalışan psikoterapistlerin deneyiminin, bu çalışma alanındaki diğer uygulamalar ve diğer psikoterapistler için bir rehber olabileceği düşünülmektedir.
**Anahtar Kelimeler**: Suriyeli Mültecilerle Psikoterapi, Tercümanlarla Terapötik Çalışma, Kültürlerarası Psikoterapi, Göç, Terapistlerin Deneyimleri

# CHAPTER 1: INTRODUCTION

## 1.1. THE CONTEXT AND PURPOSE OF THE CURRENT STUDY

Working with individuals from different cultural groups in clinical work is an important issue that has been discussed a lot in the literature (Lo & Fung, 2003; Hanna & Cardona, 2013; Tummala-Narra, 2015; Mosher, Hook, Captari, Davis, DeBlaere & Owen, 2017). Psychotherapy itself cannot be thought without its cultural context and it has been derived from Western culture; and that quality of it brings some difficulties about applicability in other cultural settings (Lo & Fung, 2003). Furthermore, working in clinical work with an individual from a different cultural group raises some other issues to deal with: In the first instance, managing cross-cultural differences, therapist's own cultural belongings and encounters with difference (Atkinson, 1985; Daniel, Roysircar, Abeles & Boyd, 2004; Falicov, 1988). It has been widely discussed in the literature that cross-cultural differences bring about problems such as over-pathologizing the patient, misunderstandings between the patient and the clinician or early drop-outs because of the communication problems (Moleiro, 2018; Westermeyer & Janca, 1997; Sue, 1998; Hwang, 2006; Alvidrez, Azocar, Miranda, 1996).

Another issue which is crucial to manage for the sake of psychotherapy is the language barrier. Psychotherapy, in a broad sense, can be considered as a work of re-writing and creating the story of the client in accompany with a psychotherapist (Singer, Blagov, Berry & Oost, 2013). So, language has a central function while working in a psychotherapy process. However, some clinical settings -especially while working with people from different cultural groups- may require the accompaniment of an interpreter because of the language barrier. It is important to understand experiences of therapeutic work in the mediation of interpreter both for the client and mental health professionals.

Several studies make an effort to explore the psychotherapy processes involving three parties which consist of psychotherapists, clients and interpreters and reported some difficulties, such as different understandings of contents that are shared in psychotherapy, differences in making meaning in this triad, self-care of the therapist and importance of supervision (Century, Leavey & Payne, 2007;

Schweitzer, van Wyk, & Murray, 2015; Mirdal, Ryding & Essendrop Sondej, 2012). Other problems related to frame and boundaries have also been discussed as main issues encountered when working with interpreters (Gabbard, 2001). Thus, previous research show that conducting psychotherapy sessions in the mediation of interpreters is necessary in some instances and it has some specific issues that have to be discussed (Darling, 2004; Chatzidamianos, Fletcher, Wedlock & Lever, 2019, Schweitzer, Rosbrook & Kaiplinger, 2013).

The communication between the interpreter, client and patient pose many questions: When does the communication start, does it continue when the session time is over, who is the primary person to communicate and reach; psychotherapist or the interpreter? How are the interpreters positioned in this work of psychotherapy? What roles do they play? It is thought to be important to pay attention to psychotherapists' perceptions on how and where the interpreters play a role in this work.

According to the findings of qualitative studies which has focused on that problem, it does not seem possible for the interpreter to display a "depersonalized presence with a function" (p. 258) in the process (Darling, 2004; Miller, Martell, Pazdirek, Caruth & Lopez, 2005). Psychotherapists who are trained in different approaches have distinctive ways of thinking and conceptualizing that issue. For instance, psychoanalytically-trained psychotherapists tend to consider problems with the –active- presence of an interpreter as a scene of "enactment" where some parts correspond to patient's internal objects and their dynamics (Darling, 2004). Other mental health workers who adopt a different clinical approach can interpret problems occurring while working with an interpreter as a result of "triangulation" (Chatzidamianos, Fletcher, Wedlock & Lever, 2019).

The main purpose of this study is to investigate the experiences of mental health professionals working with Syrian refugees in the mediation of interpreters. Since psychotherapy practice with Syrian refugees has been growing increasingly in Turkey, clinicians may need to get informed about how to work effectively on that specific area of psychotherapy. More research and clinical implications derived from research are thought to be very useful while working with that specific group

of individuals. What kind of somatic and emotional experiences the mental health professionals have, what they experience while working with a culturally different group and what they experience while working with an interpreter and how are interpreters positioned during the psychotherapy process according to psychotherapists are the central problems of this study.

Within the scope of this study, following research questions are examined:

1. How do psychotherapists experience psychotherapy sessions with adult Syrian refugees?
2. How do psychotherapists experience psychotherapy sessions with adult Syrian refugees in the mediation of an interpreter?
3. How does working with Syrian refugees affects psychologists' professional development?

## 1.2. CULTURE AND PSYCHOTHERAPY

### 1.2.1. The Matter of Cultural Competence

Culture has been considered for many years as one of the crucial factors that are integral to the psychotherapy work (Christopher, 2001; Tseng, 1999). Culture has been defined as the whole products of traditional behaviors, emotions, reactions developed by humans (Mead, 2002, as cited in Birukou, Blanzieri, Giorgini & Giunchglia, 2013). Since every product that was created by humans is included the term of "culture", psychotherapy which is a product of the human mind must be closely related to culture (Wohl,1989). Thinking and discussing the psychotherapy without paying attention to its cultural context prevents psychotherapists from a comprehensive understanding of the story of the clients (Tseng & Streltzer, 2004). Thus, culture has been an essential part to both complete the whole picture of the story of the clients and to reflect on what happened between the client and the psychotherapist.

Besides being in the definition of "culture", psychotherapy was cultivated in a specific culture. It is not possible to conduct psychotherapy by disassociating its bonds with cultural features. People who were born into the Western culture, grew up there and were influenced by the characteristics of that culture, were

influential in the development of the discipline of psychology and psychotherapy (Dwairy & Van Sickle, 1996). The development of psychotherapy practice in the West raises the question of whether it can be directly applicable in other cultural settings (Lo & Fung, 2003). Therefore, psychotherapy and psychological counselling literature has paid attention to the significance of cultural issues and cultural applicability of the psychotherapy practice for over the past fifty years (Hanna & Cardona, 2013).

In the literature of psychotherapy, there are many studies that specifically investigate the cultural aspect of psychotherapy and the characteristics of culturally competent psychotherapy (Lo & Fung, 2003; Tummala-Narra, 2015; Wohl, 1989; Tseng, 1999). The question of what characteristics a psychotherapist should have for psychotherapeutic work to be culturally competent has been debated in the literature for years (Falicov, 1995; Dyche & Zayas, 2001; Sue & Zane, 1987).

There has been consensus on several essential characteristics that a psychotherapist should have for conducting multiculturally competent work. These are basic characteristics such as listening to the client openly and sustaining a sense of wonder and curiosity (Dyche & Zayas, 2001). However, these features are also essential for any psychotherapy process which does not have cross-cultural features. At this point, it is thought to be important to consider the question of "what are the qualities that allow psychotherapists to define a psychotherapy process as cross-cultural psychotherapy work?". In her study, Wohl (1989) investigates the meaning of "cross-cultural psychotherapy" and she offers a definition that covered a substantial variation among four basic area of the psychotherapy work. According to this article, these four basic areas for any psychotherapy work are "the therapist", "the patient", "the locale or setting" and "the method to be employed" (Wohl, 1989). If it is considered the sample of the present study with these four basic features; it can be seen that there are "Turkish therapists", "Syrian clients", "under the umbrella of the foundations that help refugees", and "adopting Western psychotherapy methods". It is considered as an example of the Wohl (1989)'s definition of cross-cultural psychotherapy.

Apart from the definition of Wohl (1989), there are other classifications in the literature. According to Tseng (1999), all psychotherapies are somehow linked to culture. However, the intensity of this connection determines what kind of psychotherapy it is. He offers a classification with three sub-groups: Culture-embedded, culture- influenced and culture-related therapies. Culture-embedded therapies are described as the healing practices based on indigenous cultural traditions especially preferred by the folk. Spirit mediumship and shamanism are considered in this sub-group. In the second sub-group, Tseng (1999) suggests that mesmerism or existential psychotherapy can be covered because of the fact that these types of therapies are cultivated by the philosophical concepts or value systems of the society in which they develop. Lastly, in the third sub-group, therapies called culture-related cover psychotherapies which are still widely used in Western societies. Moreover, this type of psychotherapies is rooted in the West which means they are affected by the Western culture. Tseng (1999) exemplified culture-related psychotherapies as psychoanalysis or family therapies.

There are different opinions in the literature about the aspects required to be a competent psychotherapist in the intercultural psychotherapy work. Dyche and Zayas (2001) suggest to reflect on the concept of "cross-cultural empathy". According to their study, cross-cultural empathy is a term that is used to fill the gap between the psychotherapist's and client's cultural understandings. It is argued that to develop cross-cultural empathy, there are three components that the psychotherapist should manage well. The first is "cross-cultural receptivity" which depicts the capacity of psychotherapists to develop their curiosity with an authentic sense and to be open to listen to the client's experiences instead of chasing the truth. The second component is for psychotherapists to develop an understanding and knowledge of the clients' culture and can evaluate their experience in the context of this culture. The last component described as a significant aspect of culturally competent psychotherapy is cross-cultural collaboration. The psychotherapist who is able to develop an empathic understanding of the client's experiences within the context of the client's culture should develop a collaborative relationship by including the client's effectiveness in the psychotherapy process. Either empathy or

knowledge alone does not allow a psychotherapist to be competent to work cross-culturally (Draguns, 1995). The combination of the mentioned components is thought to allow the psychotherapist to successfully conduct cross-cultural psychotherapy (Dyche & Zayas, 2001).

The psychotherapist should think about how the cultural characteristics which the orientation and the psychotherapeutic techniques s/he adopted are rooted in influence the psychotherapy work. Usually preferred forms of psychotherapy are derived from the work of the Western tradition (Kirmayer, 2007). These forms of psychotherapies do emphasize the client's individuality, autonomy, and responsibility as an individual. Therefore, a culturally competent psychotherapist should sustain the psychotherapy with clients from diverse cultures by recognizing how the preferred theory approaches the problems of the clients. Understanding and making sense of a client's life from a collectivist culture may not be easy for a psychotherapist from an individualist culture (Kirmayer, 2007).

According to some researchers, it is proposed that a psychotherapist who can be defined as “culturally-competent" should continue his/her development and pay attention to some issues. These issues can be listed as follows: The psychotherapist developing self-awareness, developing a general level of knowledge about cross-cultural issues, developing an understanding of cultural factors, developing an alliance in which cooperation is emphasized, and developing intervention skills while working in a context of multicultural or cross-cultural settings (Sue, 2001; Tummala-Narra, 2015).

How should a psychotherapist determine the psychotherapy frame to maintain a culturally competent psychotherapy process? The frame provides the environment in which the therapist and the client will have a relational interaction by feeling safe and comfortable (Cherry & Gold, 1989). The psychotherapist's reflection on his/her cultural background should be an effort to understand the client's inner world and how this inner world is affected by culture (Birth, 2006). The psychotherapist's own cultural background should not be a burden to the client with self-disclosure or similar actions (Gabbard, 2001).

### 1.2.2. Making Sense of Culture from a Psychoanalytic Framework

Many ways to become a culturally competent psychotherapist have been proposed in the literature. However, psychoanalysis and psychodynamic therapies are criticized for excluding the cultural context while trying to understand the individual. It is believed that psychoanalysis and psychodynamic therapies neglect the matter of "cultural competence" in particular (Watkins, 2012; Tummala-Narra, 2015). However, when psychoanalytic theories are examined, it is possible to regard that there are specific concepts to be considered in relation to the matter of cultural competence (Tummala-Narra, 2015).

Following the trend of ego psychology approach which adopts an individualistic approach, there are many psychoanalysts such as Sullivan, Fromm and Horney who proposed interpersonal theory of psychoanalysis that covered the matters of social interaction and cultural context (Mitchell & Black, 1995). Based on the interpersonal theory, the effect and the importance of the cultural context and cultural interaction in the psychic development of an individual is a matter that is also considered recently in "relational psychoanalysis" (Mitchell, 2009).

Harry Stack Sullivan, the architect of interpersonal theory, made an effort to explain how "The Self" was organized, inspired by a sociologist named George Herbert Mead. According to Sullivan's theory (1953), The Self is an organization which is formed as a result of our interactions with the Others. The experiences that a person has in communication and relationship with Others are internalized and turned into parts of "The Self". Sullivan called these parts of Self – it can also be described as self-states- which are derived from the interactions with Other as "personifications". Sullivan claims that the self-states, which he named "good me", "bad me" and "not me" in his theory were formed in this manner. What distinguishes these self-states is how they are experienced by the person as an infant. The infant develops self-systems, where he/she learns how to act to calm his/her anxiety and maintain his/her life. The self-system, where the infant develops to be fed, to attract attention and be valued, is called as "good me". The "bad me" includes behaviors that the infant has learned to avoid. The "not me", which is the part that will be highlighted by the subject of this thesis, is the result of excessive anxiety caused by

experiences learned that it does not comply with social norms as a result of interaction with the outside. This anxiety is unbearable for the infant and therefore the infant cannot stay in this overwhelming self-state. He/she dissociates this part from the Self and thus, this part becomes what he/she does not have (Pizer, 2019). The most effective way to achieve being culturally competent is to develop the capacity of the therapists to recognize their selves in the "others" (Comas-Diaz, 2011). The idea of needing an “Other” to recognize what is the “Me” is an important issue that takes place in psychoanalytic theories.

Even if it is not directly called "culture", the view that social interaction and the effect of social norms in the development of psychoanalytic theory influences "The Self". In this context, Gruen (2005) claims that "the person from another culture" is related to the "not me" part of the person. A person who is not from the same culture can trigger the person's psychodynamics by corresponding to the person’s not me part. Discriminatory attitudes, behaviors, and feelings towards people from different cultures may surface when the “not me part” is triggered (Gruen, 2005). Lack of awareness of the existence of the “Other” perceived as a stranger and difficulties with recognizing the “Other” stand as a very important problems which have implications for practice of psychotherapy from a psychoanalytic perspective (Ünal, 2014).

While it is possible to consider the effect of culture on the individual through the theories such as interpersonal theory or relational psychoanalysis, it is difficult to encounter psychoanalytic studies in the literature on how a psychoanalytically oriented therapeutic work achieves being culturally competent. Discussions in the literature are in progress on how to adopt a cultural perspective, which is claimed to be covered theoretically in several psychoanalytic theories. Tummala-Narra (2015) suggests a culturally sensitive approach to psychotherapy practices with a psychoanalytic orientation. According to this proposed approach, a culturally competent psychotherapy can be maintained by following these recommendations:

- A detailed self-examination covering the historical trauma and sociocultural perspective,

- Trying to understand the indigenous cultural elements and meanings in the narrative that both the therapist and the client have created together in the therapy room,
- Recognizing how language use and expressions are affected by culture,
- Reflecting on how social prejudices and stigma experienced by both the client and the therapist affect the therapeutic process,
- Being aware that individuals can use their internalized cultural identities as defense mechanisms.

There are different approaches to the issue of how culture is handled in a psychoanalytically oriented psychotherapy room. According to Altman (1995), culture is the third person other than the psychotherapist and the client in a psychotherapy room. Psychoanalysis (and psychoanalytic oriented psychotherapies) is a dialectical system of psychotherapists, clients, and culture. Experiences in the psychotherapy room (*enactments* if expressed in a psychoanalytic term) are formed around the psychic dynamics of psychotherapist and client, and the dynamics of social norms, gender and racial issues covered by culture. For this reason, in Altman (1995)'s perspective, culture is an essential part which cannot be excluded from the therapeutic process as it is the third presence in the room (Bodnar, 2004).

Similar with Altman, McWilliams (2003) argues that the psychotherapist cannot behave like a “blank screen” in front of the client; thus it can be thought that it is not possible to sustain psychotherapeutic work without being affected by one’s background and cultural history for any psychotherapist. Moreover, Gabbard (2001) also emphasized the impossibility of not allowing one’s subjectivity into the therapeutic process for therapists. Further, he emphasizes that most psychoanalysts and analytical psychotherapists allow "enactments" in order to understand the client's dynamics and cultural traits in which the client’s psychic world was shaped. Because, thanks to the enactments, the psychotherapist can obtain deep knowledge of the client's external relations (that are affected by the client’s internal object relations) (Gabbard, 2001).

## 1.3. IMMIGRATION AND REFUGEES

### 1.3.1. Refugees as Strangers

It is a complicated matter of defining people who have (to) migrated from their homeland. These people, who have to leave their homes for one reason or another, are mentioned as “immigrants” in some sources and as “refugees” or “asylum seekers” in other sources (Ünal, 2014). Unfortunately, these are the people who cannot even agree on how to define and name their situation. Finding the adjective that defines these people is a very complicated, confusing and difficult issue for “the other” people. “Others” -who are not immigrants or refugees or asylum seekers- have made definitions that differ between immigration and refugee or asylum seekers. A person who leaves his/her homeland "on his/her own will" for better conditions is defined as an immigrant. On the other hand, a refugee is defined as a person who leaves his/her homeland for compulsory reasons. People who have to leave their homeland, fearing that they will be persecuted because of their race, religious and political thoughts, are called refugees. An asylum seeker is defined as a person whose application for refugee status has not been concluded (Ünal, 2014). According to this definition, every refugee and asylum seeker can be considered in the "immigrant" cluster. However, it is not possible for every immigrant to be called as a refugee and asylum seeker.

The effort to identify these people and put them in a category expresses a need. It can be considered as a need to make the “incomprehensible stranger” understandable (Bauman, 2018). Considering the Syrians in Turkey, there is a similar complication about the definition of the status of them. According to 2020 statistics of Directorate General of Migration Management, 3.583.584 Syrians are accepted under temporary protection, not as refugees. However, in this thesis, as stated by Varvin (2018) the term "refugee" is used to describe people who have escaped from their country and crossed borders in order to secure themselves.

Returning to Sullivan's (1952) theory, the fact that people from another culture are regarded as "strangers" is actually about their correspondence to the "not me" part. Refugees are "strangers" of where they migrate. They are people who grew up in a different culture, who knew the customs and traditions of the culture

they grew up and had a unique understanding of that culture. For indigenous people who have internalized the cultural characteristics of the migrated place, the culture of the immigrant is strange. In this context, the perception of refugees as "strangers" can be considered in relation to the “not me” part of the individual's self. The fact that refugees correspond to the "not me" part for the indigenous people means that the main issue is dissociated and removed. As De Micco (2018) cited from Arendt in her article: "Where thought runs aground it is necessary to insist on thinking". The issues we dissociate from ourselves and avoiding from thinking on these issues by this way can re-emerge as emotions such as fear, hate, anger, and the actions following these feelings. Since refugees are real-life projections of the not me part and the stranger in the self, our struggle with the stranger within ourselves also affects our attitudes towards refugees.

According to Gruen (2005), hatred towards strangers always has a relationship with hatred of man. If we want to understand why people suffer and humiliate other people, we must first deal with the things we dislike inside ourselves. Because we must first search within ourselves for the enemy that we think we have seen in another person. We want to silence this part in us by destroying the stranger that reminds us of it. Only in this way can we keep our part alienated from us inside. Moreover, only in this way can we maintain our psychic balance. Similarly, according to the view of Bauman (2018), we separate the people we are used to living together as friends or enemies. Whichever category we put them, we know how to treat the people in both categories and how to manage our relationship with people in these categories. However, when a new stranger comes to the neighborhood, it is difficult to put this stranger in one of these categories. Because, our knowledge of strangers is too limited to read their actions and intentions. Therefore, it is very difficult to know how to react to these strangers, who’s with unpredictable intentions and actions. We do not feel we are in control. Not knowing how to deal with this situation is the biggest cause of anxiety and fear. A statement supporting the same approach is included in the book of Psychoanalysis and Migration (original name in Turkish Psikanaliz ve Göç *Gitmek mi Kalmak mı?*) on the occasion of Varvin's writing. In his article, Varvin discusses

how refugees – who are the people in pain- are perceived as a terrible and destructive “other”. Recently, refugees seem to represent the encounter with the "uncanny (Freud, 1919)". Uncanny is an entity that we are not familiar with but somehow, we know. Maybe it is an entity we once knew but dissociated from our self as “not me”. Moreover, an entity whose human qualities are completely denied. So, the refugees are the embodiment of “not me” part that we are overly anxious about (Keskinöz Bilen, 2018).

The point of view of the source of the feelings and attitudes towards refugees in this thesis is based on the discourses of the theoretician and clinicians above. Refugees do trigger issues that are removed from the self because of excessive anxiety. It is not an easy encounter for most people to encounter this forgotten and removed part. How the psychotherapists experience this encounter is an important question and constitutes one of the basic questions of this thesis. Therapists are people who tend to think about issues in their inner world. Moreover, they are trained on how to focus on their inner world. Therapists, especially psychoanalytic oriented, use the materials in their inner world to understand the other. What do psychotherapists, who are more familiar than the rest of the people with looking at the good, bad and "not me" parts, experience when they meet refugees in the session room? It is emphasized that the refugee is a "stranger" for the indigenous people of the immigrated place, but the opposite should also be considered and discussed: For a Syrian refugee, the indigenous people of the place where the refugee immigrated is "strange". Therefore, if the Syrian refugee is a stranger for a psychotherapist because of the cultural diversity, so is the psychotherapist is a stranger for the Syrian refugee. Psychotherapy with Syrian refugees is a reciprocal process of encountering the “stranger”. It was claimed by a psycho-social worker who is also a Syrian refugee herself who works with refugees in Turkey, it is not an easy task for a refugee to open up his/her inner world and suffering to a “stranger”. This writer, who prefers to be anonymous, emphasizes that for Syrian refugee who has suffered from war trauma and struggled with various difficulties along the way, disclosing to a stranger is also a difficult experience (Anonymous, 2016).

However, before the psychotherapists who worked with refugees get to consider these issues, they encounter something more important in the session room: the language barrier. Actually, one of the "strangers" that psychotherapists working with refugees encounter in the room is the language that they do not know. In this case, a new person is needed in the psychotherapy room to connect two foreign people and two languages. In order to communicate the “stranger” and to sustain psychotherapy work, psychotherapists need an "interpreter" in the therapy room to work with refugee clients.

## 1.4. LANGUAGE BARRIER

### 1.4.1. The Interpreter

The issue of a culturally competent psychotherapy has been discussed substantially, as stated in the sections above. However, one of the most important and essential aspect of managing a culturally competent psychotherapy is overcoming the language barrier between the client and the psychotherapist as much as possible. Since they come from a different culture and speak a different language, an interpreter is needed to conduct therapeutic work with refugee clients. Psychotherapy can be defined as a process of the client's rewriting of his/her life story while telling himself/herself and the psychotherapist who is trained to listen stories effectively (Singer, Blagov, Berry & Oost, 2013). Therefore, language is one of the most important tools for the sake of psychotherapy process.

In order to overcome the language barrier and conduct psychotherapy with refugees, an interpreter is a must. However, does the interpreter, whose presence is mandatory in the room, affect the atmosphere of the room? Does the involvement of an interpreter in the psychotherapy process affect that process? How does a psychotherapist experience the interpreter's presence in the room? These similar questions have recently appeared in the literature, with the increasing need, especially after the refugee crisis in the world. Nevertheless, a review of the relevant literature shows that the issue of working with interpreters has not been given sufficient attention in previous research (Schweitzer, Robrook & Kaiplinger, 2013; Darling, 2004). Scarce literature on this specific issue indicates to the need for new and comprehensive studies.

The first issue that came with the presence of an interpreter in the psychotherapy room is that the therapeutic process is now a triadic rather than a dyadic process as usual in individual psychotherapy (Schweitzer, Robrook & Kaiplinger, 2013). In a conventional individual psychotherapy process, there are two people in the room: the client and the psychotherapist. This dyadic structure changes in psychotherapies with the language barrier. The interpreter's presence in the room completely changes the traditional therapeutic dyad that psychotherapists are familiar with. This change becomes an important discussion topic to focus on for clinical practice (Miller, Martell, Pazdirek, Caruth & Lopez, 2005).

The issue of how this third person – the interpreter- in the room is positioned in the psychotherapy process is controversial. There is controversy about how possible it is for the interpreter to display his "depersonalized presence with the function of interpretation" (Darling, 2004) or a "black box" (Schweitzer, Rosbrook & Kaiplinger, 2013) that knows what is happening but does not interfere. As Blackwell (2005) and McWilliams (2003) emphasize, a psychotherapist does not sustain the psychotherapy work in a completely neutral way by leaving his/her own subjective presence outside the room. Likewise, the interpreter cannot be expected to be in the psychotherapy room with a completely neutral attitude.

According to the majority of the psychotherapists working with interpreters, the interpreter is not like a "ghost" who is invisible in this process; but a part of the tripartite relationship (Miller, Martell, Pazdirek, Caruth & Lopez, 2005). The presence of the interpreter in the room also leads to some experiences in that triple relational context. It has been emphasized that viewing the interpreter as a person who has an impact on the dynamics in the psychotherapy room is functional for the psychotherapist to make sense of this triadic relationship. Moreover, when considered psychodynamically, the interpreter is said to be involved in the relationship of transference and countertransference (Schweitzer, Robrook & Kaiplinger, 2013).

The presence of the interpreter complicates the psychotherapy process in various ways. Interestingly, it can be claimed that more than one interpreter is present in the psychotherapy processes with refugees. One of these interpreters is

an interpreter whose job is to "interpret language" to provide basic communication between the psychotherapist and the client who do not know each other's language. In addition to the interpreter who interpret the language, there is a psychotherapist trying to interpret the client's unconscious communication. In this context, one of the psychotherapist's roles is to interpret; not the language consciously spoken, as the interpreter does, but the language of the unconscious that paves the way for understanding the psychological difficulties of the client (Darling, 2004).

In the literature, various studies have made important explanations about the challenges and contributions of working with an interpreter during a psychotherapy process from various orientations (Darling, 2004, Miller, Martell, Pazdirek, Caruth & Lopez, 2005, Schweitzer, Robrook & Kaiplinger, 2013, Tribe & Lane, 2009). According to the findings of these studies, the difficulties, and challenges of working with an interpreter can be listed as follows:

- The interpreter's background may be involved in the process: The interpreters may have similar backgrounds with the clients. They may be also immigrants and they may have similar traumatic experiences with the clients. Listening to and interpreting the pain in the clients' stories similar to their own life stories can be a trigger for them (Darling, 2004; Schweitzer, Robrook & Kaiplinger, 2013), which can negatively affect their psychological well-being. There is a risk of re-traumatizing the interpreter by reminding of the interpreter's war and migration trauma and losses (Miller, Martell, Pazdirek, Caruth & Lopez, 2005).
- Interpreters may lack a space where they can process their emotions that emerge in the psychotherapy experiences they accompany: Psychotherapists receive supervision to perform their profession more competently and to improve themselves. Supervision also provides therapists with a space to examine the emotions that arise in the psychotherapy processes that they conduct. The same need, the need for a space where emotions are processed, is also relevant for interpreters. Because they cannot have a space to work on their feelings, this may disrupt the therapeutic process and reveal different effects in triadic relationships

(Miller, Martell, Pazdirek, Caruth & Lopez, 2005; Schweitzer, Robrook & Kaiplinger, 2013; Tribe & Lane, 2009).

- Psychotherapists may experience a feeling of being excluded: Factors such as similar backgrounds and the same language can provide a strong connection between the client and the interpreter. The therapist may feel excluded from time to time due to the intimate relationship between the client and the interpreter (Miller, Martell, Pazdirek, Caruth & Lopez, 2005).
- Interpreters need training on interpreting in a psychotherapy setting: Interpretation is a profession. However, gaining proficiency in interpretation in a psychotherapy setting is an important issue for interpreters working in this setting. When interpreting in a psychotherapy setting, it is essential for the interpreters to have the knowledge of what kind of sensitivity they need to observe (Tribe & Lane, 2009).

Tribe (1999) argues that it is important to accept and recognize all these difficulties of working with an interpreter and thatthat sustaining psychotherapy by trying to cope with these difficulties will have a positive effect on the therapeutic process (Tribe, 1999). In a similar vein, previous studies demonstrate some contributions of interpreters to the therapeutic process, which can be listed as follows:

- The interpreter may be a competent source of information on the cultural matters of clients. The interpreters can support the psychotherapist by introducing elements of the clients' culture (Darling, 2004). Thus, the interpreter serves as a “bridge” to close the cultural and linguistic gap between the client and the psychotherapist (Tribe, 1999; Century, Leavey & Payne, 2007).
- The interpreter may exhibit an empathetic stance on the client's experience. Darling (2004) reported a moving example: After listening to the story of a client, the interpreter said to the psychotherapist, "I know what exactly they are going through.". Such a situation provides

the client with an experience of recovery in the presence of someone who listens emphatically other than the therapist.

- The interpreter offers the client the opportunity to express himself/herself in the native language of the client. From a psychodynamic viewpoint, the expression of the client in his/her mother tongue and the presence of a person who understands his/her native language allows the client to have a "maternal" experience which can be considered as a transferencial issue to process by this triad (Schweitzer, Robrook & Kaiplinger, 2013).

There is an ongoing debate in the literature about that interpreters working in this field are refugees, come from a similar background with the client and belong to the same culture with the client. The fact that the interpreter has an important role with guiding to the psychotherapist about the cultural information of the client, and thanks to the interpreter the client reaches an empathic understanding of what s/he is going through. However, these factors that are thought to have a positive impact on the process for the sake of client,

### 1.4.2. Managing Effective Processes

Because working in the presence of an interpreter create a unique setting and poses unique challenges, some researchers set out to explore curative factors and processes that contribute to effective outcomes. Although the literature has been slowly growing in this field, available studies point towards some key factors. Mirdal, Ryding, Essendrop-Sondej (2012) suggest that one of these factors is empathy. However, Western definitions of empathy or a Western understanding of empathy may not be convenient for all types of psychotherapy; especially for psychotherapy processes with refugees accompanied by an interpreter (Mirdal, Ryding, Essendrop-Sondej, 2012). Therefore, there is an increased need to investigate the curative factors in psychotherapies with refugees conducted with an interpreter. According to the results of a research (Mirdal, Ryding, Essendrop-Sondej, 2011) that aims to investigate the experiences and perspectives of refugees, psychotherapists and interpreters about psychotherapy processes, the curative

factors were “a good alliance among the therapist, client and the interpreter”, “ordering the client's chaotic experience into a narrative”, “finding meaning together”, “psycho-educational interventions when necessary”, “improvement of external conditions (such as improved economic situation)” and “team-work and transdisiplinary coordination”.

In another study with a similar aim, it was emphasized that in order to manage an effective and curative psychotherapy process with refugees accompanied by an interpreter, the following factors should be considered: “the impact of interpreter on the therapeutic alliance”, “monitoring the reactions of therapist”, “monitoring the reactions of interpreter” and “monitoring the interpreter’s psychological well-being in case of a re-traumatizing experience” (Miller, Martell, Pazdirek, Caruth & Lopez, 2005).

These studies are not specifically focused on the psychotherapy settings that are worked with Syrian refugee clients in the presence of an interpreter. The fact that there are very few studies focused on this subject in the literature reveals an important gap. Starting with Syria civil war in 2011, millions of Syrians have been forced to migrate to many countries, especially Turkey. Difficulties with security, sheltering and health are some of the many factors that Syrian refugees struggle with. In addition to these difficulties, various psychological difficulties have also been reported due to the impact of war trauma and immigration. It has been reported that the most common psychological problems Syrian refugees suffer from are depression, prolonged grief disorder and anxiety disorders (Hassan, 2019).

Social work and psychotherapy have been offered to Syrian refugees under the umbrella of foundations that help refugees in Turkey. Unfortunately, scarce research has been conducted on the experiences of mental health professionals who work therapeutically with Syrian refugees. Karadağ, Gökçen, Dandil and Çalışgan (2018) reported their experiences with Syrian refugee children and adolescent in a psychiatry clinic and emphasized the urgent need of attention to the role of primary healthcare services for child refugees. Alpak, Ünal, Bülbül, Sağaltıcı, Bez, Altındağ and Savaş (2015) investigated post-traumatic stress disorder among Syrian refugees in Turkey in their research article. According to the result of this research, they

pointed out that PTSD is an important psychological health problem that has to be considered especially for women refugees. There are a few more studies on the psychological problems experienced by Syrian refugees in Turkey (Acartürk, Konuk, Çetinkaya, Şenay, Sijbrandij, Gülen & Cuijpers, 2016; Cengiz, Ergün & Çakıcı, 2019; Görmez, Kılıç, Örengül, Demir, Mert, Makhlouta, Kınık & Semerci, 2017; Uğurlu, Akça & Acartürk, 2016). However, these studies in the Turkish literature are mostly researches conducted in psychiatry clinics. The psychotherapy process is often different from how it works in a psychiatric clinic or a clinical psychology interview setting. While the purpose of interviews in psychiatry clinics is generally to make evaluations convenient for various diagnostic systems such as DSM and ICD, a psychotherapy process works differently. The psychotherapy process is a relatively long-term process in which the client reconstructs his/her own narrative, reviews his/her self-concepts, and gains a different perspective on his/her own story (Robak, 2001). This process involves many different experiences for both the client and the psychotherapist (and if there is any interpreter). These studies in the literature are not intended to understand the experiences of the client, therapist, and the interpreter in the psychotherapy process with Syrian refugees. However, it is hard to find studies which examine the experiences of mental health professionals who conduct psychotherapy with Syrian refugees in the presence of interpreters in Turkey. In this context, this study is intended to be a beginning to recognizing an important gap in the literature. Clinicians need to get more guidance and competence on working effectively with refugees following the rapid surge in psychotherapy practice with Syrian refugees in Turkey. Since this thesis contains interviews with the psychotherapist who are currently conducting psychotherapy with Syrian refugees with an interpreter that they share their experiences in their practice, outputs and results derived from this research is thought to be very useful while there is a need of more information working with -Syrian- refugees.

# CHAPTER II: METHOD

## 2.1. Data Collection

After the İstanbul Bilgi University Ethics Committee approval, participants were reached with professional e-mail groups and personal communication by using convenience and snowball sampling methods. After communication, appointments for individual interviews were made with the potential participants. The interviews were carried out with participants by the researcher herself individually, in a quiet and appropriate room in the psychotherapists' or the researcher's office. Before the interview, all participants were given The Informed Consent Form to sign (See Appendix 1) and they were also informed verbally about the present research by the researcher. After their consent and a brief explanation about the interview process, demographic information was collected from participants within a small talk as a soft and smooth beginning to the interview. Then, semi-structured interview was carried out.

The semi-structured interview guide with 11 general open-ended and 9 probe questions was prepared by the researcher. Completing the interviews took 21 to 87 minutes in the present study. The interview consisted of two parts: Demographical questions and questions about the purpose of the research. Sex, age, ethnicity, education, therapeutic orientation, duration of work as a psychotherapist, duration of work with Syrian adult refugees and the foundation that s/he work for were the demographic information collected (see Appendix 2). The questions that related with the aim of research inquired about participants' experiences of becoming a psychotherapist, positive and negative experiences of working with Syrian refugees, emotional and physical experiences while working with them, relations with interpreters, challenges and positive sides of working in the company of an interpreter, psychotherapists' self-care activities, changes in thoughts and feelings about Syrians during the work and the effects of the work in terms of therapists' improvement (see Appendix 3).

## 2.2. Participants

Ten psychotherapists (three male and seven female) who have been conducting or have conducted psychotherapy sessions with adult Syrian refugees for at least 6 months participated in the present research. All of the participants were recruited from psychotherapists who work in the company of an "interpreter" with adult Syrian refugees in accordance with the purpose of the present study. Participants were with an age range of 28 and 34. Seven of them reported a history of immigration in their family. Nine of them had master's degree and one participant had bachelor's degree in Psychology. The participants used various approaches of psychotherapy. They all have been working or have worked under the umbrella of foundations that help refugees. Their demographics are presented in Table 2.2.1. The names presented in the table are pseudonyms which the participants preferred.

**Table 2.1. Demographic Information of the Participants**

| Pseudonym | Sex | Age | Immigration history in family | Education | Orientation | Duration of working as a psychotherapist | Duration of working with Syrians |
|---|---|---|---|---|---|---|---|
| Arap Atı | Male | 28 | Yes | MA | CBT, Schema, Emotion-focused | 1.5 years | 1.5 years |
| Eko | Male | 34 | Yes | MA | Trauma Therapy, Gestalt | 10 years | 8 years |
| Gökyüzü | Female | 31 | No | MA | Systemic, CBT | 6 years | 4 years |
| Lotus | Female | 32 | Yes | MA | Psychodynamic, Relational | 6.5 years | 5 years |
| Martı | Female | 30 | No | MA | CBT, Schema | 4 years | 3.5 years |
| Mavi | Male | 32 | Yes | MA | Psychoanalytic | 7 years | 5 years |
| Olivia | Female | 32 | No | BA | Psychodynamic, Feminist Therapy | 7 years | 4 years |
| Rüzgar | Female | 29 | Yes | MA | Psychodynamic | 6 years | 4 years |
| Yalın | Female | 30 | Yes | MA | Solution-focused, EMDR | 6 years | 5 years |
| Yasemin | Female | 32 | Yes | MA | CBT, Psychodynamic | 9 years | 4.5 years |

## 2.3. Data Analysis

All the data collected were included the data analysis. The interviews of 10 participants were analyzed using the method of thematic analysis on MAXQDA 2020. In the present research, the goal was to focus on and explore the details of individual experiences of psychotherapists who conducted psychotherapy sessions in the presence of an interpreter with Syrian adult refugees. Thematic analysis was considered to be convenient for the present research, since it helps to gather details of individual experiences and perspectives and to identify commonalities as well as differences in them (Braun & Clarke, 2013). The data collected was first transcribed and checked by the researcher. In the first step, open coding was carried out and initial ideas that repeated in the interviews were noted. In later steps, potential themes were generated from the initial list of codes and ideas, and these potential themes were reviewed and refined. Then, each theme was defined and named more clearly. In the last step of the analysis, intriguing and striking extract examples were selected, and these were related back to the problems of the research and relevant literature (Braun & Clarke, 2006).

## 2.4. The Researcher's Perspective

The researcher of this study is a master level clinical psychology student at İstanbul Bilgi University. She has been conducting psychodynamic oriented psychotherapy sessions with adult individuals in İstanbul Bilgi University Psychological Counselling Center for two years. Her areas of interest are loss, feeling of strangeness, feeling of homelessness and immigration. She believes in accompany with psychoanalytic theories of personality, we humans all deep down have "a stranger" which is dissociated from our selves because it feels uncanny. Maybe that is the "not me" part of our selves as Sullivan (1953) suggests in his theory. To contact that part of the self is distressing and burdensome. Thus, humans are prone to externalize that scary part of their selves and project fear, aggression, hatred, and hostility feelings towards people who are indeed in the position of being stranger: refugees. Ever since the Syrian crisis emerged, in various broadcast channels and in the discourses of people around us you can hear the anger, fear and hatred against Syrian immigrants living in Turkey. Therapists are thought to be

relatively more sensitive and educated about being able to contact their inner world. But it is not always easy for even therapists to contact with deep, dark emotions, feelings, or conflicting parts of themselves. How do they come into contact and deal with their deep feelings of strangeness, homelessness, or loss? How do they cope with the "stranger" part of their selves when they face with a person who is defined as a "stranger of the country" in the psychotherapy room? So, the researcher sets out with her interest, curiosity, and questions about these issues. She endeavors to listen and discuss the experiences of psychotherapists working with refugees in accompany with interpreters. She is also inspired by the idea that she has learned from classes, theories, discussions with colleagues and psychotherapies that she conducted of: "being an interpreter of symptoms and difficulties of an individual that are related to unconscious". In that area of work with Syrian refugees there are two interpreters – one is for interpreting the language and the other one is for interpreting the unconscious conflicts- in the session room. Therefore, the researcher chose to write a thesis about the experiences of psychotherapists' who work with Syrian adult refugees in accompany with an interpreter.

There were many experiences that the researcher had during the data collection process. All the participants were very conversable and eager to interview. They were open to share their experiences and encouraged the researcher to conduct studies on that area. Participants often expressed that they were left without support and alone while working in this field. They implied that it was one of the reasons why they wanted to participate in this study. Even though they stated that they felt they were left without support, they were also the decision makers of getting involved and practicing in this field of working with refugees. That controversy might indicate a significant dynamic. The researcher sensed from the discourses of the interviews that psychotherapists working with Syrian refugees with major traumas seemed to take pleasure, which sounded like narcissistic pleasure, from working with them. It was not easy to carry the burden of the materials that clients brought to the session room and this narcissistic pleasure might be one of the important motivations to prefer and maintain the work for the psychotherapist. In addition to this, it was remarkable that a great majority of

psychotherapists mentioned of “go through the mill” (in Turkish pişmek, olmak)” in their experience. It sounded as if they needed to pay a price for the practice their profession.

It was also interesting to see that all participants preferred pseudonyms that were related to a part of nature, such as, Gökyüzü (sky), Rüzgar (wind), Lotus. The researcher thinks this trend may be meaningful in some ways. Since they are exposed to too many overwhelming materials in the psychotherapy process, their preference of pseudonyms may be affected by their needs of grounding, being in touch with the nature and distancing themselves. From a different viewpoint, one of the participants declared that nature always reminds her “boundlessness” and her clients frequently emphasized the need to be free in somewhere like sky which is boundless. According to the interviews, “boundary” is a substantial issue that is commonly worked in the psychotherapy room, especially with refugee clients. It was thought to be relevant with the preferences of the pseudonyms.

The researcher took the opportunity of meeting different psychotherapy processes, similar with the experience of meeting a different culture by the way of the refugee clients that the participants verbalized in the interviews. Putting an effort to listen, sense and contact their experiences was considered as an extraordinary experience for the researcher. The researcher thinks that this whole process for her thesis gives her flexibility and new sensations both as a clinician-psychotherapist and as a human being. As one of the participants declared in the interviews by referring to Syrian refugees, “These people are humans.”. This whole process reminded the researcher once again that we are all humans and we are facing with being “these people” to other people all the time. If we manage to contact with the "other" within us and try to understand it, we will be able to return to that basic point where we are humans.

**2.5. Trustworthiness**

Member checking method was used for the trustworthiness of the present study. Once the analysis was completed, the researcher prepared a text summarizing the themes obtained from the interviews. This text containing the summary of the findings was sent to the participants via e-mail and the participants were asked to

feed back. Three of the participants responded this e-mail. Their response was that the findings generally covered their experiences. The member checking text content can be seen in Appendix 4.

# CHAPTER III: RESULTS

Thematic analysis was used to identify prominent themes in the discourses of the participants. The results of the analysis were organized under four themes. These themes were named as “interference of external reality with the therapy room”, “managing therapeutic work with the interpreter”, “growth experience” and “boundaries of the therapist”. These four main themes were also divided into subthemes to clarify them more comprehensively (See Figure 3.1). In this chapter, all these themes and subthemes derived from the interviews will be described and exemplified.

## 3.1. Interference of External Reality with the Room

This theme describes the difficulties, incapability, challenging situations and other realities from the external world that have a significant effect on the psychotherapy process. The situation of the population in question seems to cause problems and issues related to the external world to enter the therapy room. Some of these issues and problems are financial incapability of the clients, losses of the clients, lack of stability in the lives, problems about 3rd country resettlement, ongoing situation of war, the systemic challenges in the foundations the therapists work. In this section, not only the external challenges the clients face but also the external realities of the psychotherapists and their feelings towards them are presented. The sub-themes which will be covered are “external challenges”, “the system and the foundation”, “effect of culture on psychotherapy”.

### 3.1.1. External Challenges

Various external issues and problems of clients was commonly stated by the psychotherapists. Security and housing problems, losses, financial difficulties, ongoing situation of war, domestic violence, child labor, discrimination, unemployment, uncertainty about the future and language barrier were the most frequently stated challenges. It was also significant that Syrian refugees struggled with “overlapping” difficulties and problems. For example, a Syrian refugee tried to overcome the losses, war trauma, poverty, unemployment, and discrimination at the same time.

The most challenging and devastating difficulties the clients coped with were the ones related to the basic needs of life and these were also interfering with the psychotherapy process to a great extent, according to the participants' statements. The psychotherapists commonly expressed that the struggle of life of the clients often affected them. They verbalized that they had feelings of despair, guilt, sadness, and inadequacy against the harsh struggle stories of the clients. They pointed at the challenge of sitting with all these feelings of despair, guilt, sadness and inadequacy in front of the client and sustaining the function of the psychotherapist.

*"Working with clients who say, "I take the money that is given to me for transportation, and I go back on foot, and I do this for soup," also poses a challenge. You feel extra inadequate and helpless in that room."* (Yasemin).

Another participant indicated his challenging experience about interference of client's financial difficulty with the session room in this way:

"*There are situations when psychotherapy is a luxury. ... Clients who have to eat food from the garbage are coming to this room*." (Eko)

The participants also frequently reported that losses of the clients were like a huge meteor falling in the room and it was a great challenge to talk and process these losses in the psychotherapy:

*"At the end of the day, the client gives you the following fact: 'I was like this when I was there, I was so wealthy, I had such a happy family life. We were a family of 6 people, not 4 like now. I was in my own country. But now, I am somewhere that people do not want me to stay. Let's talk about it now."* (Arap Atı).

Despair was one of the most commonly reported feelings by the participants because of the external challenges of the clients:

*"So, there are many times when I feel desperate about the subject brought by the client, for example in terms of health. Indeed, there are other problems, health, safety, shelter or child participation or non-participation in education, child labor ... I feel that I am sometimes rowing in vain. Because psychological support is at the 3rd, 4th place. This despair stays with me." (Martı).*

One participant reported that she worked in a region which was at the border. Different from other psychotherapists, she had also external challenges that she struggled because of the region she lived in. She shared her work under harsh conditions in a region which was very close to Turkish- Syria border:

*"The village where we stay is a region directly at the border and it is a place where access to resources is very difficult. People lived under very difficult conditions, and we were constantly waking up at night with bombs."* (Yasemin)

**Table 3.1.** Themes and Subthemes of the Research

| Themes | Interference of External Reality with The Therapy Room | Managing Therapeutic Work with the Interpreter | Growth Experience | Boundaries of the Therapist |
|---|---|---|---|---|
| Sub-themes | External Challenges | Interpreter's Need of Psychoeducation | Flexibility of Therapist | Role Conflict |
| | The System and The Foundation | Constancy of the Interpreter | Witnessing Human Strength and Improvement | Bodily Experiences |
| | Effect of Culture on Psychotherapy | A Triple Play | Enrichment of the Psychotherapist | Self-protection and Self-care |

### 3.1.2. The System and the Foundation

In this research, nearly all psychotherapists who worked with Syrian refugees were working under the umbrella of a foundation that helped refugees. There were pros and cons expressed by the therapists about working at a foundation. Although they spoke about some positive feelings, they shared many examples of obstacles caused by the rules of the foundation and how it was run.

The participants emphasized the difficulties related to the lack of information in the foundation about the therapists' job definition. The lack of clarity on the role and function of the psychotherapists was indicated to affect the psychotherapists' motivation to work. The psychotherapists also verbalized that interference of the system and the foundation increased their feelings of anger and despair. They reported their problems with these authorities.

One participant remarked clearly the difficulty of working in a foundation that did not clarify the job definition of psychotherapist:

*"Another area of difficulty, foundations do not know what a therapist does, what a therapist needs, what is a psychologist, what is a clinical psychologist? They cannot answer the questions of what they expect and do not expect from the person they employ as a psychologist in their office."* (Rüzgar).

Some participants mentioned a bigger systemic problem than the foundation, as "the system we live in" or "the capitalism". They thought that the system also affected the psychotherapy process. They verbalized that being in a capitalist order even affected the interventions of the foundation in case of a crisis. Seeing that the foundations were also a part of the order that we lived in awakened the feelings of anger, despair, and frustration in psychotherapists.

*"The awareness that all organizations that intervene in the crisis are also in such a capitalist order is a challenge."* (Rüzgar).

"*But it is all about systemic problems. Their experiences about their positions as refugees in Turkey made me feel very desperate."* (Lotus)

Some participants explained their feelings of despair regarding the ongoing system and order. They emphasized that even a minor change in the ongoing order had a possible major effect on the client's life and psychotherapy process:

*"On the other hand, the political changes about refugees made me feel helpless because there were changes that could damage the basic rights of the person, and when that person came with it, I also felt very desperate from time to time."* (Olivia).

Those participants who thought, reflected, and worked with psychodynamic/psychoanalytic orientation tended to consider the foundation as a "fourth" in the room. They thought the foundation as a "paternal function" in a psychoanalytic sense and they emphasized its role and effect on the psychotherapy process. The -paternal- function of the foundation showed itself in various faces: sometimes as a rule maker in the psychotherapy room or sometimes regulating the distance and boundaries among the client, the interpreter, and the psychotherapist. Some participants also declared that the foundation sometimes became a subject where the negative feelings were canalized by the therapist, the interpreter, or the client. Regarding this issue, the psychotherapists emphasized the transference issues about the relationship among the therapist, the interpreter, the client, and the foundation. Splitting the good and the bad or canalizing the anger to the foundation towards the therapist were the issues mentioned about the transference of clients.

*"I want to say that there is actually a fourth in the room: The foundation. The foundation is also in the room. The existence of the foundation there and the meaning of the foundation in everyone's minds confuse things."* (Yasemin)

"*The institution must have a protection system. It has a framework to trust, it has its own principles. Sometimes you, as a psychotherapist, wish to give extra support to the client. Some of our interpreter friends were saying, for example, 'Let's collect money between us and help the client.' The institution does not have such a support. You cannot support every client because this cannot be permanent. This is called going beyond your professional boundaries. Such a support also disrupts the functioning of the foundation. Because one of the rules of the foundation is not to give any extra financial support to the client.* (Yasemin).

One participant made an interesting point about transference issues and emphasized the Kleinian way of thinking:

*"The transference to the foundation can become something that makes it difficult to be in the therapist position. Or vice versa, the foundation does not give the clients anything. No money, no transportation assistance, no accommodation, does not meet the need for health, does not do this or that… For various reasons. So, the breast is empty."* (Mavi).

### 3.1.3. The Effect of Culture on Psychotherapy

This subtheme consisted of matters that are related to clients' need of psychoeducation due to lack of familiarity with clinical psychology and psychotherapy in their own culture, punctuality and time related problems in the room, the place of women and children in Syrian society, culture's effect on emotion expression, Western diagnostic systems, diversification of the meanings of words or losing diversity of the words depending on the culture. Differences of using terms in Turkish and Arabic was an example that the participants verbalized. All these issues related with culture were defined as a need and difficulty that interfered with the psychotherapy process by the participants.

The participants referred to a need of psychoeducation for clients because of their lack of information about psychotherapy.

*"You know, the client is coming to your room but not aware of why s/he is coming. From time to time, it is necessary to explain him the psychotherapy from scratch and persuade him to sustain psychotherapy work."* (Rüzgar).

The psychotherapists emphasized the fact that the clients applied to the foundation, but they were mostly referred to the psychotherapy by social workers. Therefore, there was a lack of client's own desire and demand for psychotherapy. One of the most significant reasons for this was described again as the lack of information about psychotherapy.

"*There is a system in the foundation that continues on demand and the needs. The client actually comes without knowing what psychotherapy is and psychological counseling, confused about what psychotherapy will bring him."* (Lotus).

Another example from one of the participants who worked with a psychoanalytic orientation was his emphasis on the importance of client's own desire in psychotherapeutic work and his reliance on the psychoanalytic theory:

*"Now, when a person comes here (therapy room in private practice), when the client comes to my own office, that person should think, "I want to go to therapy, to whom can I go?" When the client verbalizes this desire, she has somehow reached me (the therapist). And so, I am 'the therapist' for that person, maybe from the beginning when talking on the phone. And so that person mostly comes to me in the transference seeing me as a therapist. And so, it's easier to establish that transference relationship. But in the foundation, it is not working like this."* (Mavi).

The effect of culture on psychopathologies (or any psychological difficulties) was another issue mentioned by the participants. Different understandings of psychological difficulties related to cultural diversity were reported to interfere with the psychotherapy work. The psychotherapists declared their effort to gather information about the culture of the client and develop a new understanding about the psychological difficulties of the client. There is an example below:

*"For example, to understand how mourning process is in that culture and to look at how it was in the populations we encountered before. Seeing the commonality. In fact, it is like a puzzle for each client."* (Gökyüzü).

Effect of culture on time, punctuality and boundaries of the session was a salient issue that the participants reflected on. One participant shared his experience about difficulties with timing:

*"I also include these boundaries about compliance to session hours. Let me give an example: If the meeting hour is 11.00, it is hard to explain to the client that room was reserved for that person (the client) only between 11-11.50. For example, this is challenging."* (Arap Atı).

Four participants frequently drew attention to the place of women in the Syrian society or domestic violence. There are some examples:

*"Polygamy can be considered quite normal. Violence against women is also very common and very normalized by women. I see that they raise their children in this way."* (Martı).

*"In Syrian culture, the family is very intertwined; mother, child, their parents, a large family, but all together. Women and children who are in the secondary position were despised."* (Arap Atı).

"*Fathers work in Syria. The system where the mother sat at home and looked after the children was destroyed when they came to Turkey. Mother, the woman became strengthened."* (Yalın).

### 3.2. Managing Psychotherapy with the Interpreter

In this theme, the issues that the psychotherapists verbalized related to sustaining psychotherapy work in accompany of the interpreter were introduced. Different from the usual psychotherapy setting, the existence of the interpreter in the room was a salient issue to consider. This theme with the title of "managing psychotherapy with the interpreter" covered the most pronounced issues verbalized in the interviews by the psychotherapists related to working together with the interpreter. Problems with the orientation of the interpreter to the psychotherapy setting, interpreters' lack of knowledge about psychology -especially clinical psychology and psychotherapies-, the effect of interpreters' own background as refugees, disruptions of constancy of the interpreter, problems with interpretation and miscommunication, relationship dynamics among the client, therapist and interpreter and outcomes of this process with the existence of the interpreter were the main subject matters of this theme. Interviews indicated the impossibility of sitting and interpreting neutrally for the interpreters. It was mostly verbalized that the interpreter was a human being and humans had backgrounds, feelings, thoughts, behaviors, and thus an effect to state briefly. Therefore, the usual work of psychotherapy changed with the accompaniment of the interpreter. There, in the psychotherapy rooms that the stories of the refugees had been worked, there were no more "dyadic" works. The play of the psychotherapy became a play for -at least- three.

In this theme, these subthemes will be covered: "interpreter's need of psychoeducation", "constancy of the interpreter", "interpreter's own background" and "a triple play."

### 3.2.1. Interpreter's Need of Psychoeducation

The lack of knowledge of the interpreters about the definition, boundary, function, and process of the psychotherapy work was the most challenging matter for the participants. The psychotherapists frequently reported their need of debriefing at the beginning or at the end of the session with the interpreter since they wanted to check whether the interpreter was okay or not. It was also noteworthy to see that nearly all of the participants spoke about taking care of the interpreter. This seemed to be related with the lack of information of the interpreters about psychology. The psychotherapists emphasized it was their responsibility to protect and take care of the interpreter since they were the professionals and the they were trained not only to helping people with psychological difficulties but also to protect both themselves and the others worked with. However, the interpreters were lack of knowledge to protect themselves from the heavy and difficult materials of the psychotherapy, according to the psychotherapists.

"*It is good to inform the interpreter about "what is psychotherapy" or "how to help people psychologically" before the sessions. It helps to collaborate with the interpreter."* (Martı).

*"I always spent time for the orientation of the interpreter before the sessions. In other words, I informed my interpreter colleagues about the frame of the psychotherapy sessions, timing, how to interpret appropriately… and I also work with them about the basic psychological literature.* (Olivia).

The participants often reflected that they realized they needed to take care of the interpreter. They noticed that they felt they were responsible for the interpreter's well-being:

*"It is not just a process in which the client enters the room, the session begins, and when it ends, the client and we leave. It is not just that easy. You have to take care of the interpreter's well-being, too."* (Rüzgar).

One of the therapists explained the responsibility she felt towards the interpreter by comparing the psychotherapy with the interpreter and the usual session setting (without an interpreter):

*"Normally, we conduct psychotherapy sessions with two people (the client and the therapist). You are in control of everything. You can control if something happens to the client. But you cannot control the interpreter. That is why you are responsible for the interpreter, too. … There should not be anything bad happening to the interpreter, too. The interpreter should not be dissolved psychologically, or the interpreter should not affect the story of the client with his/her gestures and facial expressions. So, I tried to build a triple system in the session room."* (Yalın). Six of the participants mentioned another important issue about the well-being of the interpreters: the work distribution of the interpreters. They verbalized this issue in relation to the lack of psychoeducation of the interpreters and again they emphasized their feelings of responsibility to care the interpreters' boundaries:

*"Firstly, the interpreter should know well what a psychotherapy session means. The interpreter should know the frame of the psychotherapy sessions well. If the interpreter attends the psychotherapy sessions of a client, s/he should not have any other meetings with this client. The interpreter should not have any other social relationship with the client. The interpreter should sustain the rules of the frame of psychotherapy just as the psychotherapist does."* (Olivia).

*"It happens that the same interpreter goes into the doctor's appointment, social worker's interview and therapy sessions of a client. The interpreter and the client, they take the bus together to go to these appointments, for example. Because the number of the interpreters are not enough."* (Yasemin).

One salient experience the participants shared was that the neutrality of the interpreter was almost impossible. They were humans and they had their own life stories, feelings, responses, reactions but they were not trained professionally to differentiate how appropriate or inappropriate to express these humane responses to the clients. The psychotherapists seemed to acknowledge the fact that interpreters were humans but from time to time it was a challenging experience for them to handle this fact in the session room:

*"There was actually an elephant in the room. We could not ignore it. There was a reality, there was one more person in this room. But this person was also committed to the framework and ethical principle of the whole therapy."* (Olivia).

*"I think it's wrong to make something that is physically visible invisible."* (Eko).

One participant shared one of her disappointing experiences. She declared that despite the psychoeducation, the interpreters might have difficulty with maintaining the neutrality:

*"Sometimes the interpreter expresses something in body language or facial expressions even though you have spoken with him or even though he had psychoeducation about it. He is a human, after all. There were such situations when I did not know what to do."* (Lotus).

Interestingly, three of the participants remarked that they witnessed the interpreter to become familiar with psychological terms and psychotherapy. They expressed this experience in a cheerful way and they smiled while they were explaining. They seemed to be pleased with the increased psychological knowledge of the interpreters:

*"When I start to make an interpretation, I see that the interpreter begins to smile. Because the interpreter has developed a familiarity with the practice of psychotherapy. When I interpret something to the client, the interpreter understands the meanings of this interpretation. The interpreter cannot hide that s/he understands."* (Rüzgar).

### 3.2.2. The Constancy of the Interpreter

All the participants mentioned the importance of the constancy of the interpreter. They emphasized the significance of sustaining the psychotherapy sessions in accompany with the same interpreter. The participants thought that was a part of the framework and also it was very important to provide "stability" to the clients who were suffering from instability, sincefew things were stable in a refugee's life. Therefore, every stability that the psychotherapist could provide to the client was seen as crucial.

They frequently emphasized that it was essential to maintain the constancy of the interpreter:

"*In my opinion, it is appropriate to sustain the psychotherapy work with the same interpreter who was in the first session of the client."* (Arap Atı).

*"We need to work with the same interpreter. It is a necessity."* (Lotus).

Stability was one of the matters that was worthy of notice and providing stability in terms of the interpreter for the psychotherapy sessions was emphasized many times by the participants :

*"You are trying to offer something stable for fifty minutes in this room to someone (to the refugee client) with constant instability in his/her life."* (Arap Atı).

*"It is very important that the refugee can safely go to a psychotherapy room that was provided consistently, for example a constant room, a constant interpreter and etc. while there is an experience of the refugee where everything is destroyed in an instant, with losses, death and bombs."* (Olivia).

The participants gave voice to their difficult experiences about the disruptions of the constancy of the interpreter. The interpreters could not ensure the continiuty of the psychotherapy sesssions for many reasons related with how the foundation ran its operations, personal reasons, the volunteer nature of their work (because they worked voluntarily they were free to leave the work whenever they wanted), unexpected and sudden interviews that they had to attend to rather than the psychotherapy sessions (for example; an interpreter might be needed for a sudden medical examination interview) and other issues.

One of the participants verbalized the difficulty that she experienced when working with different interpreters and she mentioned the effect of this on relationships between her and them:

"*In my previous experiences, we were working with volunteer interpreters. Every time, there was a different interpreter for group and individual psychotherapy sessions. It was really hard for me to relate to each of these interpreters."* (Gökyüzü).

Another participant shared her challenging experience when the interpreter resigned without informing her:

"*I remember the sessions that I was alone with the client. The interpreter decided to resign and did not inform us. I had many drop out cases because of the leaving of the interpreters."* (Yasemin).

### 3.2.3. A Triple Play

The interpreter was described as “a must” for the psychotherapists to have psychotherapy in a room with a language barrier. In a situation where there was not an available interpreter, practicing psychotherapy was almost impossible. Therefore, different from the usual psychotherapy practice, these psychotherapy experiences that the researcher interviewed about were the ones with three people in the session room: The psychotherapist, the client, and the interpreter. Psychotherapy is generally pictured as a dyadic process between the client and the psychotherapist; but there was not a dyadic process in the sessions with refugees. These processes involved a “triad”. There were triple relationships that the participants verbalized about their psychotherapy experiences with Syrian refugees. According to their experiences, “being three people in the psychotherapy room” affected many issues related to the psychotherapy process.

*“There is an undeniable fact: We are ‘three’ people in this room.”* (Mavi).

“*When you practice psychotherapy in Turkish, you manage a flow in a session between two people. But here, you manage a flow among three people.”* (Olivia).

One of the participants stated that the psychotherapy with interpreters resembled a three-person game. The image of "frisbee" came to his mind to explain their relationships in the session room:

*“It is like frisbee they play in Australia. It is something like this. Frisbee. As if the client is throwing something (words), it turns like this (he drew a triangle with his fingers). Interaction always exists. Interaction is the thing that is thrown. The interpreter is in the middle. I am throwing the frisbee to the client, the client is throwing me the frisbee, and the interpreter is sitting in the middle. So, the interpreter absolutely is a part of the game.”* (Arap Atı).

The relationships in the session room was described as “changeable” dynamic by the participants. They verbalized all the combinations of this triple relationship: The interpreter- the client, the interpreter- the psychotherapist, the client and the psychotherapist. They shared their feelings when involved in each of these pairs and dyadic relationship combinations. In some experiences, they

verbalized that they felt they were left out and excluded by the client-interpreter dyad. However, they also shared that sometimes they felt they excluded the interpreter, because they created a rapport with the client together.

Six of the participants shared their feelings of being excluded from the relationship of the interpreter and the client. They thought that there was an intimate relationship between the interpreter and the client, and they were not a part of it:

*"Sometimes, as a therapist, I feel like this: something totally different happens between the interpreter and the client. There is a feeling of sympathy between them. It is as if the third person, the witness, is not the interpreter, but me."* (Lotus).

Some participants reflected on the relationship between the interpreter and the client and related their feelings of being excluded with client's need to explain something in his/her native language. They believed the important function of expressing the feelings and emotions in the language in which the client was born and grew up. Therefore, the therapists thought that the clients instinctively turned their faces to the interpreters who knew their language well.

*"Sometimes you may not feel like you are in this session room. Because the need of the client to explain something in his/her own language is so intense that they make eye contact with the interpreter completely, without any eye contact with you."* (Rüzgar).

One participant shared the challenging moments that she experienced in relation to her feelings of being excluded:

*Sometimes the client can tell the interpreter that: "I will tell you but do not tell the other one (the therapist)!"* (Yalın).

Three of the participants reported that sometimes the interpreters verbalized their feelings of being excluded from the relationship that the client and the therapist developed. Even though the psychotherapists did not know what exactly caused the interpreter to feel this was, they reported that from time to time this triad / triple relationship was reduced to a dyadic relationship which may exclude the third one:

*"Sometimes it's just the opposite. I feel that we have a relationship with the client. I realize that the interpreter and the client could not attune to each other?"* (Martı).

*"One of the interpreters said: 'These sessions are very difficult and overwhelming for me. Neither you nor the foundation protect me. Clients are breaking my personal boundaries. The other day we met with the client in the street and he kept asking me questions." In such a situation, it is as if me and the client are unions and we are against the interpreter."* (Yasemin).

The qualities of the relationship between the client and the interpreter were often described as resemblance and familiarity. The interpreter was described as a person who represented the "native country" to the clients. It was verbalized by the participants that the interpreter and the client might come from the same country, the same language, and the same culture. Therefore, the client and the interpreter might create a warm relationship or a rapport that was developed by the resemblance and the familiarity of their backgrounds.

*"When the client narrates his/her story turns to the interpreter and says, "You do understand me." or "You do know.". The interpreter can make the client feel that they have experienced the same thing with the mimics and the gestures. Sometimes the client says something, and the interpreter tears up. I realized that makes the client feel better."* (Martı).

Another issue that seemed to have a salient effect on this triple play: All participants particularly emphasized that majority of the interpreters they worked with were also refugees. They declared that they mostly worked with the interpreters who came from Syria and the rest came from Iraq or Iran. These interpreters came from backgrounds with the stories of war, loss, immigration and other possible problems that the clients also faced with. It was a significant issue that hadto be considered and discussed extensively because the participants mentioned that backgrounds of the intepreters directly affected the psychotherapy process.

"*One of the biggest problems in this field of psychotherapy work is that the interpreters are also refugees."* (Rüzgar).

The participants shared critical experiences about the effect of the interpreter's background on the psychotherapy sessions. Most part of these experiences were not shared in this part due to ethical issues regarding the privacy but one of these critical experiences was given below considering the privacy:

*"The interpreter is also a war weary. Immigration, denomination, religion, sex, sexual orientation, discrimination… S/he may left her/his country because of these problems. And these are also the client's psychotherapy material, the same problems. I remember that one interpreter said to me after a session: "The street described by the client was the street I lived in. It was bombed there."* (Yasemin).

Denominational differences between the interpreter and the client was an important issue verbalized by the participants. They reflected that the clients might have problems with trusting the interpreter because of denominational differences between himself/herself and the interpreter.

*"The clients had difficulty with trusting the interpreter because they were from different denominations. If you work with an interpreter, the denomination and the political view of the interpreter becomes important to the client."* (Yasemin).

In spite of all the difficulty and challenging experiences described above, the participants also reported that they managed to create and develop a rapport in this play for three. They emphasized there were always and probably would be miscommunications, losses in the verbal and nonverbal language and ruptures in the psychotherapy process; but it was also possible to repair these ruptures and miscommunications in the relationship that was developed by the triad.

*"At the end of the day, the important thing is to repair the damaged bond among you, the client and the interpreter."* (Eko).

*"Sometimes I felt that I was not able to do anything. But, I realized that even at this point that I thought I was doing nothing, we were creating a rapport, developing a relationship."* (Yalın).

### 3.3. Growth Experience

This theme describes the skills and viewpoints the psychotherapists have developed both personally and professionally during their psychotherapy processes

with Syrian refugees. The results of the analysis showed that the participants reflected on their personal and professional gains by means of these psychotherapy sessions they conducted with Syrian refugees in accompany with the interpreter. They shared many salient experiences which can be described as “growth experiences”, including the effects of meeting a different culture, developing attunement with clients from a different culture, becoming a part of a team (social workers, interpreters, doctors, lawyers; all the workers in the foundation), witnessing human resilience and post-traumatic growth, developing multidimensional thinking and functioning and many other important issues. This theme will be grouped into three subthemes that were named as “flexibility of the psychotherapist”, “witnessing of human strength and improvement” and “enrichment of the psychotherapist”. Finally, before the detailed explanation of the subthemes, as one of the participants expresses: “The immigration process is a state of being on the road just as its own meaning.”. Working with the immigrants and the refugees in the psychotherapy can be described as a process of being on a journey for the psychotherapist.

### 3.3.1. Flexibility of the Therapist

This subtheme explained that the participants were able to be flexible within the framework of psychotherapy, adhering to the principle of "not harming the client", one of the most basic ethical principles. They particularly emphasized that even though they have learned the cruciality of a strict framework during the clinical psychology training, they also experienced the importance of the flexibility in the practice of psychotherapy with the Syrian refugees. This kind of psychotherapy with the refugees in accompany with the interpreters especially was described as requiring the psychotherapist to be more flexible. The psychotherapist had to adapt to working with the interpreter in the session room, had to be a team-worker and needed to embrace different cultural characteristics of the clients. Gaining flexibility, although it was not easy, was said to be one of the positive experiences for the psychotherapists working with refugees.

One of the participants verbalized that the psychotherapy work with the refugees gave her an opportunity to experience flexibility and this opportunity

affected both her personal life and development and her professional life as a psychotherapist:

"*I think flexibility teaches people so many things. In other words, stretching, enlarging, and shrinking in certain situations appropriately offers you a great experience. Both for your personal life and your professional life."* (Lotus).

Being flexible, considering the needs of the clients, was a salient matter that the participants frequently verbalized. Some of the participants reported that they made home visits depending on the circumstances. One of the most important parts of flexibility was to determine what the client did need and to make interventions in terms of these needs.

*"Sometimes I change the frame considering the needs of the client. I reframe the psychotherapy work according to the needs and the environmental conditions of the clients. For example, I conduct a psycho-educative work, not an intense psychotherapy work with the clients who keep immigrating, who are still on the road. Some of the clients really need one or two sessions of psychotherapy. They want to take what they want from this psychotherapy and keep going. If I think this type of a work is convenient for the client, I offer short-term support or work for several sessions with the client."* (Mavi).

Another participant considered and discussed this issue both practically and academically:

*"There is an issue I have been thinking about recently. I observe both from our work with a few clients, and I try to read about this academically. In general, psychotherapy sessions are conducted once a week. In some cases, psychotherapist see the client twice or three times a week. But, for some of the clients especially the ones who have difficulty with acute trauma, there are studies arguing the impossibility of processing the materials once a week. The clients in this group need more time to process the materials worked in the psychotherapy. So, it can be convenient to reframe the frequency of the sessions considering the needs of the clients. It is about flexibility. The psychotherapist should think with the client together in these cases."* (Olivia).

Another issue that can be considered in relation to the flexibility of the psychotherapist was to prioritize trying to understand the client by keeping the judgments, stereotypes, prejudice, and own feelings in the background. The participants declared that they tried to free themselves from their prejudices and judgments in the session room, considering that in reality no one was free from prejudice. Therefore, the participants reflected on the importance of knowing and recognizing their own prejudices. They indicated that this helped to listen to the clients without prejudice and required flexibility from the psychotherapist.

*"This work gave me the ability to stand in the same room with cultural differences and different perspectives. Moreover, I developed the ability to hear someone else without prioritizing my own opinion."* (Rüzgar).

*"The ability to leave all prejudices and all thoughts out of that room…"* (Gökyüzü).

Two of the participants impressively verbalized their opinions about breaking down the prejudices:

*"I help 'a human being'. My material as a work is 'human.' It does not matter the language, religion, race, so I can contact human. I don't think it can change."* (Yalın)

"*These people are humans."* (Arap Atı).

Another view of flexibility was about being able to quit the techniques used in psychotherapy. The participants emphasized that when they started working, they were eager to apply the techniques they learned in the trainings about psychotherapies. However, they reported that they realized other things related with the relationship and the rapport that were more effective than these techniques. Therefore, it was described as important for the psychotherapist to behave in a way to display flexibility.

*"Rather than using the techniques, we should make the clients feel that there are a couple of eyes to understand them. I think this is the most precious thing for them."* (Arap Atı).

Multidimensional thinking was one of the essentials for the psychotherapist to keep working with Syrian refugees. Multidimensional thinking involved

considering all the difficulties that might affect the client, the interpreter and the psychotherapist, developing the skills of practical and solution focused thinking, being open to working and thinking with professionals from other disciplines (medicine, law, social work etc.) for the sake of the clients and finally trying to see the whole picture.

*"I do it with my team workers when I formulate a case. Making the case formulation in a multidisciplinary way helps me process my feelings. We make progress by seeing the whole picture and each of us putting a piece of our own responsibility."* (Gökyüzü).

*"This job gave me the pleasure of trying to find a solution in desperation."* (Arap Atı).

### 3.3.2 Witnessing Human Strength and Improvement

In this subtheme, the psychotherapists' witnessing to the human improvement, strength and post-traumatic growth were covered. During their work with Syrian refugees, the participants uttered they witnessed how they survived despite all the difficulties and could focus on the present time. They stated how fascinating it was to see that the clients could survive despite all kinds of difficulties, financial insufficiency, poverty, loss, and discriminatory discourses. The psychotherapists accompanied the Syrian refugee clients as they held on to what remained after all their losses. Witnessing such resilience was described as a growth experience for their personal and professional life by the psychotherapists. Seeing that clients did not give up was a condition that refreshed the therapists' beliefs on human resilience.

*"So, when I was working with them, I saw how resilient mankind can be in the face of immigration and all these difficulties. In other words, while I witnessed their worst suffering, I also saw their most powerful states."* (Yalın).

One of the psychotherapists said to the young psychotherapists who would start working with refugees, as a suggestion:

*"Keep in mind that people are much stronger than they seem."* (Eko).

"Focusing on now" was one of the strengths that two psychotherapists observed in Syrian refugee clients:

*But at the end of the day, the client can say: "Yes, terrible things happened to me. But what can I do now? … My husband/wife, my children and me are in this situation. What can I do? What is possible?".* (Arap Atı).

The psychotherapists clearly expressed that they saw post-traumatic growth in the sessions that they conducted with Syrian refugees. They witnessed the "post traumatic growth" they studied in the lectures and books in clinical psychology education. There was a difference between reading post traumatic growth in the books or listening cases presented in the lectures and existing in the same session room with the person who was managing this kind of growth.

*"I saw post-traumatic growth of the clients. That was one of the best experiences I have ever had: strength, resiliency and holding on to life."* (Yalın).

*"One of the most positive aspects of this work is seeing a person (the client) becoming stronger as s/he is broken. I have seen these many times in practice."* (Olivia).

One psychotherapist emphasized an interesting point in the process of post-traumatic growth related with the context of immigration. She mentioned noticing that even though refugees had difficulty with a sense of belonging, some of them managed to "take root" in Turkey. She considered this as a part of their post-traumatic growth process thanks to psychotherapy:

*"They were hanging on here (Turkey). Every day they were getting more and more rooted here."* (Yalın).

### 3.3.3. Enrichment of the Psychotherapist

During the interviews, the participants frequently mentioned that working with Syrian refugees was an opportunity for them to get more experienced as a psychotherapist. They thought that they became "veterans" thanks to this work even though it was hard and overwhelming to work with refugees. First, they had a chance to meet and be acquainted with Syrian culture. How do people live in Syria? What kind of functioning prevails there? What is the effect of Syrian culture on psychopathologies? These were the questions that the psychotherapists tried to answer during their work with Syrian refugees. Secondly, the psychotherapists stated that working with Syrian refugees was a very informative and educative

experience for them as a therapist. In addition to learning many aspects of Syrian culture, they also witnessed various aspects of *being human*. How does psychic pain occur in different cultures and in different people? The psychotherapists expanded their repertoire of the experiences that were unique to human beings. They also explained that sometimes working with Syrian refugees required to the ability to make emergency interventions, because there were acute traumas. Learning and practicing these immediate interventions were defined as an instructive experience for these psychotherapists.

The participants expressed their experiences related to meeting a different culture as follows:

*"In this psychotherapy work, there are many things that I do not know about the culture but shape the psychology of these people: The daily routine of these people, things they desire and envy are different from us, things that are seen as normal in their culture but not normal in our culture…"* (Rüzgar).

*"How will you attune to this culture that you do not know? In fact, once you contact the client everything finds its way. Definition of the diagnosis, intervention plan, the work that are conducted in the background with the team find a way out."* (Gökyüzü).

The participants shared their experiences in which they learned interesting things about the Syrian culture:

*"I learned that there was no profession called clinical psychology in Syria."* (Rüzgar).

*"I had a time problem with one of the interpreters I worked with. I do exactly 50 minute-sessions. But the interpreter had difficulties with timing. When I told the interpreter about the rationale of why I am punctual in this way, the interpreter shared what makes him arrive late. He stated that people in certain positions in Syria did not work between 9.00-17.00. When there is a work to do, they were informed by the employer. In other words, Syrian culture has a different perception of time and time management than us. So, the interpreter was expecting me to call him and let him know about the sessions. But I thought that our working hours and weekly schedule were already determined, I did not think about calling and*

*informing the interpreter. Thus, we actually understood how our understanding of time differs depending on culture."* (Olivia).

*"Let me share something that one of the doctor friends here experienced. In Turkish, there are different words and meanings of heart attack, vascular occlusion, and heart spasm. But when they work, they realized that all these different words were translated into one word to the patient. However, it was critical for the doctor that these terms were different from each other."* (Gökyüzü).

The participants also declared that it was a great opportunity to work with the interpreter because the interpreter was the person who provided information to psychotherapists about cultural features. They learned many information about that culture from someone who grew up in it.

*"Sometimes, the interpreter explains a discourse that sounds absurd to you at the end of the session: 'In Syria we have an idiom like this.', 'There is a film and the client explained something from this film.', 'This folk song is very famous in Syria.', 'This flower has a meaning like this.'* (Rüzgar).

The participants said that working in this field is a very instructive and educational experience for them. It was a positive experience for the psychotherapists not only to learn about different cultural characteristics but also to learn many things professionally. They stated that working with migration, immigrants, clients requiring urgent intervention, with severe cases, affects their professional development.

*"I can say that I deal better with acute trauma. This work carried my professional knowledge to a better place because although there were a lot of immigrants in Istanbul, there were very few psychologists to conduct psychotherapy work with these refugees. I am not a child psychotherapist but there were times when I had to work with children. Because there were not enough psychotherapists who are specialized in children. Another thing, for example, now I have a network that I can make referrals to when I have cases whom I do not have the expertise to help. I also have the consciousness that I can make referrals when I think that I am not the psychotherapist who can help them. But when I was working with Syrian*

*clients, I did not have this awareness. These are the reasons that this job gave me professional experience I could not gain somewhere else."* (Yasemin).

The participants stated that they worked with a population of clients the majority of whom could be described as severe cases. It was obvious that one of the important reasons for this situation was to their experiences of going through traumatic events related with the war, immigration and loss:

*"In private practice, you may prefer to work with less risky clients, but here you have to work with clients with traumatic experience and psychotic level of personality organization."* (Rüzgar).

One participant stated that working with the clients who had difficult -and maybe the hardest- conditions- constituted an important ground for working with clients who had relatively better conditions:

*"Having to work with limited resources has allowed me to work more comfortably with people who have more resources."* (Arap Atı).

In summary, the participants considered their work with Syrian refugee clients as a great resource to become more experienced, well-supported and professional in their practice. They verbalized that they were in a process of enrichment while conducting psychotherapies in which they had to struggle with difficulties.

**3.4. Boundaries of the Therapist**

This theme was named as "boundaries of the therapist" since the contents that was covered in this section was related to the both mental and phsycal boundaries. This theme described the self experiences of the psychotherapists during the process of working with Syrian refugees. Inner conflicts of psychotherapists related with role confusion, bodily sensations and experiences both in the sessions and in the whole process of work, how to handle self-protection and self-care issues while conducting psychotherapies with Syrian refugees were clarified in this section. According to the accounts of the participants, this theme was covered three main subthemes that were the most frequently mentioned issues by the psychotherapists. These subthemes were"role conflict", "bodily experiences" and "self-protection and self-care".

In the subtheme called role conflict, the participants expressed difficulties that they handled related to protecting the role of psychotherapist. Besides, it was also challenging for them to maintain to talk about inner realities of the clients while there were compelling circumstances in the external reality of the clients.

In the subtheme called bodily experiences, the psychotherapists' bodily sensations and experiences in their work with refugees were mentioned.

In the last subtheme called self-protection and self-care, the participants clarified their needs in terms of protecting themselves from exposure to overwhelming materials in psychotherapy and the ways through which they engaged in self-care and revitalized themselves.

### 3.4.1. Role Conflict

For the psychotherapists , one of the most challenging parts of conducting psychotherapy work with Syrian refugees was to witness the clients'struggle with the external challenges and difficulties. Witnessing these problems sometimes created a conflict related with protecting the role of a psychotherapist. The clients needed real life resources such as a shelter, home, job, money, food. These needs made the psychotherapists feel desperate and the desperation brought into confusion about their role and the function. It was getting harder to sit as a psychotherapist in the session room while the clients was telling that they could not afford even the basic needs of life. Focusing on the internal reflections of the external reality was the well-known tecnique that psychotherapists use in their practice. However, the psychotherapists complained about not being able to provide the basic circumstances that would make their clients feel safe and ready to understand what all these harsh difficulties meant in their internal world. They stated that a client whose basic needs were met was ready to reflect on himself in the psychotherapy. In these circumstances, the participants declared that they were confused with being a psychotherapist and behaving and supporting like a social worker:

*"On one hand, I try to maintain the psychotherapy and I listen all these difficulties. On the other hand, I see that all these difficulties are 'real'! We are prone to think in our private practice "How much of these difficulties are indeed*

*about the external reality? Is it possible the client to have an internal problem rather than external?" I think what we encounter here with the Syrian refugees' psychotherapy processes is a pure reflection of external reality. That's why sometimes it is really hard to protect the role of a psychotherapist. I experience this role confusion."* (Gökyüzü).

*"Sometimes I feel that the psychotherapy is becoming like social work. As a psychotherapist, I realize that I am thinking about the issues that are related with the job definition of social worker. These boundaries between the job definitions of the social workers and the psychotherapists are difficult for me."* (Eko).

One participant mentioned that political developments related to the life of refugees affected the clients immensely. Therefore, these developments had a wide coverage enough to affect the agenda of the psychotherapy in clients' minds:

*"Sudden changes and developments in policy make it difficult for the clients to reflect on their inner selves. The agenda that the clients bring into the session room becomes these changes for a while."* (Olivia).

### 3.4.2. Bodily Experiences

The participants were asked to share their bodily sensations and experiences during their entire work with Syrian refugees. Besides sharing their overall experiences in their psychotherapeutic work, they were required specifically to explain bodily experiences in the psychotherapy sessions. Most of them preferred to share the bodily experiences that they remembered in the whole process of8 working with Syrian refugees. However, several participants remembered that they had interesting bodily experiences in the sessions of specific cases. They verbalized these case-specific bodily experiences with an effort to link them with the clients' stories. Back pain, shoulder pain, feeling of rigidity in the body and neck pain were the bodily experiences that were mostly reported by the participants. The frequencies of the bodily experiences reported by the participants are given in the Table 3.1.

**Table 3.2.** Bodily experiences of the psychotherapists

| Frequency | Bodily experience |
|---|---|
| 4 | Back pain |
| 4 | Shoulder pain |
| 3 | Feeling of rigidity in the body |
| 3 | Neck pain |
| 2 | Need to move |
| 2 | Stomach problems |
| 1 | Sleeping problems |
| 1 | Gunpowder smell |
| 1 | Numbness in arm |
| 1 | Knife-like pain |
| 1 | Feeling that the ground is slipping |
| 1 | Tachycardia |

One of the participants shared an interesting bodily experience. He declared that he was smelling "gunpowder" even though he did not know how the gunpower smelled . He explained that he was also using the phrasal verb "like a bomb" frequently when chatting with his friends. For example; "I have news for you like a bomb." He realized that using this phrasal verb and smelling the gunpowder corresponded to nearly the same times. He shared his interesting experience as shown below:

"*When I first started this work, I have some interesting experiences that I have never had before. For example, while I was talking to my friends I frequently use the phrasal verb 'like a bomb.' "I have news for you like a bomb, I will tell you something that is like a bomb." Actually, I have never used this phrasal verb before. It is not a word I have ever used. Then I thought about it. What am I saying? Why am I using this word? I heard quite enough stories with the bombs to affect my speaking language. After this experience I have also experienced something more interesting, like psychosis (he laughed). I sometimes smelled gunpowder. I have never known gunpowder, I have never smelled it but I felt that I have smeled gunpowder. I had some interesting experiences like these."* (Mavi).

### 3.4.3. Self-protection and Self-care

This sub-theme described the most frequently verbalized issues that were related to self-protection and self-care of the psyhotherapists. The participants declared that in this area of work, they were prone to burn-out and over-burden. They reflected that they had to be more careful about protecting themselves in this work. All of them declared that it was proven by their experience that the end results was exhaustion if they did not care about self-protection and self-care from the beginning of the process.

Even though self-protection and self-care supported and affected each other reciprocally, they were defined and described separately in this section for the sake of clarity.

#### 3.4.3.1. Self-protection

Based on the participants' discourses, it was seen that three main issues were more focused on self-protection: Need of supervision, boundaries of work and private life, and psychotherapists' own psychotherapy process.

The first issue that was related to self-protection was the need for supervision during the work. The participants declared that working without supervision was very hard and burdensome. They persistently suggested supervision for the soundness of the work. The psychotherapists emphasized that the supervision kept the psychotherapist from shouldering a heavy burden alone. It was essential to ease their burden by sharing it with someone who was also a professional on this work and exchanging ideas with this person, instead of carrying it alone. In addition, the participants said that the best way to deal with a sense of helplessness and despair was to participate in supervisions regularly. Unfortunately, the access to supervision was reported to be very limited. They stated that the mechanisms and resources to meet the needs of psychotherapists for supervision were not yet available and were insufficient. Therefore, the psychotherapists had to afford their supervision cost with their own means. It was not easy to afford this cost for them because of the financial difficulties. At this point, it should be remembered that most of the participants were young and newly graduated professionals and it was quite natural for them to have financial concerns. Another issue about being young

and inexperienced was that they need supervision more than experienced psychotherapists. It was nearly the first time they practiced their profession and they faced the task of listening difficult stories that included war, loss, and immigration. They complained that they needed to work with certain cases under supervision to protect themselves as young and inexperienced psychotherapists. Supervision was described as a process for psychotherapists that both protected them from burn out and educated them about psychotherapy practice.

*"Supervision is a must. After starting to work in this area as a psychotherapist, you will definitely burn out. I have never heard of anybody who says I can struggle alone; I'm doing very well without any help."* (Yalın).

One participant shared his experiences related to difficulty with accessing the support of supervision:

*"Supervision is our bleeding wound. When we started working, we got supervision for 11 months. Our supervisor was also a psychodynamically oriented psychotherapist who worked with refugees for 5 years. After the supervisor left, we learned that we could not get another supervision. It was very devastating for us."* (Arap Atı).

One of the participants complained that the foundation could not clearly understand why the psychotherapists needed supervision. Therefore, the foundation did not want to provide regular supervision support. That was a challenging situation for the psychotherapists who needed supervision and had difficulty with finances:

*"Another challenge in this situation is that the foundations that work in this field have parties that do not understand how much the clinical psychologist and psychotherapist need supervision."* (Rüzgar).

"*I definitely recommend supervision. Unfortunately, I cannot have supervision for economic reasons. The foundation does not provide it either. I think that if there is a possibility, supervision should be had."* (Martı).

The participants were asked if they had any suggestions to the therapists who had just started working in this field. Almost all of the participants suggested that a beginner psychotherapist should get the supervision support. There were

participants who said that it would be more beneficial to get regular supervision than to attend the trainings about psychotherapies. The participants explained that the willingness to help clients and feelings of despair made psychotherapists rush into trainings. However, they expressed that a regular supervision could provide better support than attending many trainings.

*"I recommend them to receive regular supervision. Because we (the psychotherapists) learn on the road. I think, supervision is the kind of support that we need until death in our profession. Instead of running to trainings with anxiety, getting supervision from a professional who has worked in this field make psychotherapists calm. Whichever school a psychotherapist feels close to, it would be great to get a supervision from a professional working in that school."* (Yasemin).

The second issue that was related to self-protection of the psychotherapist was the boundaries between work and private life. The participants stated that they were careful about not to think about work outside of the working hours. They emphasized that it was important to leave the job at work. They stated that they tried to balance their work and private life. Otherwise, they felt very tired and expressed that they were more prone to burn-out.

"*I was working between 10.00 and 18.00. I had a principle of never doing anything about work after 18:00. After 18:00, I had a firm boundary to finish the job and particularly leave the job in the office."* (Olivia).

One of the participants complained that she could not set this boundary between her work and private life:

*"I realize that I mostly take work home. The dreams I have are also about work. My private life is affected by this situation."* (Martı).

The rest of the participants reported that at the beginning of the profession, they had difficulty in leaving the work at work, but later they managed to set the boundary between work and private life:

"*When you come home from work, you continue to think about clients' issues. This is very disturbing. After a while, I managed to leave the whole clients'*

*agenda at work. I have no idea how I managed this, but now I feel that I can leave all work-related problems at work."* (Lotus).

One participant explained this situation with an interesting anology:

*"You know, there are doctor coats. Doctors wear them when they go to work and take them off when the work is done. I wish there were something like that in our profession. I wish it has a symbolic side like a doctor's coat, lock, or curtain. It was very destructive not being able to set the boundary between work and private life at first. But with my experience later, I became aware of how this boundary could be created."* (Rüzgar).

The last issue that was considered as a part of self-protection was the psychotherapists' own psychotherapy process. The participants talked about three issues related to psychotherapists' own psychotherapy processes. Firstly, they stated that they encountered their own conflicts while working with Syrian refugees. They emphasized that it was not possible to say that "I am free from prejudices" even for a psychotherapist. According to their discourses, no one is free from prejudice, but particularly the psychotherapists must be aware of their prejudices, stigmas and conflicts, and process them. One of the best ways to process these conflicts was to go through psychotherapy.

*"It's easy to be an activist of something from the outside. But when you encounter that thing, you encounter your own contradictions and conflicts. It can be very easy to act with stereotypes and prejudices while working with immigrants. But we definitely need to resist bias. We need to take a stance that aims to understand the other party while working with refugees."* (Arap Atı).

*"It is very easy to say that I have no prejudice, or I do not behave in a discriminatory way. But the prejudices, discrimination etc., they do leave you that easy. They do not disappear that easy. Thus, I accept that I have prejudices, stigmas, discriminatory behaviors. But at least I think I'm aware of them. I think about all of these and I work on these issues in my own therapy."* (Mavi).

Another matter that the participants verbalized was that they needed to work with their own emotions which arose during the work with Syrian refugees. Most of the participants declared that their own psychotherapy process helped them to

understand and interpret the emotions they felt while working with their clients. One of the participants stated that it did not have to be necessarily psychotherapy, but it was enough to have a place where it was possible to work with emotions. He preferred to attend psychodrama training. He expressed that psychodrama helped him to understand his feelings.

*"Psychodrama is a long-term education where I can see my own feeling and work on it."* (Arap Atı).

One of the participants expressed the importance of a psychotherapist's reflections on his own feelings to continue helping the client:

*"If you look at the client and feel helpless, why would the client come to you? The client already came here to find a cure. So, firstly I'm struggling with what's inside me. I am working with it."* (Mavi).

Another quotation from a participant about the importance of a psychotherapist working with his/her own emotions:

*"There is a need for a work to analyze and understand the emotional state we live with the client. In particular, there is a need for work that can separate the internal processes of others from our own internal process."* (Yasemin).

Lastly, in the accounts of the participants it was emphasized that the background of the psychotherapist was a significant factor that affected the psychotherapy process with the Syrian refugees. The participants reflected on why they wanted to be a psychotherapist, which dynamics brought them here, and what affected them to start working in this field. They reflected their own stories of life and they linked their stories with where they were now. The important role of their own psychotherapy process for meaning making was emphasized once again.

*"Ironically, being a therapist was something my life taught me."* (Mavi).

"*I am Armenian. I also have a story with immigration in my background. I am also from a minority. Working with Syrians also raised crises and conflicts related to my own identity."* (Yalın).

*"You know that we are people who deal with our own stories. So of course, this work has certain connections with my own story."* (Yasemin).

### 3.4.3.2. Self-care

The participants were asked whether they had self-care habits regarding the work with Syrian refugees. If they had, they were asked to share these habits and behaviors. The table below (Table 3.2.) indicates what the participants did for self-care as a psychotherapist.

**Table 3.3.** Self-care activities of the participants

| **Activity** | **Frequency** |
|---|---|
| Supervision | 7 |
| Do sports (jogging, yoga, running, swimming…) | 6 |
| Psychotherapy | 5 |
| Reading academically | 4 |
| Trainings about psychotherapy | 4 |
| Communicating with other professionals | 3 |
| Accessing sources- supporting system | 3 |
| Symbolizing | 3 |
| Meeting with friends | 2 |
| Do puzzles | 1 |
| Play violin | 1 |
| Plant flowers | 1 |

Supervision was an important part of both self-protection and self-care. In addition to its functioning to protect the participants, supervision was one of the participants' self-care practices. It was one of the most frequently reported issues in the interviews as a need and/or as a part of self-care. Since self-protection and self-care are related concepts, the participants expressed the importance of supervision both in self-protection and self-care. Seven of the participants reported that in their self-care routines the supervision was included.

Doing sports was the second most frequently mentioned self-care habit by the participants. Different kinds of sports were stated like jogging, yoga, pilates, running, swimming, but all these kinds of sports were merged under the title of ‘do sports’. The participants said that doing sports had a protective aspect and was good for them under these working conditions.

Similar to supervision, the continuation of the psychotherapist's own psychotherapy was stated both as a self-protection and a self-care habit. Five of the participants defined the psychotherapist's own psychotherapy process as a self-care habit. One participant verbalized the significance of the psychotherapist's own psychotherapy process as below:

*"If you can't take care of yourself, you can't take care of anyone else. If you do not care for yourself, you cannot be beneficial to the client."* (Mavi).

Another self-care activity that the participants stated was to make academic readings and follow the literature. They mentioned that reading papers, articles, or books about this area of work and reflecting on these readings were calming and beneficial. One of the participants shared her experience related to this matter:

*"I started to do academic reading about this area of work when I was too close to burn-out. I wish I had started reading academically before. I thought I could learn different perspectives from those readings."* (Rüzgar).

With a motivation similar to doing academic reading, the participants defined participating in psychology training as a self-care activity. They declared that they needed to participate in different trainings about psychotherapies. They also suggested that a psychotherapist who will start working in this field to participate in trainings.

Three participants verbalized the importance of communicating with more experienced professionals could be very protective and caring for the psychotherapist.

*"One of the most caring behaviors for me is to contact other professionals who have worked in the field. Even if s/he is on the other side of the world, it is very relaxing to send an e-mail to another professional and consult with something."* (Olivia).

Three participants emphasized that it was very important to realize that there are internal and external resources when needed. Awareness of these internal and external sources was defined as the first step. Realizing what these resources were and recognizing the quality of the resources were the second steps. It was described

as a good self-care habit to recognize the support systems and access these systems in difficult times for the psychotherapists.

*"Noticing the support systems. Discovering what's good for her/him (to psychotherapist). Nature, friends, art, paintings… Being aware of what is good for her/him."* (Yalın).

*"Actually, there are a lot of resources and supporting systems. However, sometimes it is hard to access them because of the anxiety that you feel in these difficult times. Lots of people, professionals, are ready to support the psychotherapists that work with Syrian refugees. They have a motivation to help us (the psychotherapists). It is necessary to force yourself to access resources."* (Rüzgar).

Two of the participants reported that meeting with their friends was a good self-care activity for them to refresh.

*"I was meeting with my friends very often to do something other than work. That was good for me."* (Martı).

*"It is very good for me to plan meetings with my friends as a self-care activity."* (Lotus).

Need of symbolizing the materials that they listened to in the psychotherapy sessions with the Syrian refugees was one of the self-care activities that three participants stated. One participnat preferred to symbolize the materials from the sessions with painting or composing. The other participant expressed that she was lifting weights to symbolize the heaviness of the materials that she listened in the sessions. To be able to lift the weight made her to feel good, she explained. The last participant who represented that symbolizing was good to her reported that she was making sculptures to symbolize the things that she experienced. These were three ways of symbolizing the materials and stories that the clients brought to the session room.

Lastly, three participants stated their own ways for self-care. One participant said that she enjoyed doing puzzles for self-care. One participant stated that she preferred to play violin for self-care. One participant emphasized the relaxing effect of the flowers on her and she shared that she planted flowers for self-care. She also

added that she had plants in the session room since she believed that the plants symbolized vitality.

# CHAPTER 4: DISCUSSION

The primary goal of this study was to explore the experiences of psychotherapists who conduct individual sessions with Syrian refugees accompanied by interpreters. Bodily and emotional experiences of the psychotherapists, experiences in the relationship with the interpreter, difficulties, and contributions of the psychotherapy process with Syrian refugees were investigated. Based on the results of the semi-structured interviews with the psychotherapists, four main themes were specified: Interference of external reality with the therapy room, managing therapeutic work with the interpreter, growth experience and boundaries of the therapist. Interference of external reality with the therapy room revealed three important sub-themes that have an impact on the psychotherapy process: external challenges, the system and the foundation, and effect of culture on psychotherapy. Most of these issues were related with the external challenges in the clients' life such as safety problems or financial difficulties. The second theme, managing therapeutic work with the interpreter, was characterized by the necessity of psychoeducation for the interpreters, problems with the constancy of the interpreter and the triadic relationship among the client, interpreter, and psychotherapist. The theme which was named as growth experience covered the experience of developing flexibility, witnessing human improvement and enrichment of the therapist during this process. The final main theme, boundaries of the therapist, appeared to be characterized by the role conflicts, bodily experiences and activities done for self-protection and self-care by psychotherapists.

In this chapter, these four main themes will be discussed in the light of the literature. Then, based on the experiences of the participants of the present study and with the knowledge of the literature, possible clinical implications will be discussed. Limitations and strengths of the current study will be presented. Lastly, the points that are thought to be important for future studies will be explained and suggestions will be offered.

### 4.1. Discussion of the Themes

Interference of the external reality with the therapy room was one of the major themes generated in the light of the responses of the participants. External problems covered by the sub-theme "external challenges" were problems with security, shelter, health, financial difficulties, and losses of the Syrian refugee clients. Similar results have been reported in the literature with respect to refugees and their mental health needs. Kirmayer et al. (2011) argues that migration process can be examined in three different stages as pre-migration, migration, and post-migration. There are different difficulties that refugees struggle with in these stages. Housing, security, unemployment, and financial problems are the most challenging problems that refugees face in the country where they migrate to after migration. It was stated in the literature that these difficult life events experienced after migration are important stressors and risks for refugees' mental health (Teodorescu, Heir, Hauff, Wentzel-larsen, Lien, 2012). Besides, many refugees experience a serious economic loss compared to their situation before migration (Beşer & Tekkaş Kerman, 2019).

These difficulties with the external reality arouse different feelings in the emotional world of the psychotherapists working with Syrian refugees. The psychotherapists stated that they had feelings of helplessness, guilt, and inadequacy in the face of their clients' difficult stories of struggle. Consistent with the findings of the current study, there are many studies in the literature indicating that psychotherapists feel helpless, powerless, and desperate in the face of refugees' stories (Apostolidou, 2016; Century, Leavey, Payne, 2007). The results show that the feelings of psychotherapists about their clients' life stories are very similar to the feelings their clients experience when trying to cope with significant challenges in a new country. At this point, concordant countertransference can be mentioned. Concordant countertransference, which occurs when psychotherapists have similar feelings with their clients, can constitute empathy (Carveth, 2012). Consequently, empathy can contribute to the healing process by making the client feel understood.

Another point stated by the participants in this study is the position of the foundations in psychotherapy process with refugees. The psychotherapists also

stated that they felt stuck and isolated in the system. Many psychologists working in this field state that they expect more support from foundations. In a similar vein, recent literature argues that foundations in this field may take more responsibility and develop support mechanisms for psychotherapists (Schweitzer, Wyk & Murray, 2015; Wirth, Mette, Prill, Harth, Nienhaus, 2018). These results also show that it is important to pay attention to the setting and the context in which psychotherapists practice and reflect on the links between the inside and the outside of the room.

The effect of culture on psychotherapy process was one of the sub-themes generated from the discourses of the participants. Cultural characteristics specific to Syrian society were thought to intervene with psychotherapy processes that are conducted in Turkey. The participants of the present study reported that the definition, functioning and importance of psychotherapy in Syrian culture were not the same with the understanding of psychotherapy process in Turkey. Therefore, the participants stated that it was possible to encounter some challenges in the process of psychotherapy with Syrian refugees, such as issues related to time management in psychotherapy, punctuality, the client's attunement to the time and the frame. The participants stated that they actually observed that the clients needed psychoeducation on psychotherapy. This need of psychoeducation has also been discussed in the literature in relation to other non-Western cultures. For example, In Arabian culture, the understanding that "talking" can have a healing power and be a cure is not common (El-Islam, 1982). Since Syrian refugees do not also have such an understanding, they might also benefit from psychoeducation. According to West (1987, as cited in Tseng, 1999) clients who belong to Arab culture may have a tendency to see the psychotherapist as a "hakeem" (wise man), in line with their beliefs. For this reason, more directive interventions such as psychoeducation is thought be more effective for these patients.

It is discussed in the literature that psychotherapy is based on a Western perception about "human" and "time". The Western understanding of psychotherapy practice raises the question of the inability to be directly applicable in other cultural settings (Lo & Fung, 2003). In this context, the attunement of a non-Western client to a Western psychotherapy process does not indicate a

deficiency in the client's way of thinking or perception of time (La Roche & Maxie, 2003; Wohl, 1989; Sundberg, 2013). For this reason, the suggestion of psychoeducation for the clients should not be intended to persuade the clients to a Western understanding, but to establish a therapeutic relationship with it. In addition, the same issue may indicate the lack of knowledge of psychotherapists working with different cultures (Mosher, Hook, Captari, Davis, Deblaere & Owen, 2017). Preparing programs to develop the knowledge and skills of working with people from different cultures to develop multicultural competence in the educational process can make an important contribution to this field.

Managing therapeutic work with the interpreter was one of the major themes of the current study. In accordance with the problems and purpose of this study, the participants were asked about their experience in the psychotherapy room with an interpreter. Although interpreting is a profession, it was concluded that performing this profession in psychotherapy setting requires a different competence from other interpreting settings. Therefore, the need for psychoeducation for the interpreters who worked in this field was an issue emphasized by the participants of this study. This finding is consistent with other studies which put emphasis on the psychoeducation of the interpreters in the literature (Javanbakth & Arfken, 2017; Kuay, Chopra, Kaplan, Szwarc, 2015; Miller, Martell, Pazdirek, Caruth & Lopez, 2003).

In the present study, the participants mentioned different issues with respect to the need for interpreters who work in psychotherapy settings to have psychoeducation. One issue they emphasized was related to the effectiveness of therapeutic work. The client's and therapist's understanding of each other is closely related to good interpretation. The client's and therapist's agreement on important issues such as presenting problems, goals of psychotherapy, and the treatment process mostly depend on a qualified and competent interpretation (d'Ardenne, Farmer, Ruaro & Priebe, 2007). Many studies in the literature point out that there are disruptions in diagnosis and treatment in dyads that cannot communicate effectively (Baker, Hayes & Fortier, 1998; Hornberger, Itakura & Wilson, 1997). It is very important for the effectiveness of the process that the client expresses herself

correctly and the therapist's comments reach the client appropriately. Therefore, it is thought that when interpreters have a special psychoeducation for working in psychotherapy settings, this will increase the quality of the psychotherapy process (O'Hara & Akinsulure-Smith, 2011).

A second issue that came up in the participants' accounts was related to ethical aspects of working with an interpreter. In the literature, it is emphasized that there are some issues to be considered in the recruitment process of interpreters working in psychotherapy setting (Gomez, 2012; Paone & Malott, 2011). The participants of this study emphasized the fact that the interpreters are not familiar with psychotherapy, come from a similar background with the clients and are exposed to traumatic material while translating during the session, poses a risk of adverse effects for the interpreters. Similar concerns about the interpreters being at high risk for vicarious trauma has been reported by other researchers (Kuay, Chopra, Kaplan & Szwarc, 2015). The participants stated that the interpreters are the first person to hear the material told by the client. Traumatic material in the client's narrative is met by the interpreter even before the psychotherapist. It can even be claimed that interpreter can be considered as a sponge that absorbs traumatic and harrowing material and reduces its intensity for the psychotherapist. Considering these issues, the fact that they are at high risk for vicarious trauma should always be kept in mind by the psychotherapists and foundations that employ interpreters for psychotherapy settings with refugees (Lai, Heydon & Mulayim, 2015). A related issue that was raised in the interviews was that the participants felt responsible as professionals to care for and protect the interpreters who work with them. They thought that psychoeducation could protect the interpreters. In a similar vein, Berthold and Fishman (2014) defined providing psychoeducation to interpreters as an ethical responsibility which served to protect them. As one of the participants of this study stated, psychotherapists are trained to protect themselves. However, the interpreter may not have a training to protect his/her boundaries. At this point, the foundation that the interpreter works for and the psychotherapists with whom the interpreter works should be responsible from the well-being of the interpreter. Psychoeducation is one of the significant factors that has an impact on

the well-being of the interpreters by providing them the information about protecting their boundaries (Paone & Malott, 2011; Mirdal, Ryding & Essendrop Sondej, 2012).

The importance of the constancy of the interpreter was another sub-theme generated from the results. Each participant emphasized the crucial role of working with the same interpreter in every session. The participants said that they considered this issue as important to establish a trust relationship between the client and the interpreter. Thus, the client can feel safe and comfortable enough to tell her story. Consistent with this finding, in a previous study, Björn (2005) emphasized that it would be appropriate to have the same interpreter for all sessions. In addition, the participants also argued that constancy is an essential factor for the client. They thought that a life event that caused great changes and losses in their clients' life, such as migration, was a process where stabilization was difficult or even impossible. Therefore, similar to Kinzie's suggestions (2001), they argued that one of the basic psychological needs of refugee clients is "constancy". The results indicate that in psychotherapy settings with interpreters, the interpreter himself/herself is also a factor affecting the psychotherapy process, and thus, the constancy of the interpreter needs to be taken into account as an important issue by the psychotherapists.

When the relationships among the psychotherapist, interpreter and client are examined, it is seen that this relationship is almost a "triple play" as described in one of the subthemes of the present study. In this triple play, very different relationship dynamics can emerge. The participants of this study stated that they sometimes felt that the interpreter and the client had a very close relationship and they had been "left out" of this relationship. It was as if the client and the interpreter were a team and the therapist was excluded. The literature shows that psychotherapists who participated in the current study are not alone in these feelings. As Mellman (1995) observes, interpreters like psychotherapists can have emotionally strong feelings for clients. Other studies also report that the relationship of the client and the interpreter, who share some commonalities such as culture,

language, and background, can lead to an experience of exclusion in the psychotherapist (Dearnley, 2000; Tribe &Thompson, 2009).

For refugee clients, psychotherapy can be an unfamiliar and strange process, because of the cultural differences explained above. On the basis of the results one can speculate that the interpreter may be a "familiar" factor that facilitates the client's engagement in the psychotherapy process (Leanza, Miklavcic, Boivin & Rosenberg, 2014). This "facilitating" role of the interpreter can be considered as an important advantage for playing this “triple play”.

The "growth experience" theme, which is one of the major themes of this research, includes the growth experiences of psychotherapists during the psychotherapy process with Syrian refugees. Flexibility regarding the framework and techniques were the issues that the participants mentioned most. Adjusting the therapeutic frame in line with the needs of the clients was one of the most significant aspects of flexibility of the therapist. The participants described their psychotherapy experiences with refugee clients as "psychotherapy beyond techniques". They stated that the techniques were insufficient from time to time and as they experienced this insufficiency, they attached importance to the "relationship" rather than techniques. It is often suggested that the most crucial issue in psychotherapy work is not the techniques, but the relationship itself. The emphasis on therapeutic relationship has been also emphasized as an aspect of multi-cultural competence (Mosher, Hook, Captari, Davis, DeBlaere & Owen, 2017).

One of the qualities that the participants described as flexibility was to re-define the teachings and techniques taught in psychotherapy trainings according to the client's needs rather than applying them directly. The results suggest that beyond standard interventions that are taught in trainings, it is especially important to evaluate each situation in itself and decide what reaction will be good for the client (Colman, 2011), especially when working with refugees. Such flexibility and openness have been discussed as important qualities for conducting psychotherapy processes with refugees (Robertson, 2014). Openness, flexibility, sustaining an attitude of reflection and curiosity, and continuously thinking about cultural issues are also considered as the main components of competent psychotherapy for

refugees (Bala & Kramer, 2010). In other words, flexibility is both a prerequisite for working with this group and a competence gained while working with this group.

As the humanistic approach claims, the most important factor in a psychotherapy process is the relationship. According to this approach, the role of the therapist as someone who accompanies the clients in this relationship benefits the client's personal growth experience (Vargaz Téllez, Pérez, Gricelda, 2015). Similarly, the participants of this study emphasized that they witness the resilience and healing power of refugee clients and this experience is enriching for both themselves and their clients. Refugee clients, despite going through difficult events, display a unique resilience and potential for growth (Kira & Tummala-Narra, 2015). As can be understood from the discourses of the participants in this study and the information in the literature, it can be said that the experience of psychotherapy with refugees gives psychotherapists a more "humanist understanding". As one of the participants put it, "*These people are humans*".

The last major theme generated from the result of this study was "boundaries of the therapist". This theme included the role conflicts, bodily experiences, and the importance of self-protection and self-care of the psychotherapists in the psychotherapy process with refugees. Supervision was one of the most frequently expressed needs by the participants. They stressed the importance of supervision for both self-care and self-protection. It is stated in the literature that supervision has an instructive and supportive role for psychotherapists who work with refugee clients. Moreover, psychotherapists emphasize that supervision is an important area to reflect on their responses in the process with their clients, consistent with the literature (Schweitzer, Wyk & Murray, 2015). Eleftheriadou (1999) summarized the concept of "boundaries" in his article about psychotherapists' responses and countertransference reactions towards refugees:

*"On one hand, the therapist has to feel what the client is feeling, but there has to be "enough" distance that the therapist can digest the experience and wonder about it with the client. This space is desirable for both parties, the client, and the therapist, to have space and function as two rather than to merge into one.*

*It is also a space where the therapist can distance himself/herself from their own countertransference feelings"* (p. 222).

The "appropriate distance" in this description of Eleftheriadou (1999) can be considered an issue of self-protection, and according to the participants, supervision is one of the most important sources for adjusting this distance. Many studies have emphasized that psychotherapists should be supervised during psychotherapy processes with refugees to protect their boundaries and for the effectiveness of the process (Apostolidou & Schweitzer, 2017; Century, Leavey & Payne, 2007; Schweitzer, Wyk & Murray, 2015). Supervision is an appropriate area to reflect the feelings of helplessness that therapists working in this field often experience and the "role conflict" in relation to these feelings.

An important issue for psychotherapists working in this field is how to reach supervision. It would be appropriate to argue that foundations should also have responsibilities for psychotherapists' access to supervision (Wirth, Mette, Prill, Harth, Nienhaus, 2018). This study emphasizes that psychotherapists working in this field need support. It is also possible to interpret this need for support based on the "bodily experiences" of the participants. The most frequent bodily experiences reported by the participants were back and shoulder pain. Such pain can be considered as a manifestation of an individual's need for support. Similarly, one study found that low social and supervisory support in the workplace may be associated with employees' back pain (Hoogendoorn, Bongers, De Vet, Houtman, Ariëns, Van Mechele, & Bouter, 2001).

In the interviews, the participants pointed out that self-care should be an important part of this profession. In addition to regular supervision, they stated that many activities such as doing sports, continuing their own psychotherapy processes, playing instruments, and participating in trainings are good for them as self-care activities. Consistent with the statements of the present study's participants, the results of the researches in the literature also indicate that the subject of self-care is essential to sustain for psychotherapists (Baker, 2003; O'Connor, 2001). Psychotherapists face risks such as burn out, vicarious traumatization, and even harm clients, because they struggle with difficulties and stressors as part of their

work (Barnett, Baker, Elman & Schoener, 2007). It is stated that one of the most effective ways to reduce these risks is to take care of self-care (Coster & Schwebel, 1997; Figley, 2002). It is emphasized in the literature that self-care activities such as regular breaks, rest and exercise, psychotherapist's own psychotherapy should not be perceived as a luxury for the psychotherapist and should be considered as part of their job (Barnett, Baker, Elman & Schoener, 2007; Norcross, 2005).

Overall, the present results demonstrated that working with Syrian refugees in the presence of an interpreter is both a challenging and enriching experience for psychotherapists. Throughout this process, they develop their knowledge of cultural issues, improve their relational skills, and gain flexibility as well as an expanded perspective on psychotherapy practices. In the next section, clinical implications of these results will be discussed.

### 4.2. Clinical Implications of the Present Study

In this study, there are a number of issues that have been identified in relation to psychotherapy practices with Syrian refugee clients accompanied by interpreters. Both the participants of the present study and the literature review helped to identify the difficulties encountered while working in this field. In this section, these difficulties will be specified, and possible solutions and interventions for these difficulties will be suggested.

***Multiple challenges*:** Available studies show that refugees cope with many challenges to their mental health and experience a range of psychological problems, including anxiety, depression, post-traumatic stress reactions (Hassan, 2019; Silove, Steel, McGorry and Mohan, 1998). The literature on Syrian refugees in also shows that they suffer from similar problems in Turkey (Cengiz, Ergun & Çakıcı, 2019). The research on their experiences suggest that they try to cope with both internal and external challenges, ongoing troubles, traumatic life events such as war and migration simultaneously. One suggestion for psychotherapists working with Syrian refugees might be to take note of the multiple challenges they encounter and adjust the goals of psychotherapy accordingly. Wohl (1989) mentions that refugees

usually do not come to psychotherapy to discuss issues about self-actualization, personal growth, or fulfillment and that they are mostly referred to psychotherapy because of their acute problems related with their difficult stories about immigration, war and loss. Other researchers also emphasize that refugees present some acute symptoms and serious conditions, such as suicidal risk in psychotherapy (Javanbakth & Arfken, 2017; Hassan, 2019). Thus, it is important for a psychotherapist working in this field to have a good level of knowledge about acute symptoms and to participate in trainings where s/he will gain competence in intervening to these symptoms. Besides, it is seen that being a competent psychotherapist in suicide interventions is crucial. The participants of the present study stressed how suicide contracts played an important role while working with risky clients. In addition, the participants emphasized that working in this field provide them with an instructive experience on how to respond and intervene into emergency conditions, such as suicide. Therefore, one recommendation for a psychotherapist who will be working in this field may be to receive training and be prepared for crisis and emergency interventions and show flexibility in responding to clients' pressing needs. In summary, competence in crisis intervention as well as long-term working skills can be considered as essential for psychotherapists working in this field (Butcher, 1988; De Jong, Ford & Kleber, 1999).

***Language barrier:*** The issues in relation to language barrier can be addressed in three different ways. Firstly, symptom presentations in a foreign language may be different. Any problem can have different expressions in Turkish and Arabic languages. One participant stated that the doctor she worked with had difficulty in trying to understand the client's cardiac problem, because there were various expressions in Turkish language about cardiac problems, while there were limited expressions in Arabic. A similar challenge that psychotherapists can face when dealing with the language barrier is their clients' "somatic way of expressing" their symptoms. In relation with cultural characteristics of the client's homeland, somatic symptoms may be a common way to express psychological difficulties. Therefore, psychotherapists need to attend to their clients' somatic symptoms, because these symptoms may be culturally accepted ways of expressing psychological distress

that could not be expressed verbally (Kirmayer & Young, 1998; Waitzkin & Magana, 1997; Rohlof, Knipscheer, Kleber, 2014). Body-based interventions or the practice of art therapy may be helpful to reveal psychological difficulties that cannot be expressed verbally by the clients (Lacroix, Peterson & Verrier, 2001).

Another helpful practice might be to consider interpreters as a source of knowledge about cultural idioms and communication methods, and to learn about cultural rules on emotion expression from them. It is important to remember that interpreters can play a cultural mediator role and bridge the client's expression with the therapist's understanding (Katan, 2014; Rudvin & Tomassini, 2008). Psychotherapists can facilitate these conversations with interpreters by asking them questions, conveying their curiosity and being open to learn from them. These practices can also play a significant role in developing psychotherapists' ability to develop their multi-cultural competence. It may be an option for psychotherapists working in this area to try to learn the language of the client. At least they can be recommended to learn certain idioms and basic words in Arabic.

The last challenge regarding the language barrier can be summarized as the loss of meaningful material during translation. In order to conduct psychotherapy with Syrian refugees who do not speak Turkish, interpretation is a necessity. Unfortunately, interpretation also brings with it the loss of some verbal material of the clients. A solution to this challenge may be to create an atmosphere of teamwork with the interpreter, as the participants noted in the interviews. However, a significant issue is about the comprehension on how the psychotherapist receives this loss in language. This loss in the psychotherapy room can be regarded as a fact that must be accepted and confronted just like losses in the life after the immigration of the client. Especially in a psychoanalytic therapy, the psychotherapist is inevitably involved in the client's traumatic story. The experiences of the psychotherapist and the client during the psychotherapy process signal to the important patterns in the client's story. The psychotherapist finds herself/himself acting in a scene in the client's story (Varvin, 2018). For this reason, reflection about the positions of the client and therapist about this loss during language interpretation can be used as an important tool to understand internal experience of

the client. Moreover, how the therapist receives and tries to make sense of this loss may be an important role model for the client. The client can internalize the psychotherapist's response to the loss and the attempt to make sense to this loss (Arnold, Farber & Geller, 2004).

***Involvement of the interpreters in the psychotherapy process:*** As mentioned earlier, the presence of an interpreter is generally a must to work with refugee clients. However, with the interpreter's involvement in the process of psychotherapy, several issues also emerge. Firstly, the recruitment of the interpreter is an important decision. There is an ongoing debate in the literature about the appropriateness of interpreters who are also refugees (Miller, 1998; Pljevaljcic, 1993; Westermeyer, 1990). The interpreters working in this field are generally immigrants and refugees themselves. The participants of the present study also reported that the interpreters they worked with were also immigrants and that they had traumatic life experiences, like clients. Thus, listening to and interpreting the stories similar to one's own life story can be a very triggering experience for the interpreter. For this reason, the responsibility of the interpreter's psychological well-being is a significant issue when choosing an interpreter to be recruited for psychotherapy settings. As suggested in the literature (Miller, Martell, Pazdirek, Caruth & Lopez, 2003), it can helpful to evaluate the personality traits, sensibilities, empathy skills and ego strength of the interpreter during the recruitment process. Interpreter trainings for interpreting in psychotherapy settings are also another significant suggestion to consider (Javanbakth & Arfken, 2017), since interpretation in a psychotherapy setting is a different job compared to other settings.

Another suggestion is that psychotherapists can set a framework with interpreters before starting the sessions. This framework may include psychoeducation on what psychotherapy is and how psychotherapy process works. Interpreters should be informed about how they can be affected, what they can feel, how they can react emotionally and physically in this process. What to do when they feel bad in the sessions should be determined together with the psychotherapist and the interpreter, and these decisions should be included in the framework by the psychotherapist. In addition to these, to maintain the psychological well-being of

interpreters, a regular support mechanism provided by the foundation can be of critical importance (Miller, Martell, Pazdirek, Caruth & Lopez, 2003). Regular supervision or group therapy for the interpreters, provide space for interpreters to process the materials that they listen to in the sessions.

***Role confusion of the psychotherapist:*** Many negative life events happen to Syrian refugees until they reach the psychotherapy room. As discussed previously, they try to deal with homelessness, poverty, unemployment, violence, discrimination, and many more challenges (Puvimanasinghe, Denson, Augoustinos & Somasundaram, 2019). The participants of the present study stated that they felt helpless and desperate while listening to difficulties related to the external reality. They also reported that out of these feelings of despair and helplessness, they were willing to help with some issues their clients faced, even though this role went beyond the boundaries of their job description. Considering the psychotherapist's desire and confusion to help the client and the challenging external problems of the clients, teamwork is thought to be very useful in the psychotherapy process with refugees. It is obvious that there is a need for a holistic understanding of the work when working with refugees because the difficulties that refugees face are complex problems. A refugee client may need legal help, psychiatric assessment, psychological support, and social services at the same time. Such support can only be achieved through teamwork involving psychiatrists, lawyers, psychologists, and social workers. Another suggestion may be for the foundations to set up meetings on issues such as "boundary management" for their employees (Meichenbaum, 2007). It is important to have other team members (social workers, lawyers, psychiatrists, nurses etc.) in the meetings in order to share their experiences of boundaries and role confusions. In these meetings, which are held with the participation of all team members, it would be meaningful to determine the roles and reflect on them together.

***Need for support:*** The participants of the present study wanted to share particularly that they felt lonely and unsupported while working in this specific field. Just like the Syrian refugees' feelings they met, the participants emphasized their need for

support, feelings of helplessness and loneliness. A review of the literature shows that this situation is not unique to the participants of the present study, but applies to psychotherapists who work with refugees in other countries, and that they also state their need for support and feelings of isolation (Century, Leavey & Payne, 2007; Farley, Askew & Kay, 2014). It is important to emphasize that the provision of support is a responsibility of the institutions that they work in. The participants emphasized that putting effort to cope with these on their own and trying to create support mechanisms increase their feeling of isolation. Trying to find solutions to improve the conditions in mental health provision for refugees on their own intensify their feelings of helplessness. Their comments reveal that more systemic changes are needed in this regard. Solutions such as setting up support services in the current system and developing the content of mental health programs for refugees can be important sources of support for psychotherapists working in this field (Farley, Askew & Kay, 2014). In this respect, it is essential for organizations and foundations to consider the need for support of the psychotherapists who work in this field.

***Burden, the risk of burn-out and vicarious traumatization of psychotherapists:*** The fact that psychotherapists working in this field are exposed to the painful stories of the clients increase their probability of "vicarious traumatization" (Barrington & Shakespeare-Finch, 2013; McCann & Pearlman, 1990). Vicarious traumatization is defined as a natural reaction of mental health workers working with trauma survivors to the traumatic material they are exposed to (Pearlman & MacIan, 1995). While burnout is a reaction of individuals to psychological stress above a certain level, vicarious traumatization is the reaction seen only in medical and mental health workers who work with trauma or torture victims (Trippany, White Kress & Wilcoxon, 2004). It is an expected response that the psychotherapists who work with this group will be affected by these stories considering the exposure to refugees' challenging life stories. This area of work reveals the emotional burden carried by psychotherapists report feeling exhausted, overwhelmed, and helpless in the face of traumatic materials brought by the clients to the psychotherapy room (Century, Leavey & Payne, 2007). The findings of the present study, like many

studies in the literature (Jordan, 2010; Schweitzer, Wyk & Murray, 2015; Sui & Padmanabhanunni, 2016; Posselt, Baker, Deans & Procter, 2020), support the view that psychotherapists working with trauma victims themselves are at risk for vicarious traumatization and/or burn out. Many participants in this study shared their experiences of burn-out, especially in the first years of their work and also they warned beginner therapists who choose to work in this field about the possible risks of burn-out and traumatization.

In order to reduce the risk of burnout and vicarious traumatization, self-care is a significant issue to consider and emphasize. It is thought that it is important to come up with suggestions from two different branches for the issue of self-care: Individual solutions and organizational responsibilities.

- *Individual solutions:* The participants of the present study listed many activities such as doing sports, jogging, being in the nature, playing musical instruments, doing puzzle, sculpting and many other activities as self-care activities. It was observed that the activities that they mentioned as good for themselves were not the same. It is important for each psychotherapist to find the self-care activity that is good for them. Unfortunately, a single recipe for this is not possible. Psychotherapist should explore what works for him/her.
- *Organizational Responsibilities:* The participants in this study described the most important self-care activity as supervision. When the related literature is reviewed, the findings that supervision is essential for psychotherapists working in this field are salient (Century, Leavey & Payne, 2007; Schweitzer, Wyk & Murray, 2015; Posselt, Baker, Deans & Procter, 2020). Supervision needs of psychotherapists both for self-care and to sustain working with the clients can be considered by institutions as a responsibility (Schweitzer, Wyk & Murray, 2015; Wirth, Mette, Prill, Harth, Nienhaus, 2018). Based on the literature and the experiences of the participants of this study, it is believed that this issue should be approached with "mental health awareness". Psychotherapists working in this field should not struggle on their own to maintain their own psychological well-being. Supervision,

which psychotherapists state that they need most, can be provided by institutions. Besides, it can be very useful to adapt regular psychotherapist meetings that can provide self-care activities for psychotherapists working in this field. As mentioned previously, the participants attached great importance to their self-care activities. One recommendation on this basis could be for psychotherapists to consider self-care as an essential aspect of their work. Self-care practices can be supported by workshops designed by the foundation they work in to explore what works best for them and to make it an aspect of their work culture. Informal mentoring programs and peer support groups can also be organized.

### 4.3. Strengths and Limitations of the Present Study

The present study is believed to make a significant contribution to the literature as it is one of the few studies that examine the experiences of psychotherapists who conduct individual sessions with Syrian refugees accompanied by interpreters. Since the Syria crisis emerged in 2011, Turkey has been hosting millions of Syrians in Turkey. Foundations that support refugees provide psychological support, and in this context, just like the participants of this study, psychologists and psychotherapists work in these foundations. However, although studies related to competence and qualifications in this specific area of practice are needed very, few studies have addressed this issue in the literature. The current study was conducted to combine research with clinical practice of psychotherapy with Syrian refugees in Turkey and is expected to be an important study to address the lack of research in this area. It is thought that the interviews with psychotherapists who have been working with Syrian adult refugees for at least six months can help to determine the problems in this field and offer practical solutions for these problems. Besides, it is thought that it will be beneficial for psychotherapists working in this field, as this study examines how the psychotherapy process works with an interpreter. Therefore, this study is believed to be meaningful as it provides feasible implications for how to manage the psychotherapy work with the interpreter. Lastly, using a qualitative approach helped to develop an in-depth understanding of the experiences of psychotherapists.

Nevertheless, the present study has a number of limitations. First, the purpose of this research was to try to understand the experiences of psychotherapists working in this field rather than generalizability. Therefore, more participants are needed to generalize the results of this research. Secondly, there were “losses” in this research. The participants of the present study stated that there were losses in the language because of interpretation. Similar with the loss that was defined by psychotherapists working with refugees in the therapy room, it was not possible to cover everything the participants said in this study. While examining the participants' discourses and creating themes based on these discourses, it was necessary to accept the fact that there were some losses. It was not possible to cover all the answers given by the participants. For this reason, efforts were made to create the best possible representations, considering certain principles such as frequency or meaning. Another limitation is that this study only focuses on individual psychotherapy sessions. Due to the education, interest, and curiosity of the researcher, experiences in individual psychotherapy with Syrian refugee processes were examined. For this reason, different findings can be obtained and interpreted in the fields of child or couple and family psychotherapy.

The last limitation is about the researcher's own approach and understanding of this thesis. Since qualitative methods involve the subjectivity of the researcher, the results might be interpreted differently by different researchers. This thesis was carried out mostly with a psychoanalytic approach, since the researcher adopts an understanding which is psychoanalytically oriented. The present study was constructed based on the belief that the dynamics behind the attitudes and behaviors towards refugees are related to an internal "stranger" involved in psychoanalytic theories. Therefore, a researcher from a different orientation could have handled the data of this thesis differently.

### 4.4. Suggestions for Further Studies

Some of the issues encountered in this research were intriguing and thought to be inspiring for further researches. In this section, suggestions that might inform future studies will be presented.

During the interviews with the participants, it was observed that the participants needed to emphasize that they were working not only with Syrian refugees, but also with refugees from another country (e.g. Afghan refugees). Therefore, studies examining similar or different experiences of psychotherapists in sessions with different refugee groups can be conducted. Thus, a new issue may appear regarding working with individuals from different cultures: Are there any differences in terms of being in a psychotherapy room with an Afghan refugee and being with a Syrian refugee that affect the multicultural work of psychotherapists? Is there a single concept of “the stranger” or are there different “strangers?". Such a study can provide contributions to perceptions of psychotherapists "stranger"s with different origins.

While describing their experiences with Syrian refugees, the participants used a Turkish idiom (“pişmek”) that meant becoming sufficient and competent by suffering. One participant described the experience of working with refugees as follows: "the meat that is beaten by butchers gets tastier", and she stated that she will become a better therapist by "being beaten" in this experience. These statements may indicate a dynamic regarding the motivations of psychotherapists who prefer to work in this field. The fact that the development of reflective capacities of the psychotherapist for their own psychological dynamics affects the effectiveness of psychotherapy process with their clients (Farber, 2010; Sarnat, 2010). It can be claimed that studies addressing this topic will be valuable in terms of reflecting psychotherapists on what kind of dynamics motivate them to work in this field.

The current study was conducted with participants from different orientations. However, the effect of their orientation on psychotherapy work with Syrian refugees was not one of the main research questions of this study. Future studies can be conducted to examine the effect of the orientation adopted by psychotherapists on working with Syrian refugees. Thus, important data can be obtained on how the multicultural competency issue will be handled in different psychological approaches and whether it will differ in practice in terms of these approaches.

For the purpose of this study, only the experiences of psychotherapists have been examined in-depth. However, designing a study that includes the perspectives of clients and interpreters as well as the psychotherapists, can provide very important data on the triadic relationship which was emphasized in the current study.

### 4.5. Conclusion

The goal of the current study was to examine the experiences of psychotherapists who work with Syrian adult refugees accompanied by interpreters. The findings of this study are expected to contribute to the field by exploring psychotherapists' experiences in-depth. Thus, it is thought that the clinical implications of the outcomes of this study will be important for the psychotherapists working with this specific group and will be informative for more competent and qualified psychotherapy processes with refugees. Moreover, the present study is among the first studies focusing on the experiences of therapists who conduct psychotherapy with Syrian adult refugees and interpreters.

After the Syrian crisis emerged, different perspectives, discourses and attitudes towards Syrian refugees came to the fore. Feelings, attitudes, and actions towards Syrian refugees became a highly controversial topic among people in Turkey. The current study considers this issue as a confusion of dealing with the "stranger" and not knowing how to live with the existence of the “stranger”. Based on the theory of Sullivan (1953), the desire to exclude Syrians can be considered similar to the process of dissociation of the “not me part” of the self. It is believed that addressing this issue with reference to the theory of Sullivan (1953) will offer a different perspective, especially to psychotherapists. There are two "strangers" in the session room for psychotherapists working in this field: a Syrian refugee and an interpreter. The understandings of the psychotherapist about these “strangers” in the room and essentially the inner “stranger” within himself/herself is a very important issue to consider. It is hoped that this study will contribute to the conversations in the literature on psychotherapy practices with refugees by examining the existence of and encounters between "strangers" in the room.

The advantages and disadvantages of sustaining a psychotherapy process accompanied by an interpreter were shared by the participants of this study. The findings of this study are thought to be important in terms of introducing the difficulties and advantages encountered in this field and providing some information for those psychotherapists who want to start working with refugees. It is obvious that the contributions of the interpreters in the psychotherapy process with refugees are valuable; however, the availability of emotional and educational support that they need is unfortunately very limited (Berthold & Fishman, 2014). It is hoped that this thesis will contribute to the acknowledgement of interpreters' needs, help to take steps to meet them, and give the attention interpreters who work in psychotherapy settings deserve.

Last but not least, each of the participants interviewed during the data collection process, without exception, stated that these interviews opened a reflective space for them and, more importantly, a hope for support emerged from them. Since they feel they are not supported and lonely while working in this field, they stated that they attach importance to such studies and find it valuable to participate in them. These statements point out that this field needs to be examined and psychotherapists working in this field need more support. This thesis is hoped to address this need and to be conducive to new studies on this topic.

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## APPENDICES

## APPENDIX 1 - The Informed Consent Form

Sayın Katılımcı,

Bu çalışma Dr. Öğr. Üyesi Anıl Özge Üstünel danışmanlığında İstanbul Bilgi Üniversitesi Klinik Psikoloji Programı Yetişkin alt dalı öğrencisi Irmak Gültekin tarafından yürütülmektedir. Çalışmanın amacı; Türkiye'deki Suriyeli mültecilerle tercüman eşliğinde çalışan ruh sağlığı çalışanlarının deneyimlerini incelemektir. Çalışmadan elde edilecek sonuçların hem Suriyeli göçmen ve mültecilerle çalışan ruh sağlığı çalışanlarının tecrübelerini anlamaya hem de uygulamaya yönelik öneriler geliştirmeye yardımcı olacağı düşünülmektedir.

Çalışmanın amacı gereği sizinle yapılan derinlemesine görüşmelerde düşüncelerinizi paylaşırken mümkün olduğunca içtenlikle ve eksiksiz paylaşımlarda bulunmanız önemlidir. Çalışmanın süresi toplamda 45 dakika-1 saat arasında sürmektedir.

Bu çalışmanın hiçbir aşamasında kimlik bilgileriniz talep edilmeyecektir, verdiğiniz bilgiler gizli tutulacaktır. Kimlik bilgilerinizin yanı sıra çalıştığınız kurum bilgileri de gizli tutulacak, araştırmacının kendisi ve danışmanı dışındaki kişilerle paylaşılmayacaktır. Elde edilen bilgiler sadece araştırmacıların erişimine açık olacak, toplu olarak değerlendirilecek ve yalnızca bilimsel yayın amacıyla kullanılacaktır.

Katılım tamamen gönüllülük esasına dayanmaktadır. Görüşmeyi yapmanın katılımcı üzerinde herhangi bir olumsuz etkisi olması beklenmemektedir. Konuşmak istemediğiniz konulara görüşme boyunca kesinlikle değinilmeyecektir. Görüşmenin herhangi bir noktasında, rahatsızlık duyduğunuz takdirde, hiçbir gerekçe belirtmeden görüşmeden çekilebilirsiniz. Araştırmadan çekilmeniz durumunda verdiğiniz bilgiler değerlendirmeye alınmayacak ve imha edilecektir. Görüşmeler boyunca yanıtlarınız ses kaydı alınacaktır. Görüşme boyunca istediğiniz zaman kaydın durdurulmasını talep edebilirsiniz.

Görüşmenizin sonuçları, araştırma sonlandırılmadan önce gözden geçirmeniz için sizinle mail yoluyla paylaşılacak ve geri bildiriminiz doğrultusunda gerekli

değişiklikler yapılacaktır. Burada amaç, sizin görüşlerinizin ve deneyimlerinizin en doğru şekilde anlaşılmasını sağlamaktır.

Araştırmanın amacı, süreci ya da sonuçları ile ilgili daha fazla bilgiye ihtiyaç duyarsanız ya da yorumlarınızı paylaşmak isterseniz gultekinirmak@hotmail.com adresinden araştırmacının kendisiyle iletişime geçebilirsiniz.

**Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman çalışmayı yarıda kesebileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.**

Onaylıyorum. ☐

Ad Soyad İmza:

**APPENDIX 2 – The Demographic Information Form**

**Demografik Sorular**

1. Cinsiyet:

2. Yaş:

3. Etnik Köken:

4. Eğitim Durumu:
   Lisans Yüksek Lisans Doktora

5. Meslek (Psikolog, Psikoterapist, Sosyal Çalışmacı vs.):

6. Hangi yönelimle çalıştığı:

7. Mesleğinde ne kadar süredir çalıştığı:

8. Ne kadar süredir Suriyeli mülteci(ler) ile çalıştığı:

9. Çalıştığı kurum:

**APPENDIX 3 – The Interview Questions**

**Sorular**

1. Terapist olarak çalışmaya nasıl başladınız? Kısaca terapist olma sürecinizi anlatabilir misiniz?
2. Suriyeli mülteciler ile çalışmaya nasıl başladınız?
3. Suriyeli mülteciler ile çalışmak nasıl sizin için?
    a) Suriyeli mülteciler ile çalışma sürecinizde olumlu gördüğünüz yanlar neler?
    b) Suriyeli mültecilerle çalışma sürecinizde hoşnut olmadığınız şeyler var mı?
4. Suriyeli mültecilerle çalışırken;
    a) Yaşadığınız duygusal deneyimlerinizi anlatabilir misiniz?
    b) Yaşadığınız bedensel deneyimlerinizi anlatabilir misiniz?
5. Bir tercüman ile birlikte çalışmak nasıl bir deneyim?
    a) Bu çalışmanın üçlü doğasını (siz, danışan ve tercüman) nasıl betimlersiniz, anlatırsınız?
    b) Tercümanla ilişkileriniz nasıl? Nasıl anlatırsınız?
    c) Tercümanla çalışmanın olumlu yönleri neler?
    d) Tercümanla çalışmanın sizin için zorlukları neler? Bu zorlukları çözmek için neler yaparsınız?
6. Suriyeli mülteciler ile olan çalışmanızla ilgili olarak, kendi öz-bakımınız için bir şeyler yapıyor musunuz? Yapıyorsanız neler yapıyorsunuz?
7. Suriyeli mültecilerle çalışmaya başlamadan önce onlara dair duygu ve düşünceleriniz nasıldı, başladıktan sonra nasıl?
8. Suriyeli mültecilerle çalışmak sizi terapist olarak nasıl/ne yönde etkiledi? Terapist olarak gelişiminizi nasıl/ne yönde etkiledi?
9. Danışanınızı anlamakta zorlandığınız anlar hatırlıyor musunuz?
10. Bu grupla çalışmaya yeni başlayacak bir terapiste nasıl önerileriniz olurdu?
    a. Etkili olduğunu düşündüğünüz müdahaleler var mı? Nasıl müdahaleleri önerirsiniz?
11. Sizin eklemek, paylaşmak istediğiniz bir şey var mı?

**APPENDIX 4- Member Checking E- Mail Content**

**Suriyeli mültecilerle tercüman eşliğinde psikoterapi çalışmaları yürüten psikoterapistlerin deneyimlerine dair yaptığımız çalışmanın bulgularının özeti:**

Merhaba,

Suriyeli mülteciler ile tercüman eşliğinde çalışan 10 psikoterapist ile gerçekleştirdiğimiz görüşmelerin sonunda, Türkiye'de Suriyeliler ile çalışan siz uzmanların seans odasında ve seans dışındaki deneyimlerini anlamlandırmaya ve bu alandaki pratiğin geliştirilmesine yönelik ulaştığım bilgileri kısaca özetlemek ve bunların sizin tecrübelerinizi ne kadar yansıtıp yansıtmadığına dair değerli geri bildirimlerinizi almak adına sizlerle paylaşmak istiyorum.

Nasıl ki sizler Suriyeliler ile çalışırken seans odasında dile dair birtakım "kayıp"lar olduğunu vurguladınız, ben de bu çalışmada benzer bir kaybı kabullenmek durumunda kaldığımı vurgulayarak başlamak isterim. Araştırma sürecinin doğası gereği, sonuçların deneyimlerinizin hepsinin bütünüyle kapsayacak şekilde raporlanması mümkün olmamıştır. Ancak; sıklıkla dile getirdiğiniz, önemini belirttiğiniz ve kulağa çarpıcı gelen pek çok deneyiminizin belirli temalarda toplandığını söyleyebilmek benim için mutluluk vericidir. Görüşmelerimiz sonucunda Suriyeli mülteciler ile tercüman eşliğinde yürüttüğünüz psikoterapi çalışmalarındaki deneyimlerinizi, her biri üçer alt temadan oluşan dört temel tema altında şu şekilde topladım:

- Dış gerçekliğin terapi odasına müdahalesi
    - Dışsal zorluklar
    - Sistem ve kurum
    - Kültürün psikoterapiye etkisi
- Tercümanla terapötik çalışmanın yürütülmesi
    - Tercümanın psikoeğitim ihtiyacı
    - Tercümanın sabitliği
    - Üçlü bir oyun

- Büyüme deneyimi
    - Terapistin esnekliği
    - İnsanın dayanıklılığına ve gelişimine şahitlik
    - Terapistin zenginleşmesi
- Terapistin sınırları
    - Rol karmaşası
    - Bedensel deneyimler
    - Kendini koruma ve öz bakım

Öyle görünüyor ki Suriyelilerin karşı karşıya kaldıkları barınma, güvenlik, işsizlik gibi zorluklar; sistemin ve çalışılan kurumun işleyişi ile ilgili meseleler ve kültür ile ilgili olarak düşünülebilecek bazı konuların seans odasında olanlarla etkileşime girmesi söz konusu. Psikoterapistlerin seans odasına giren bu konulara dair çaresizlik, yetersizlik, öfke ve sıkışmışlık gibi hisleri olabiliyor.

Tercüman, bu çalışma için önemli sac ayaklarından biri. Bu "üçlü oyunun" bir parçası ve oyunun kesinlikle içinde. Burada, geleneksel olarak alışılagelen diyadik (ikili) bir terapi ilişkiden, üçlü bir ilişkiye geçiş söz konusu. Tercümanın sabitliği de tıpkı psikoterapistin, odanın, günün ve saatin sabitliği gibi anlamlı ve çerçevenin bir parçası. Bunlarla birlikte buradaki en kritik meselelerden biri, tercümanın psikoterapi ortamında çeviri yapmaya dair psikoeğitime ihtiyaç duyması. Bu eğitim hem psikoterapinin ne olduğuna dair tercümanı daha donanımlı hale getirmeyi ve hem de tercümanın kendi sınırlarını ve psikolojik iyilik halini gözetlemeyi hedeflemeli. Tercümanların da danışanlarla benzer hikayelerinin olma olasılığı, onları ikincil travmatizasyon için riskli bir hale getirebilmektedir. İşe alım süreçlerinde bu durum kurumlar tarafından gözetilmesi gereken kritik bir meseledir.

Tüm zorluklarına rağmen bu psikoterapi çalışmaları psikoterapistlere bir "büyüme deneyimi" yaşatmaktadır. Danışanın ihtiyaçlarına ve var olan durumun gerektirdiklerine göre esneyebilmek, insanın dayanıklılığına ve gelişimine şahit olmak ve eşlik etmek, kendinden farklı olanla ve hatta "yabancı" olanla temasa

geçip ilişki geliştirmek, psikoterapistlerin hem mesleki hem de kişisel olarak doyum aldıklarını belirttikleri önemli alanlar.

Her terapi çalışması gibi bu çalışmada da terapistin sınırları, kendini koruması ve öz-bakımı önem arz eden konulardan. Suriyelilerin yaşadıkları zorlu yaşam olayları zaman zaman terapistlerde uyandırdığı çaresizlik hisleriyle birlikte bir yardım etme isteği ve buna bağlı gelişen rol karmaşası yaratabiliyor. Bunun için süpervizyon, bilhassa vurgulanan hayati bir süreç. Yine süpervizyon, terapistin kendi terapisi, spor, müzik, bitki yetiştirmek gibi pek çok aktivite öz bakım için tercih edilen aktiviteler. İlginç bir konu, terapistlerin bedensel deneyimlerinde kendini gösteriyor: Terapistler sırt ve boyun ağrıları başta olmak üzere kas ağrılarından yakınıyor. Göç kelimesinin hareketi çağrıştırdığı düşünüldüğünde bu kas ağrıları ilginç bir araştırma konusu olabilecek kadar anlamlı oluyor.

Sizlere, vermiş olduğunuz samimi bilgiler ve içten görüşmelerimiz için bir kez daha teşekkür ederim. Deneyimleriniz, danışan, tercüman ve psikoterapist üçlüsü ile etkili süreçlerin nasıl geliştirilebileceğine destek olması bakımından çok değerli. Herhangi bir sorunuz, yorumunuz ya da araştırmacı olarak kapsayamadığımı düşündüğünüz nokta var ise bunları duymaktan memnuniyet duyarım.

Deneyimlerinizi dinlememe izin verdiğiniz ve bu süreçte bana eşlik ettiğiniz için teşekkür eder, çalışmalarınızda kolaylıklar dilerim.

Irmak Gültekin

## APPENDIX 5- Ethical Approval by the Ethics Committee

İstanbul Bilgi University

ETİK ALT-KURUL DEĞERLENDİRME SONUCU
RESULT OF EVALUATION BY THE ETHICS SUB-COMMITTEE

**Başvuru Sahibi/Applicant:** Irmak Gültekin
**Başvuru Tarihi/Date of Application:** 12.12.2019
**Proje Başlığı/Project Title:** Experiences of Mental Health Professionals Working with Syrian Refugees

**Değerlendirme Sonucu/Evaluation Result:**
Proje program etik alt-komitesi tarafından değerlendirilmiş; herhangi bir değişikliğe gerek görülmemiştir. Proje onaylanmıştır. / Project was evaluated by the program ethics sub-committee; there was no need for revision. The project was approved.

**Onay Tarihi / Date of Approval:** 06.01.2020

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