

Efficacy of Psychodynamic Psychotherapy on Refugees

Wirksamkeit der psychodynamischen Psychotherapie bei Flüchtlingen

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Kurzzusammenfassung

Die Flüchtlingskrisen haben weltweit große Auswirkungen und veranlassen häufig Berufsgruppen wie Ärzte, Sozialwissenschaftler und Psychoanalytiker dazu, Hilfe anzubieten. Das dringende Bedürfnis nach Sicherheit und Stabilität ist offensichtlich, ebenso wie das einfühlsame Zuhören der Psychotherapeuten, um den Schmerz der Flüchtlinge zu lindern. Die psychodynamische Psychotherapie hat sich bei der Linderung von traumabedingten Symptomen als wirksam erwiesen. Studien in der Prozess- und Ergebnisforschung belegen die Wirksamkeit der psychodynamischen Psychotherapie, indem sie mit theoretischen Ansätzen wie der Bindungstheorie verknüpft werden, um Veränderungsprozesse aufzudecken. Das Ziel der psychodynamischen Psychotherapie ist die Wiederherstellung von Bindungs- und Vertrauensproblemen. Bindungs- und Vertrauensprobleme können durch Übertragung wiederhergestellt werden und dem Patienten ermöglichen, Sinn in den Erfahrungen zu finden.

Schlüsselwörter

Flüchtlinge, psychodynamische Psychotherapie, Trauma, Prozess und Ergebnis

Abstract

Refugee crises have had a major impact globally, often causing professional groups including doctors, social scientists, and psychoanalysts to offer aid. The crucial need for security and stability is apparent, as is the need for empathetic listening from psychotherapists in order to alleviate the refugees' pain. Psychodynamic psychotherapy has shown effectiveness in alleviating trauma-related symptoms. Over time, studies in process and outcome research reveal the efficacy of psychodynamic psychotherapy by linking it to theoretical frameworks like attachment theory, thus, uncovering the processes of change. The aim of psychodynamic therapy is to heal attachment and trust issues through transference and to allow the patient to make sense of their experience.

keywords

refugees, psychodynamic psychotherapy, trauma, process and outcome

1. Introduction

Refugee crises have had a major impact globally, often causing professional groups including doctors, social scientists, and psychoanalysts to offer aid. In 2016, 900,000 refugees were expected to enter Germany. A year before, the largest group of refugees (35.9%) came from Syria. Media reports were packed with vivid examples of suffering and despair. Disasters resulting from the effects of war and displacement have contributed to severe trauma and the destruction of the lives of families, who then transmit these to their children and grandchildren (Leuzinger-Bohleber, Rickmeyer, Tahiri, & Fischmann, 2016).

A project initiated by the Sigmund Freud Institute (SFI) in cooperation with the Anna-Freud-Institute (AFI) in Germany, offered psychoanalytic knowledge and expertise in dealing with trauma to displaced refugees. The project started in 2016, providing interventions and psychotherapies for traumatized refugees at the AFI and the Frankfurt Psychoanalytical Institute, mostly for children and adolescents (Leuzinger-Bohleber et al., 2016).

The crucial need for security and stability is apparent, as is the need for empathetic listening from psychotherapists in order to truly alleviate the refugees' pain. The medical and social support teams referred traumatized refugees to psychoanalysts on a daily basis. Assessments and psychotherapies were then provided. Prevention plans against avoidance, passivity, hopelessness, regression, and re-enactment of trauma were created. A secure, reliable, and empathic environment was provided. An understanding of the refugee's history, conflicts, and unconscious fantasies was also conveyed (Leuzinger-Bohleber et al., 2016).

Refugees face increased risks of suffering under inhumane conditions like danger, sickness, and death. Such suffering likely becomes transgenerational, with seemingly little chance of halting it, unless addressed by psychoanalysts. They play a crucial role in treating traumatic symptoms caused by displacement through war (Varvin, 2019).

Psychodynamic psychotherapy focuses on interpersonal experiences, known as object relations and attachment, which may affect relationships and emotional needs. The therapeutic relationship is important as past and present experiences may become reactivated causing the patient to project fears, feelings of rejections, and insecurities onto the therapist. The analysis of transference and countertransference helps to understand past and present interpersonal relationships (Shedler, 2009).

Object relations theory stresses how early trauma interrupts the perception of the Other as a whole and separate being. The incapacity to separate self (subject) from object (object/mother) creates the inability to symbolize and differentiate boundaries between others, time, and space. Attachment theory describes how early relationships with caregivers predict future relationships with others. Therapists use countertransference to analyze their own reactions to their patients in order to depict the patient's reenactments of past trauma. This can offer insight and help reorganize one's responses to the patient's psychic and social worlds (Spermon, Darlington, & Gibney, 2010).

Psychodynamic psychotherapy has been found effective for traumatized individuals by working with problems related to self and self-image. Psychodynamic psychotherapy enhances reflective functioning that helps modulate reactions to trauma and facilitates the internalization of secure inner working models for relationships. The therapeutic relationship focuses on rebuilding social functioning impaired through those traumatic events. Furthermore, the improvements through psychodynamic psychotherapy persist even after treatment is terminated (Varvin, 2019).

In the present paper, I will briefly discuss the effect of Psychodynamic Psychotherapy on refugees, its efficacy on posttraumatic stress disorder (PTSD) in refugees, and how other types of therapies benefit them.

2. Psychodynamic Psychotherapy and Refugees

Psychodynamic psychotherapy has been found effective in alleviating trauma-related symptoms. In the past, psychodynamic psychotherapy has been criticized for its ties to an 'old school' psychoanalysis as well as for lacking scientific evidence, which renders it inefficient. Yet, studies in process and outcome research come to show the efficacy of psychodynamic psychotherapy by linking it to theoretical frameworks like attachment theory, in order to uncover the processes of change (Yakely, 2014).

Psychodynamic psychotherapy has demonstrated how refugees' object relations, representing the means by which one is internally connected to others, are disrupted. As humans, refugees are denied their basic rights of having a home, safety and protection (Varvin, 2019).

Being traumatized also leaves its mark on the refugees' bodies and minds. The traumatizing events continue being painfully relived without becoming symbolized or inscribed into the representational system where they are retrieved as memories. Instead, these experiences are dissociated as fragments and persistently cause disturbances in the patient's mental stability. From the start, the psychoanalyst becomes involved with the non-symbolized experience, which is encountered non-verbally in the sessions. Time is needed to allow the non-verbal to turn into a narrative form and to get in touch with the past and present traumatic experience (Varvin, 2018).

The aim of psychodynamic therapy is to restore attachment and trust through transference thus reestablishing meaning to the patient's experience. The patient's story could affect the analyst's countertransference through the enactment of unconscious material which becomes conscious and symbolized during the sessions. Both the therapist and the patient's unconscious wishes become actualized and if the therapy is conducted well, an integration of the past and present experience will occur (Varvin, 2018).

Psychodynamic psychotherapy has also shown to be effective in improving reflective and social functioning, which persisted even after the treatment had ended. Improvements in symbolization during therapy enhances metacognitive or mentalizing capacities that help the patient derive traumatic experience and express them verbally. The dissociated fragments are experienced as distressing dreams, somatic sensations, and hallucinations. In this regressive state, the patient is unable to make sense of the experience due to the absence of an empathic internal other.

Furthermore, he/she cannot put a distance between him/her and the experience and cannot relate to and reflect on the experience. The ego tries desperately to reorganize the experience through dreams that help to symbolize and contextualize the traumatic experience (Varvin, 2018).

3. Efficacy of Psychodynamic Psychotherapy on Refugees with Posttraumatic Stress Disorder (PTSD)

Katsounari (2013) presented the case of an unaccompanied refugee minor (URM) with severe PTSD, depression, and anxiety, receiving therapy once a week for 16 weeks. The therapist used a psychodynamic approach mixed with psychoeducation, projective drawing, cognitive restructuring strategies, and breathing exercises. The patient reported having fewer symptoms, flashbacks, and nightmares, and an increased sense of safety.

Mok (2015) studied a case of a URM who suffered from anxiety, depression, sleeping problems, and addictions. Over the course of 6 years, he received therapy combining cognitive behavioral therapy (CBT) and humanistic and psychodynamic approaches. By the age of 22, he reported being less anxious, less depressed, more stable, and having improved interpersonal relationships.

A study by Drozdek (1997) used psychodynamic psychotherapy with refugees from Bosnia-Herzegovina that settled in the Netherlands and suffered from PTSD. The study focused on support, identifying traumatic triggers, integrate those distressing memories and feelings, and observing changes in core beliefs particularly those related to migration. The interventions comprised 48 sessions. The results showed a 73% decrease in the rate of PTSD rates post-treatment.

Psychodynamic psychotherapy focuses on the patient's interpersonal relationships, including the relationship with the therapist. The therapeutic alliance helps the patients cultivate insight into their interpersonal patterns by linking the therapeutic relationship to the patient's childhood and daily relationships. Two studies on psychodynamic psychotherapy for PTSD produced progress in interpersonal functioning while reducing symptoms of agoraphobia and hostility (Brom, Kleber, & Defares, 1989) and raising confidence and assertiveness (Krupnick, 1980; for a review, see Schottenbauer, Glass, Arnkoff, & Gray, 2008).

It has been suggested that addressing interpersonal issues may help alleviate PTSD symptoms. A pilot study examined the effects of a psychodynamic psychotherapy based on Yalom's (1995) group interpersonal psychotherapy and a different form of interpersonal therapy by Klerman, Weissman, Rounsaville and Chevron (1984). This study, which focused on women with PTSD, found an improvement of PTSD symptoms among the women who received the interpersonal treatment.

4. Studies on Psychotherapy in General and Refugees

Studies show that trauma increases the severity of pre-existing mental health symptoms like PTSD. A study that adapted Western interventions like cognitive behavioral therapy (CBT) to refugees demonstrated its effectiveness on PTSD symptoms (Murray, Davidson, & Schweitzer, 2010).

A study by Weine, Kulenovic, Pavokovic, and Gibbons (1998) twenty Bosnian refugees suffering from PTSD received Testimony Psychotherapy. This required them to relate their trauma experience in their native language, with the aim of making the hardships they experienced known to others. Symptoms decreased by 70% to 75% after 2 months of interventions, and by 53% after 6 months of intervention. Measures of PTSD, depression, and global functioning improved significantly as they appreciated sharing their life experience with people who respected them. Another study (Kruze et al., 2009) evaluated the effects of trauma-focused psychotherapy on 70 war refugees from Bosnia. These refugees suffered from PTSD and somatoform disorders. Half of them formed a control group that received only usual care and reported significantly higher PTSD scores at a 12-month follow-up than those who received psychotherapy. One third of a population exposed to mass violence suffers from PTSD while half develops depression.

Meffert et al. (2011) conducted a pilot randomized controlled trial of Interpersonal Psychotherapy (IPT), which included sessions twice a week for 3 weeks. Among the 22 Sudanese refugees living in Cairo an effect size on PTSD of -2.52 and -2.38 was found. IPT predicted a significant decrease in symptoms of PTSD, state anger, and depression.

A quantitative study (Acarturk et al., 2015) examined the effects of Eye Movement Desensitization and Reprocessing therapy (EMDR) in reducing PTSD and depression symptoms in Syrian refugees. Twenty-nine adult participants with PTSD symptoms were randomly assigned to receive either EMDR sessions (n=15) or a control wait-list (n=14). Analysis of covariance showed that the EMDR group had significantly lower trauma scores at post-treatment compared to the control group. Thus, EMDR may be effective in reducing PTSD and depression symptoms among Syrian refugees residing in camps.

5. Conclusion

Psychodynamic psychotherapy has demonstrated its effectiveness in treating traumatized refugees suffering from dissociation and need to reconcile past and present experience. Also, psychodynamic psychotherapy has shown to be effective in treating PTSD, especially in unaccompanied refugee minors (URMs). Other types of psychotherapies such as CBT, EMDR, and Testimony Psychotherapy (TP) showed efficacy with trauma-related symptoms as well.

Unfortunately, the current trend of short-term psychotherapies like CBT and EMDR for treating trauma is decreasing the demand for long-term psychotherapies such as psychodynamic therapies. Additionally, clients find short-term therapies fast and as well as cost-effective. Nevertheless, psychodynamic therapy maintains its efficiency in dealing with repressed unconscious wishes and desires that influence how people act and think in the present moment. It also takes into consideration the analysis of dreams, transference, and countertransference, which reflect how we interact with significant others.

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