AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF MENTAL HEALTH PROFESSIONALS' EXPERIENCES WORKING WITH SYRIAN REFUGEES IN TURKEY

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ABSTRACT

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF MENTAL HEALTH PROFESSIONALS' EXPERIENCES WORKING WITH SYRIAN REFUGEES IN TURKEY

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More than 3.7 million Syrian refugees are currently under temporary protection in Turkey, making Turkey a host country the largest community of refugees in the world (UNHCR, 2021) are currently residing. These individuals face numerous challenges, including mental health difficulties such as trauma, distress, and feelings of sadness, anger, disinterest, and hopelessness. In addition to struggling with basic needs like shelter and food, Syrian refugees also encounter social inequalities, discrimination, rights violations, and economic hardships, as reported by various refugee associations Although there are organizations in Turkey that aim to support refugees, access to mental health services remains limited. Previous studies focus primarily on multicultural competence and the mental health of refugees, with only a few studies investigating the experiences of mental health professionals working with refugees.

The purpose of the present study was to gain a comprehensive understanding of the experiences of mental health workers, particularly psychologists, who work with Syrian refugees in Turkey. By exploring their well-being and shedding light on their difficulties and need for support, this research aimed to contribute to advocating for better resources for these professionals. To achieve this objective, semi-structured interviews were conducted with 10 mental health workers, consisting of 7 women and 3 men, all psychologists, ranging in age from 29 to 46. The interviews were transcribed and analyzed using the Interpretative Phenomenological Analysis (IPA) method, resulting in the identification of five overarching themes. These themes encompassed secondary traumatization, post-traumatic growth, challenges faced by clinicians, rewards experienced by clinicians, coping strategies, and available resources. The researcher discussed the findings in relation to existing literature on refugees and secondary traumatic stress, while also considering clinical and policy implications, as well as limitations and future directions for research in this area.

Keywords: Migration, Syrian Refugees, Burn-out Syndrome, Secondary Traumatization, Mental Health Workers, Interpretative Phenomenological Analysis, Coping Strategies.

ÖZ

SURİYELİ MÜLTECİLERLE ÇALIŞAN RUH SAĞLIĞI UZMANLARIYLA BİR YORUMLAYICI FENOMENOLOJİK ANALİZ

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3,7 milyondan fazla Suriyeli mülteci şu anda Türkiye'de geçici koruma altındadır, ve bu durum da Türkiye'yi dünyadaki en büyük mülteci topluluğuna ev sahipliği yapan ülke haline getirmektedir (UNHCR, 2021). Bu bireyler, travma, sıkıntı ve üzüntü, öfke, ilgisizlik ve umutsuzluk gibi ruh sağlığı zorlukları da dahil olmak üzere çok sayıda zorlukla karşı karşıyadır. Suriyeli mülteciler, barınma ve gıda gibi temel ihtiyaçların yanı sıra, çeşitli mülteci dernekleri tarafından bildirildiği üzere, sosyal eşitsizlikler, ayrımcılık, hak ihlalleri ve ekonomik zorluklarla da mücadele etmektedirler. Önceki çalışmalar daha çok çok kültürlülükle ilgili yeterlilik ve mültecilerin ruh sağlığı konularına odaklanırken, mültecilerle çalışan ruh sağlığı profesyonellerinin deneyimlerini inceleyen oldukça az sayıda çalışma bulunmaktadır. Bu çalışmanın amacı, Türkiye'deki Suriyeli mültecilerle çalışan ruh sağlığı çalışanlarının, özellikle de psikologların deneyimlerini kapsamlı bir şekilde anlamaktır. Bu araştırma, onların genel iyilik hallerini araştırarak ve yaşadıkları zorluklara ve destek ihtiyaçlarına ışık tutarak, bu profesyoneller için daha iyi kaynakların oluşturulmasının savunulmasına katkıda bulunmayı amaçlamıştır. Bu

amaca ulaşmak için, yaşları 29 ile 46 arasında değişen, hepsi psikolog olan 7 kadın ve 3 erkekten oluşan 10 ruh sağlığı çalışanıyla yarı yapılandırılmış görüşmeler yapılmıştır. Görüşmeler yazıya dökülmüş ve Yorumlayıcı Fenomenolojik Analiz (IPA) yöntemi kullanılarak analiz edilmiş, sonuçta da beş kapsayıcı tema belirlenmiştir. Bu temalar ikincil travmatizasyon, travma sonrası büyüme, klinisyenlerin karşılaştığı zorluklar, klinisyenlerin yaşadığı ödüller, başa çıkma stratejileri ve kaynakları kapsamaktadır. Araştırmacı, bulguları mülteciler ve ikincil travmatik stresle ilgili mevcut literatürle ilişkili olarak tartışırken, klinik ve politika çıkarımlarının yanı sıra bu alandaki araştırmalarla ilgili sınırlamaları ve gelecekteki yönelimleri de göz önünde bulundurmaya çalışmıştır.

Anahtar Kelimeler: Göç, Suriyeli Mülteciler, Tükenmişlik Sendromu, İkincil Travmatizasyon, Ruh Sağlığı Çalışanları, Yorumlayıcı Fenomenolojik Analiz, Başa Çıkma Stratejileri.

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I embarked on my PhD journey amidst a tumultuous period in my life, fraught with challenges and uncertainties that pushed me to my limits. There were moments when completing this thesis seemed impossible, as I struggled to juggle unexpected obstacles that demanded my attention. However, against all odds, I managed to cross the finish line. Therefore, I would like to express my deepest gratitude to the exceptional individuals who supported and guided me throughout this arduous journey, enabling me to obtain my doctorate despite the multitude of unforeseen obstacles that emerged.

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CHAPTER 1

INTRODUCTION

1.1. The Context and The Purpose Of Current Study

1.1.1. The Purpose of the Study

The present dissertation aimed to contribute to the understanding the overall conditions and needs of mental health professionals working with Syrian refugees in Turkey. It was written during a tumultuous period in Turkey, marked by devastating earthquakes and a pre-election atmosphere that has fueled hostility, hatred, and exclusion towards Syrian refugees and immigrants (Sert et al., 2023). Unfortunately, Syrian refugees, along with immigrants from nations like Afghanistan and Pakistan, face significant discrimination from Turkish society (İstanbul Politik Araştırmalar Enstitüsü, 2020). Despite having sought shelter or resettlement in various cities in Turkey for nearly a decade, these refugees are now viewed by some as invaders who have overstayed their welcome, leveraging political opportunity. As tensions rise over Turkey's millions of refugees, politicians seek to exploit this resentment, further subjecting them to discrimination and exclusion (Tahiroğlu, 2022). With more refugees arriving each day without comprehensive government plans for settlement or integration, the perception of overcrowding intensifies local anxieties, which unfortunately manifests as anger directed everyone who has professional relations with them (UNHCR, 2022). Just like the mental health profesionals, the target of this present study, who are trying to support them at their jobs, but facing backlash and pressure from the society.

Turkey has become as a significant host country for refugees and asylum seekers, particularly Syrian refugees. Currently, there are approximately 3.7 million Syrians who have found resettlement in Turkey (Ministry of Interior Directorate General of

Migration Management, 2022). This can be attributed to Turkey's strategic location on international migration routes. Interestingly, the majority of Syrian refugees, more than 98 percent, reside in urban centers rather than refugee camps (Ministry of Interior Directorate General of Migration Management, 2023). Furthermore, a significant portion of the Syrian refugee population falls within the working-age range, between 18 to 59 years old.

NGOs play a crucial role in addressing Syrian refugees' challenges in Turkey, even though they have limited resources. They offer educational programs such as free language courses, social support initiatives, and assistance in establishing businesses through flexible legal arrangements. Additionally, some municipalities and government agencies provide essential services to meet the increasing needs of this population, including healthcare, social care, housing, immigration support, and education. Despite these efforts, there is still a pressing need for more comprehensive support and resources, especially more support of mental health services, to ensure the well-being and integration of Syrian refugees in Turkey.

The displacement of Syrians has been accompanied by significant challenges and struggles, much like other affected nations. A report from UNHCR in 2015 titled "Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians" highlights the common stressors faced by Syrian refugees. Mental health professionals who are working with Syrian refugees often witness that they have unmet basic needs such as food, healthcare, and education, have to deal with ongoing risks of violence and exploitation, isolation, discrimination both inside and outside refugee camps, unemployment, separation from family, and concerns for the well-being of relatives who remain in Syria or have moved to other camps or countries (Eastern Mediterranean Public Health Network [EMPHNET], 2014).

Furthermore, it has been reported that 83% of Syrian refugees have experienced at least one traumatic event before seeking refuge in Turkey (Chammay et al., 2013). The ongoing conflict directly impacts the living conditions and mental health of Syrian refugees. Many families are now disconnected from the supportive and protective mechanisms provided by their communities, having to adapt to a new country with

different cultural norms while facing challenging living conditions. These circumstances contribute to significant mental health problems, including existential concerns about safety, loss of identity, hopelessness, feelings of estrangement, yearning for their homeland, and profound despondency (UNHCR, 2015). It is estimated that between 3-30% of Syrian refugees have experienced clinical depression, and approximately 50-57% of them have exhibited symptoms of post-traumatic stress disorder (EMPHNET, 2014). This percentage means that there are at least 2 millions of Syrian refugees in Turkey who suffer from traumatic events and likely in need of mental health professionals' services.

In summary it seems evident that the number of refugees far exceeds the resources for psychological support. While there are no official figures available, it is estimated that there are approximately 2000 mental health workers serving at various NGOs and municipalities across different cities in Turkey (Coşan, 2015). The reality is that the number of Syrian refugees seeking mental health support far exceeds the capacity of these workers (ASAM, 2021). This imbalance creates immense pressure on and significantly increases the likelihood of burnout among mental health professionals, including psychologists, psychiatrists, and social workers, because they are responsible for providing mental health services to an overwhelming number of refugees (McCann & Pearlman, 1990). In addition, traumatized populations can have negative effects on mental health workers, leading to vicarious traumatization, secondary traumatic stress, burnout, compassion fatigue, and traumatic countertransference (Figley, 1995, 2002; Guhan & Liebling-Kalifani, 2011; Herman, 1992; McCann & Pearlman, 1990; Pines, 1993).

Previous research has highlighted various challenges faced by mental health staff working with refugees and asylum seekers in different organizations (Herman, 1992). Unfortunately, these organizations have limited resources to address these difficulties. Studies have shown that mental health professionals often feel ill-equipped to meet the needs of refugee clients (Drennan & Joseph, 2005). They also encounter numerous obstacles when collaborating with authorities and navigating the refugee management system (Johnson, 2003). Balancing the demands of refugee clients while maintaining professional boundaries is a common conflict for mental health staff in this field

(Misra, Connolly, Klynman, & Majeed, 2006). Additionally, challenges of working with individuals from diverse cultural backgrounds in a clinical setting has been extensively discussed in the literature (Lo & Fung, 2003; Hanna & Cardona, 2013; Tummala-Narra, 2015; Mosher, Hook, Captari, Davis, DeBlaere & Owen, 2017). Psychotherapy cannot be divorced from its cultural context, yet its foundations predominantly stem from Western culture, posing challenges for its applicability in other cultural settings (Lo & Fung, 2003). Moreover, working with someone from a different cultural group raises concerns regarding managing cross-cultural differences between the client and the therapist (Atkinson, 1985; Daniel, Roysircar, Abeles & Boyd, 2004; Falicov, 1988), which may lead to issues like over-pathologizing clients, misunderstandings between clients and clinicians, or early treatment discontinuation due to communication problems (Moleiro, 2018; Westermeyer & Janca, 1997; Sue, 1998; Hwang, 2006; Alvidrez, Azocar, Miranda, 1996).

Counsellors working in refugee centers often report that their work is more stressful and presents more ethical challenges compared to working with non-refugee populations, (Century et al., 2007). One significant obstacle faced by mental health workers is the language barrier, as studies have highlighted the difficulty of not knowing the languages spoken by refugees. Additionally, counsellors encounter numerous difficulties when working with interpreters, as they strive to address both the practical and psychological needs of refugees.

The literature reveals a growing number of studies focusing on the experiences of refugee health workers. For example, a study conducted in the UK supported previous research by describing several negative emotional effects experienced by the mental health staff at a refugee center (Guhan & Liebling-Kalifani, 2011). Counselors in the primary care department reported feelings of helplessness and exhaustion, often struggling to manage their own emotions as clients shared increasingly intense stories. Another study in Australia indicated that refugee service providers experienced high levels of vicarious traumatization due to continuous exposure to stories of helplessness and trauma (Puvimanasinghe et al., 2015). This cumulative effect disrupted their thinking patterns and caused inner turmoil (McCann & Pearlman, 1990). Furthermore, a study conducted with primary mental health care providers in Brisbane, Australia,

revealed that they frequently encountered communication difficulties with refugees due to language and cultural barriers (Farley, Askew, & Kay, 2014). In addition, the lack of necessary knowledge regarding complex and unfamiliar conditions discussed during therapy sessions, along with the absence of supervision involving as emotional and professional support, further effected mental health staff negatively.

Although there has been an increase in the number of studies on the experiences of mental health professionals working with refugees and asylum seekers, it is clear that more research is needed in many countries. This is particularly true in Turkey, where there is a limited number of studies exploring the experiences of mental health workers, despite the urgent need. Numerous mental health professionals working with refugees have expressed ongoing difficulties in receiving supervision, experiencing burnout and vicarious traumatization, and lacking sufficient support and solutions from their organizations. These concerns were discussed extensively during the Traumatic Stress Congress at Bilgi University in 2018(Travma ve Afet Ruh Sağlığı Çalışmaları Derneği, 2021) where mental health professionals highlighted the challenges they face and the limited resources available to address them.

These findings are consistent with the researcher's firsthand experience. As a volunteer for organizations like Mülteciyim Hemşerim and TODAP (Association of Psychologists for Social Solidarity), she had the opportunity to interact with colleagues working with Syrian refugees in these networks and refugee institutions. Almost all of them expressed a strong desire for regular supervision, reduced session hours, and the establishment of solidarity groups among mental health professionals. They also emphasized the need for more equitable relationships with authorities who often treat them dehumanisingly and failed to meet their needs. Many of them reported a decline in their well-being, leading to a vicious cycle where their work suffered and they lost motivation and strength. While some efforts have been made in the past to provide psychological support, such as infrequent clinical and social supervision and occasional perks like celebrating staff birthdays or allocating one day a week for paper work, these initiatives were generally short-lived.

In summary, due to the sheer volume of refugees seeking psychological support and lack of institutional support, mental health workers who are working with Syrian

refugees in Turkey seems to be overwhelmed and at risk of secondary traumatization or burn-out. And considering the increasing demand for psychotherapy with Syrian refugees in Turkey, it seems to be crucial for both clinicians and the institutions they are working at to be well-informed on how to effectively work with this specific group. Existing literature also confirms this view, suggesting that improving mental health staff's understanding of their own situation can enhance their ability to process experiences more efficiently. Further research and clinical implications stemming from these future studies will undoubtedly prove valuable when working with this population. Therefore, the primary objective of the present study is to comprehensively address the existing literature on the needs of refugee mental health workers. Using Interpretative Phenomenological Analysis (IPA), this study delved deep into the experiences of refugee mental health workers, exploring the emotional, social, somatic, and work-related challenges they encounter. Additionally, it investigated their experiences in working with a culturally different group and an interpreter. Therefore, the present study aimed to answer the following research questions:

1. What are the experiences of mental health workers during their sessions with Syrian refugees in Turkey, and how do they interpret and make sense of these experiences?

2. How do these mental health workers perceive the overall situation of Syrian refugees in Turkey, and how do they navigate and cope with the challenges of helping their clients under such circumstances?

3. In what ways does working with Syrian refugees impact the well-being and professional development of mental health workers? What specific challenges do they encounter in their work, and how do they effectively handle and overcome these challenges?

4. How do mental health workers perceive the available sources of strength and support that aid them in their work with Syrian refugees?

1.1.2. Definitions of Terms: Refugee, Asylum Seeker, Exile, and Internally Displaced People

Before investigating the experiences of mental health professionals working with refugee clients, it would be appropriate to indicate the groups that they work with and their condition in Turkey. Mental health professionals in Turkey work with refugees, asylum seekers, exiles and internally displaced people. First of all, the main distinction between refugees and asylum seekers lies in the fact that an asylum seeker is in the process of seeking protection through the legally recognized procedures. These legal procedures were established by the 1951 United Nations Convention Relating to the Status of Refugees and its revised 1967 protocol. An asylum seeker is someone who is also compelled to leave their country of origin and crosses an international border. Asylum seekers formally apply for asylum in order to seek safety and protection in another country, based on non-refoulement (UNHCR, 1951) principles that prohibits the deportation or return of individuals to a country where they may face persecution, torture or other serius harm. However, their application for refugee status has not yet been finalized, and they have not been granted refugee status yet (Elliott & Segal, 2012; International Organization for Migration [IOM], 2019). People may apply for asylum for various reasons, including fearing persecution based on their affiliation with a social group, political opinion, ethnic or racial background, religion, or nationality (IOM, 2019). The asylum process can take several years to reach a resolution. If the application is denied, the applicant must leave the country and may face deportation (Ryan et al., 2009; IOM, 2019).

Every recognized refugee was once an asylum seeker (IOM, 2019). The UN Human Rights protocols (2011) defined a refugee as an individual who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of their nationality and is unable or unwilling to avail themselves of the protection of that country; or who, not having a nationality and being outside the country of their former habitual residence as a result of such events, is unable or unwilling to return to it"(p.14).

Working with asylum seekers presents unique challenges, as these individuals are uncertain about their legal status and whether they will be allowed to stay in the country. On the other hand, refugees have legal status but must cope with the emotional toll of being unable to return to their homes, as well as the loss of family, identity, and professional status.

The term of migrant is also commonly used in the literature. According to the definition proposed by the IOM, migrants are individuals who "move away from their usual place of residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons" (IOM, 2019). The IOM considers migrant as an umbrella term that is not included in international law and encompasses all types of movement.

Various terms and their definitions have been used to establish the basic rights and entitlements of displaced individuals, as well as the legal obligations of states. Although Syrians in Turkey have not been officially granted refugee status, the term "refugee" is used in this dissertation for ease of use, in reference to its sociological and psychological connotations rather than as a strictly legal term.

1.1.3. Refugees and Asylum Seekers in Turkey: Numbers and Legislative Regulations

According to the United Nations High Commissioner for Refugees (UNCHR, 2022), there are currently more than 100 million individuals who have been forcibly displaced from their country of origin due to various reasons such as persecution, political conflict, violence, and human rights violations. Among these individuals, 33 million are classified as refugees. This staggering number signifies a significant milestone as it is the first time in recorded history that the number of displaced people has surpassed 100 million. Unfortunately, this number is projected to continue increasing in 2023. Notably, Syrian refugees account for the largest number of displaced individuals worldwide, with an estimated population of 6.6 million based on official numbers (UNHCR, 2021).

Turkey, as one of the countries hosting a significant number of refugees, has become a transit country for many individuals from the Middle East, Asia, and Africa who aim to reach European countries or other destinations across continents. Due to its strategic geographical location at the intersection of international migration routes, Turkey serves as a temporary home for approximately 4 million displaced individuals, according to April 2022 statistics provided by the UNHCR. This number includes over 3.7 million Syrians under temporary protection and 330,000 displaced individuals under international protection (UNHCR, 2021). Since the start of the Syrian war, these numbers have continued to rise each year.

Turkey, despite being a signatory to the 1951 Geneva Convention and its Additional Protocol, only grants legitimate refugee status to refugees from European countries, excluding non-European asylum seekers from the protection of the Geneva Convention framework (Erdoğan, 2018). Consequently, non-European asylum seekers in Turkey are provided with temporary asylum instead. They can apply for the Refugee Status Determination (RSD) procedure, which involves individual interviews to assess their refugee status application (UNHCR, n.d.-b). Previously, the UNHCR was responsible for processing these applications, as well as determining the refugee status claims and assisting in resettlement to third countries until September 2018 (UNHCR, n.d.-b). Since then, Turkish Ministry of Interior Directorate General of Migration Management (DGMM) has taken over these responsibilities (UNHCR, n.d.-b).

In April 2013, Turkey enacted its first comprehensive law, Law number 6458 on Foreigners and International Protection (LFIP), which addresses refugees, asylum seekers, and migrants in response to the influx of refugees (Erdoğan, 2020). This law also established the aforementioned DGMM. According to the LFIP, there are four types of international protection status: refugee status, conditional refugee status, subsidiary protection status, and temporary protection status. However, this law only grants refugee status to people fleeing from European countries, in accordance with the 1951 Geneva Convention. The second status, conditional refugee status, also applies to displaced individuals from non-European countries who require international protection. These refugees are only permitted to stay in Turkey temporarily until they can be resettled in a third country (LFIP, 2013). The third status

under the LFIP, subsidiary protection status, is granted to individuals who have experienced or are at risk of torture, serious threats of violence, or death penalty if they were to return to their home countries. However, both conditional refugee status and subsidiary protection status offer fewer rights compared to refugee status.
The temporary protection status, which is the last category in the LFIP, serves to define the rights and responsibilities of those who have arrived in Turkey as a group (Erdoğan, 2020). Originally implemented as an emergency response to the mass influx of Syrians in 2012, this status provides them with protection from deportation and consequences of illegal entry to Turkey (Erdoğan, 2020).

According to UNHCR (2021d), nearly 6 million Syrians were forcibly displaced and in need of humanitarian assistance as of September 2021. The majority sought refuge in neighboring countries, with 66% of them fleeing to Turkey, while the rest found shelter in Lebanon, Jordan, Iraq, Egypt, and other African nations (UNCHR, 2021d). As Turkey has become the country hosting the largest population of Syrians, the Turkish government has a responsibility to adapt its refugee protection policies to effectively address this significant influx. Additionally, Syrian refugees in Turkey attained the status of "protracted refugees" in 2016, a term used by UNHCR to describe refugee crises lasting more than five years. Due to this protracted refugee situation, the Turkish government reached an agreement with the EU to keep refugees in Turkey and prevent their movement across Turkish borders into Europe. In exchange, Turkey would receive 6 billion Euros from the EU (Heck & Hess, 2017).

Currently, only 40% of school-age Syrian children are enrolled in the Turkish education system, with a significant portion unable to attend school (Erdoğan, 2018). Additionally, out of the 4 million Syrians in Turkey, only 48,192 are registered in Turkish universities. Moreover, despite the introduction of a new work permit regulation in 2016, only 31,000 out of the 900,000 working-age Syrians are formally employed, leaving an estimated 500,000 of Syrians in informal employment (Erdoğan, 2018). Additionally, it has been noted by Önal and Keklik (2016) that a majority of Syrians residing in Turkey are unable to effectively avail themselves of healthcare services. These statistics provide evidence that Syrian refugees in Turkey encounter

considerable constraints with regards to their educational, healthcare, and employment entitlements.

These figures demonstrate that a large majority of Syrian children and adolescents do not attend school, over 70% of adults do not possess work permits, and the majority of Syrians are unable to access health services. Considering that unemployment, lack of education, and general health problems are situations that strongly affect mental health, and the fact that sufficient administrative effort has not yet been developed to address these issues, it is understood how important the contributions of non-governmental organizations are in meeting these needs.

1.1.4. The Situation of Syrian Refugees in Turkey

According to official statistics provided by the Ministry of Interior Directorate General of Migration Management (2022), there is a current population of approximately 3.7 million Syrian refugees in Turkey. This number accounts for roughly 5% of the Turkish population and is steadily growing due to ongoing migration influx in Europe and Asia. The increasing number of Syrian refugees residing in Turkey is subjected to significant suffering and hardship, as they are indiscriminately targeted by attacks, regardless of their civilian status. These circumstances highlight the potential for intergenerational traumatization, where both the current child refugees and future generations may experience severe consequences as a result of this widespread traumatization (UNHCR, 2016). It is also important to emphasize that the challenges faced by refugees extend beyond their escape from their war-torn homeland. During attempts to cross borders, they often face violence, maltreatment from various authorities such as police forces, border units, and organized crime groups, and encounter other traumatic events such as rape, human trafficking, or child abuse (Europol, 2019). To make matters worse, these conditions tend to deteriorate over time (Kuru & Şar, 2022).

Numerous reports document the struggles faced by thousands of refugees living in camps, including poor health and hygiene conditions, inadequate food supplies, and insufficient social support from camp administrations and governmental authorities

(Clayton, 2015). Furthermore, the budget allocated to the UNHCR was halved in 2015, further exacerbating the dire situation within refugee camps (Yükseker, 2018). It is not surprising that many refugees consider the hardships they encounter after entering the country the most devastating part of their journey. Alongside these grim living conditions, they must endure lengthy waiting periods, bureaucratic obstacles, the slow pace and indifference of civil servants, and the constant fear of being forcibly repatriated to their home countries. This cumulative burden can be likened to a form of psychological torture, further compounding the psychological difficulties experienced by refugees.

Moreover, the growing number of refugees has become a source of concern for the majority of the Turkish population, who have been heavily influenced by the propaganda of Turkish politicians and affected by the deepening economic crisis in the country (Durmaz, 2022) which causes an addition to the difficulties Syrian refugees are dealing with. They are now seen as a population that needs to be sent back to their countries. The perceived threat they pose to security and the economy stems from claims that they are stealing jobs from Turkish citizens, unlawfully seizing properties, sexually and physically harassing women and children, and even committing acts of violence against Turkish people (Kuru & Şar, 2020). According to prevailing sentiment in Turkey, the majority of the population tends to regard Syrian refugees as enemies of the country and views them as undesirable outsiders.

1.1.5. Refugees as the Others

The need to categorize and label individuals as refugees, asylum seekers, or immigrants stems from a human tendency to make sense of the unfamiliar other (Bauman, 2018). Syrian refugees in Turkey present a complex case in defining their status, which can lead to their alienation or marginalization. Mental health workers dealing with Syrian refugees in Turkey should consider the complexity of their practice. This includes being aware of how they perceive the refugees and the impact it has on their support and reception in transit and destination countries. Additionally, mental health professionals play a crucial role in reshaping narratives and

understanding the interconnectedness of migration (Shinina, 2017). But despite established legal definitions, not all individuals in temporary protection are officially recognized as refugees, as shown by the 2020 statistics from the Directorate General of Migration Management, which reported 3,583,584 Syrians under temporary protection (Bauman, 2018). These categorizations aim to establish a shared understanding and facilitate discussions about the experiences and needs of these displaced individuals (Sullivan, 1952).

Sullivan's theory (1952) suggests that when people from another culture are seen as strangers, it actually relates to how they differ from our own sense of self. Refugees are considered strangers in the places they migrate to because they come from a different cultural background. They have grown up with their own customs and traditions, which may be unfamiliar to indigenous people who have internalized the cultural characteristics of their own community (Sullivan, 1952). This perception of refugees as strangers can be understood in terms of how they represent the not me part of our individual selves. By dissociating from and avoiding thinking about these issues, we may encounter emotions like fear, hate, and anger, which can influence our attitudes towards refugees.

Building on this, Gruen (2005) suggests that hatred towards strangers is always connected to our hatred of ourselves. To understand why people inflict suffering and humiliation on others, we must first confront the aspects of ourselves that we dislike. We try to silence this part within us by destroying the stranger who reminds us of it. This allows us to maintain a sense of psychic balance by keeping the part we dislike separate from our identity. Similarly, Bauman (2018) argues that we categorize people we are familiar with as friends or enemies, and we know how to navigate our relationships with them accordingly. However, when a new stranger enters our lives, it becomes challenging to categorize them. Our knowledge of strangers is limited, making it difficult to interpret their actions and intentions. This lack of control over the situation leads to anxiety and fear (Varvin, 2018), which is directed to the strangers, like refugees, and their actions.

It seems that refugees represent an encounter with the term of uncanny (Freud, 1919). Uncanny is an entity that we are not familiar within ourselves, but somehow, we know about it. Maybe it is an entity we once knew but dissociated from our self as not me, or an entity whose human qualities are completely denied. So, the refugees are the embodiment of the not me part that we are overly anxious about (Keskinöz Bilen, 2018). And this uncanny presence is familiar to us and denied by us.

By projecting the feeling of uncanny on the refugees and seeing them as strangers, many Turkish citizens still do not accept the official status and settlement right to live in Turkey of Syrian refugees, as revealed by the UNHCR Syrian Barometer field study (Erdoğan, 2021). Turkish citizens tend to view Syrians as criminals who rely on state assistance, take away job opportunities from Turkish citizens, and have no intention of returning to their homeland due to the ongoing insecurity and instability in Syria and the wider Middle East region.

Overall, these theories highlight how our perception of strangers and refugees is tied to our sense of self and the anxieties we carry. They posit that refugees evoke feelings and attitudes related to aspects of ourselves that have been suppressed due to overwhelming anxiety. By exploring and addressing these internal struggles, we can better understand and empathize with those who are different from us, fostering a more compassionate response to refugees and strangers alike. For psychotherapists, particularly those who adhere to a psychoanalytic approach like the researcher of the present study, it is crucial to examine what they undergo when engaging with refugees in therapy sessions.

It is important to consider that while refugees are often viewed as strangers by the local population, the reverse scenario must also be discussed: from the perspective of a Syrian refugee, the native inhabitants of the host country are also perceived as strange. Therefore, if a Syrian refugee appears as a stranger to a psychotherapist due to cultural differences, the psychotherapist, in turn, becomes a stranger to the Syrian refugee. Therefore, psychotherapy with Syrian refugees can be seen as a reciprocal process of encountering the stranger. As asserted by an anonymous psycho-social worker who is herself a Syrian refugee working with refugees in Turkey, it is an arduous task for a

refugee to open up their inner world and share their suffering with a stranger (Anonymous, 2016).

In conclusion, the categorization and labeling of individuals as refugees, asylum seekers, or immigrants serve the purpose of understanding the unfamiliar other and facilitating discussions around their experiences and needs. The perception of refugees as strangers stems from their cultural differences, which challenge our sense of self, and the hatred towards strangers is linked to our own internal conflicts. Also, it is crucial for Turkish citizens to recognize that both refugees and them may perceive each other as strangers due to cultural differences. As Turkey continues to host a large number of Syrian refugees, it is vital to take significant steps in their integration, particularly focusing on the well-being and development of children and teenagers among them.

1.1.6. The experience of Migration

Mental health professionals play a crucial role in understanding and addressing the experiences of refugees during their migration journeys. The intricate and multifaceted processes that refugees go through pose significant challenges, requiring mental health professionals to carefully navigate and comprehend each factor. This understanding not only allows mental health professionals to better support and assist refugees, but also sheds light on the complexities of the refugee experience itself. Therefore it is important to understand the experience of migration itself, in addition to the aftermath of migration.

Refugees' escape has been described as a journey of horror (Sayed Issa, 2017) that tests one's resilience and determination to its limits. As refugees traverse unfamiliar lands in attempting to avoid capture by the Syrian regime, they face numerous hardships and obstacles like heavy shelling, freezing weather, and the death of their own children or relatives (Thorleifsson, 2016). Some were forced to escape through the mountains, while others undertook diverse routes through the desert or the Mediterranean Sea (Gillespie et al., 2018); overall, the majority experienced internal displacement before reaching the borders (Doocy et al., 2015).

During this escape journey, Syrian refugee women and girls were trafficked, sexually abused, raped, or traded for sex slavery (Walton, 2018). Furthermore, depending on the route of travel during the flight, the journey presents the migrants with different health risks (Mangrio et al., 2018). During the crossing of the sea between Turkey and Greece, many children have drowned when overcrowded boats have capsized Infants that are born during the journey are at an increased risk of hypothermia, septicaemia, meningitis, pneumonia, and also poor nutrition and other diseases related with overcrowded accommodation and substandard hygiene (ISSOP, 2018). Traumatic events such as separation from family, death of family members, sexual violence, kidnapping, or extortion may have long-lasting physical and psychological effects on the refugee children, including depression and post-traumatic stress disorder (PTSD) (Thomas & Thomas, 2004).

All these traumatic events and their psychological effects, such as unending pain, shock, frustration, and disorganization, also activate mourning processes in Syrian refugees. They mourn the loss of loved ones, relationships, homes, and culture (Ainslie, 1998). Additionally, they mourn a sense of place, including familiarity with objects, the architecture of their former neighborhood, and its smells and sounds. In essence, they mourn the rhythms of their past lives that shaped their sense of self in the world (Grinberg & Grinberg, 1984). These cultural elements are deeply intertwined with one's identity from early interactions with caregivers, and this cultural mourning leads to extensive efforts and strategies to repair or deny what has been lost (Ainslie, 1998). These mourning processes are a crucial aspect of the immigrant experience and play a significant role in refugees' transformation of identity as they strive to integrate their experiences of loss and change, which form a substantial part of their identity transformation while adapting to the culture of their new location (Akhtar, 2011).

Refugees' personal transformation in their cross-cultural journey can create a struggle to integrate new cultural identifications with their old ones, ultimately altering the structure of the self and triggering a prolonged mourning process (Antokoletz, 1994). Part of what is mourned is the self that was also left behind in the homeland, and this can disrupt the continuity of self and lead to a loss of conscious contact with self-states (Bromberg, 2006). These dissociated self-states manifest in life choices, dreams, and

associations of refugees. Another dimension of this self-discontinuity is the internalization of class experiences, which can create tensions and conflicts for refugees as they mourn their previous position and power in their homeland (Layton, 2006). These difficulties can generate a sense of discontinuity in time for refugees, where they may feel that time is not passing or experience a feeling of being stuck in the past.

According to Dominic Scarfone (2014), the concept of unpast refers to the lingering traumas associated with a time that has not yet passed, where individuals become trapped in emotions, scenes, or thoughts that cannot be mentally symbolized. This state, referred to as "dead time" by Andre Green (2009), transforms the external world through inner experiences, highlighting that trauma is not solely tied to external reality. For those who have been exiled, the pain of loss intensifies their longing for their home country, often remaining timeless and untouched in their memories (Gürdal-Küey, 2011). This escape into an intemporal realm, as described by Freud (1915), allows refugees to disconnect from reality, freezing time in their minds. However, by acknowledging their losses and going through the mourning process, they can regain a sense of freedom and adapt to new places and cultures, although the sting of their past always lingers. If they were to return to their homeland, they may feel as if time has stood still or that they are now strangers in their own land. (Gürdal-Küey, 2011).

Forced migration and exile are deeply connected to pain and trauma, which can shatter one's identity (Altzinger, 2011); and trauma refers to a profound shock and its long-lasting effects on individuals who are unable to overcome it due to its severity (Freud, 1917). Migration is considered as an ongoing process, often accompanied by sorrow and shaped by the reasons behind the decision to migrate; and in some cases, refugees are unable to mourn properly, which leaves them detached from their sense of security and submerged in uncertainty. This leads to apocalyptic changes, emptiness, madness, or fear occupying their inner world (Altzinger, 2011). The pain of uprooting and leaving behind familiar surroundings can be overwhelming for refugees, but finding purpose and success in the new environment can help preserve their sense of being alive. Yet, a lack of opportunities to utilize skills or a difficult childhood developmental process can result in psychological death or constant grappling with

memories of lost relationships and places (Freud, 1917). Language plays a significant role in this experience, as leaving behind one's mother tongue is challenging. Altzinger (2011) describes this gap between the old and the new language as the *Hohlraum*, which is an unbridgeable void, an empty space that cannot be defined, or expressed through words, a pace that can only be silenced.

Nevertheless, the traumatic experience can also foster reflection and personal growth, allowing refugees to adapt and find meaning in the new reality (Gampel, 2011). If the new settlement provides avenues for them to overcome their losses thus far, it can greatly support their journey towards progress and development. For Gampel (2011), migration is like a series of changes that life presents, a crucial part of seeking freedom and finding significance amidst oppression. It profoundly alters one's sense of identity and belonging, requires resilience and the nurturing of newfound identities, and this way, it can transform also traumatic experiences.

However, the experience of trauma among refugees goes beyond a theoretical concept and becomes a haunting presence that encompasses their deepest fears and violent memories (Oliner, 2012). Yet, solely focusing on trauma may overlook the complex processes of their relationships with others and themselves. It is important for clinicians to acknowledge trauma as a navigational tool for understanding their unsettling emotions they experience when working with refugees, and to serve as a container for the strange and unbearable aspects of the refugees' narratives(Akhtar, 2018). Additionally, it is important to keep in mind that the reactions of others and society toward traumatized refugees greatly influence the aftermath of their trauma.

Additionally, in the aftermath of trauma, the relocation place of refugees, Turkey in this is instance, serves as a transit country for many refugees, becomes an "in-between" place resembling purgatory (Niederland, 1968). Refugees often find themselves trapped between these in between places, countries, disconnected from the rest of the world, and struggling with language barriers, leading to a sense of suspension. They also experience guilt for leaving others behind, resulting in a deep feeling of loss. In mass social traumatization, witnessing the maltreatment or death of loved ones or close relatives without being able to help or protect them instills an overwhelming feeling

of helplessness (Niederland, 1981). This manifests as survivor's guilt, and reflects that refugees often carries the weight of this intense feeling. Similar to the traumatic experience of losing a loved one, this loss of their homeland evokes nameless terror and a fear of breakdown and annihilation (Bion, 1962). According to De Coster (2016), language and cultural identity play a significant role in the lives of refugees, and also abandoning these aspects can generate a sense of guilt and potential trauma. Uprooting oneself disrupts the continuity of life and impacts the level of trauma experienced, influenced by various factors such as age, attachment to the original place, and expectations surrounding the change (Akhtar, 1995). Leaving a place also means severing ties with familiar surroundings and connections, making it impossible to fully recreate the old experiences. These losses heighten awareness of the physical aspects of both new and old environments.

To describe these emotional effects experienced by migrants after moving to a new country and leaving their places, Grinberg and Grinberg (1989) introduced the term *disorienting anxieties*. These anxieties affect the perception of time, space, mood, and reciprocity due to the unfamiliar environment. When mountains are replaced with flat landscapes, blue skies disappear behind skyscrapers, or towns are no longer surrounded by rivers, the refugee's sense of self is deeply affected. The loss of geographical familiarity can be deeply unsettling for refugees, as the changes in architecture, flora, and climate disrupt their sense of self (Garza-Guerrero, 1974). Additionally, the loss of possessions, such as homes and personal items, leads to feelings of vulnerability and disrupts subjective continuity; it is as though one has been stripped bare, separated from their previous sense of self and stability (Akhtar, 2018). Also, the struggle to adapt to new tools and technologies in refugees' new surroundings can cause feelings of inadequacy, shame and isolation for them. The environment changes drastically, and the loss of familiar customs and objects intensifies the pain-a threat to their identity. The pain of mourning and concerns about adaptation greatly influence perception and can lead to a disconnection from the natural world. Furthermore, the perception of time differs between western and eastern cultures; when individuals migrate from a third-world country to an industrially developed nation, they carry their innate perception of time with them. It becomes challenging for many refugees to be punctual in their new environment because they are still

connected to their internal sense of time rather than the societal expectations of their new country. Also, refugees often recreate their lost homes in their new surroundings, remain like trapped in a stubborn nostalgic state of mind, unable to fully mourn the loss of their former environment, which hinders their adaptation and personal development (Akhtar, 2000). They maintain a psychological attachment to their homelands and find solace in pursuing their past without truly regaining a sense of belonging. This cultural displacement further complicates the experience of being geographically displaced, requiring a restoration of reciprocity and empathetic understanding for effective psychotherapy.

Migration leads to clinicians considering new and yet undefined psychopathologies arising from the changing social context, as individuals struggle to articulate their experiences in the new social world and grapple with buried memories from their homelands (Altzinger, 2011). These memories, passed down through generations, contribute to a sense of loss and difficulty in adapting to new environments. This is the point where psychotherapy can offer refugees a safe haven that is separate from the new outside world to go over these memories and cope with the loss; also through transference process in psychotherapy, refugees can feel a sense of home and refuge.

1.2. Mental Health Workers' Experiences and Difficulties Of Working With Syrian Refugees

1.2.1. Mental Health Workers' Difficulties of Working with Collective Trauma

Researchers has shown that working with refugees facing mental health issues can evoke strong emotional reactions in the mental health worker. These reactions include feelings of anger, powerlessness, frustration, and exhaustion (Century, Leavey, & Payne, 2007), as well as hopelessness, helplessness, impotence, and fear (Eleftheriadou, 1999). While limited, research suggested that clinicians working with trauma often experience high levels of distress and face psychological problems.

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) defines trauma as the exposure to actual or threatened death, serious injury, or sexual

violence. It further delineates a traumatic event as the direct experience or witnessing of death, severe injury, or sexual assault, either personally or by a close friend, family member, or in a professional capacity. Similarly, the ICD-11, the World Health Organization's diagnostic system, defines trauma as exposure to an extremely threatening or frightening event.

Freud, in his work cited by Schottenbauer et al. (2008), suggested that trauma creates psychological damage by disrupting the balance between external stimuli and the mind's ability to process them, causing a rupture in the protective veil of the mind. Judith Herman (1992, 1997), author of 'Trauma and Healing', associated the study of psychological trauma with both human vulnerability in the natural world and the confrontation with evil in human nature, defining psychological trauma as the witnessing of horrific events and the experience of powerlessness. Briere and Scott (2014), defined traumatic events as those that produce long-term psychological symptoms that exceed an individual's internal coping resources, including sexual abuse and assault, physical abuse and assault, emotional and psychological abuse, neglect, accidents, illnesses and medical procedures, exposure to or witnessing of domestic and community violence, exposure to extreme personal or interpersonal violence, exposure to natural and man-made disasters, forced displacement, war, terrorism, political violence, traumatic mourning and separation, and system-induced traumas such as traumatic separation from home, displacement, separation from siblings, and continuous displacement within a short period of time.

A trauma study conducted at a torture support center in Germany examined 25 professionals and found that 14 out of 25 clinicians experienced compassion fatigue (Birck, 2002). Moreover, a large number of clinicians displayed symptoms similar to post-traumatic stress disorder (PTSD). Another study conducted in Sweden with 69 workers, including 49 therapists, revealed that working with torture and trauma survivors led to changes in cognitions and existential beliefs among the mental health workers (Kjellenberg, Nilsson, Daukantaité, & Cardeña, 2014). Approximately 72% of these workers reported a shift in their attitude towards "human evil," and 25% showed signs of impaired functioning due to their work. Additionally, a study with support workers (n = 12) at a refugee support center in the United Kingdom indicated

that some staff members were at risk of burnout, with elevated scores on the Professional Quality of Life (ProQOL) Scale measuring burnout and secondary traumatic stress (Guhan & Liebling-Kalifani, 2011). Similarly, a study involving 100 torture therapists from Germany, Austria, and Switzerland found high levels of burnout and compassion fatigue, along with low levels of compassion satisfaction (Deighton et al., 2007).

Despite the negative effect of working with refugees mentioned in the literature, working with trauma, refugees and asylum seeker survivors of torture and trauma can also have significant positive effects on the individuals who work with them. Out of the four quantitative studies conducted on this subject, three reported high or normal levels of compassion satisfaction using the ProQOL scale (Birck, 2002; Guhan & Liebling-Kalifani, 2011; Kjellenberg et al., 2014). Only one study found reduced compassion satisfaction among torture therapists, based on the same scale (Deighton et al., 2007). The difference between the results of these studies can be explained with the nature of the psychotherapists' work which can either effect their overall satisfaction with their work or contribute to their fulfillment and contentment feeling.

In a qualitative study by Barrington and Shakespeare-Finch (2013), 17 clinicians working with traumatized refugees shared their experiences. While participants expressed strong emotional reactions to the distressing nature of their work, they also expressed themes of meaning-making and post-traumatic growth. These included changes in life philosophy, self-perception, and interpersonal relationships. Similar findings have been observed in several cross-cultural studies (Apostolidou, 2016; Guhan & Liebling-Kalifani, 2011). These findings emphasize the critical importance of understanding the impact of working with this client population in a more balanced manner, considering both the positive and negative consequences in an integrated way.

One of the challenges of working with collective trauma is the shared reality and experience between the client and therapist (Joannidis, 2013). This can lead to the therapist either becoming too involved with the client or defensively disengaging from them. Both of these tendencies indicate that the therapist's alfa function (Bion, 1952) which is an ability to process, attune and makes sense of emotional experiences and

hold them in a containing and reflective manner, is disturbed. In such cases, supervision can help therapists transform the clients' beta features, their raw and unprocessed sensory and emotional experiences that are called as alfa elements often revealed in chaotic and confusing ways during the therapy, into alpha features. Melis Tanık Sivri, who supervised therapists working with survivors of the Ankara Train Station massacre in 2015, noted that therapists dealing with heavy collective trauma may unconsciously try to avoid painful feelings like loss, mourning, guilt, shame, fear, and meaninglessness, so they could not transform their client's beta elements with their alfa functions to alfa elements. These therapists may also start projecting their own fears onto their clients (2018). This tendency is often linked to feeling guilty about surviving or finding meaning in life, which can hinder therapy with trauma survivors (Tanık Sivri, 2018). When therapists identify with this guilt, they may feel the need to give their clients something extra, beyond what therapy can provide in order to get rid of this guilt feeling, and may overstep therapeutic boundaries; this means that therapists have become too involved in their clients' traumatic reality.

Experiencing traumatic events alongside clients can also disrupt therapists' ability to contain their emotions and transform the therapy experience into a shared imprisonment where the therapists couldn't keep their distance from their clients and started to live in their distorted reality full of pain and loss. Bion (1952) suggested that it is difficult to think when under fire and in the face of death. Therapists may feel overwhelmed by their feelings of inadequacy, burn-out, secondary traumatization, and despair. Supervision becomes crucial in these situations, as it supports therapists in moving away from the chaotic environment and regaining their creative, connecting, meaning-making, and containing functions. It also helps lower the risk of overload, depression, and psychosomatic problems, while protecting professional boundaries (Leuzinger-Bohleber et al., 2017, p.215). When faced with death, we confront the reality that life can end at any moment. Behind death lies only meaninglessness and nothingness. However, as Melis Tanık Sivri has noted (2018), the concept of death also opens up to life and hope, through containment and being contained.

When both the client and therapist share the traumatic realities and disasters, it becomes challenging for the therapist to contain the difficult emotions in the session

because they must also deal with and contain their own emotions. Some therapists may re-experience the client's fear of breakdown through ongoing chaotic events. Psychoanalyst Ümit Eren Yurtsever described an example of this: He reflected on how he was emotionally affected by his client's fear of breakdown, influenced by the political, economic, moral, and psychological chaos created by the coup in Turkey in 2016. The client struggled to express his emotions in words, and began accusing the therapist of not providing enough help. Yurtsever feared that the outside world in Turkey was collapsing, and if he couldn't contain his own fears and assist the client in transforming his emotions into verbal representations, the therapy would crumble. Recognizing that the client had cast him as the "bad object" and understanding his countertransference, Yurtsever realized that he had become unproductive and had lost his creativity.

Another psychotherapist and psychoanalyst Nayla de Coster (2018) also stated that in her work with refugees, she also felt desperation, hopelessness and anger feelings towards the shared reality with her clients. To overcome the difficulty of containing her own desperation, hopelessness and countertransference against refugees' tragic fates, she realized that is it vital to protect herself with her own acquired mother-tongue, and her profession's language that has become a part of her skin-ego, a metaphorical skin in our psyche that represents a protective barrier between our sense of self and the outside world. In her article "Öteki Dil:Göç, Kültür ve Dilin Kaybı Üzerine Birkaç Psikanalitik Düşünce", she wrote that all of us are refugees, because we all have experienced the loss of our love objects, we all met terror, fear of annihilation, separation anxiety and fear of disintegration (2018). We all have met what is uncanny, the other, and we all have faced our unwanted parts that we have projected onto the other, who's different from us (Freud, 1919). And she ends her article by stating that "we ourselves do speak a foreign language" which indicates that we all have a part that is protecting us from losing our boundaries with others.

According to Salman Akhtar(2018), refugees need more freedom of moving and exploring their surroundings in the session room. He noticed that refugees and immigrants are quite attentive to the details in the room. They hold their hands at the door handles longer than the other clients while entering and leaving the room, or often

move their hands on the couch they sit on. He has observed that refugees often play with the corners of the napkins in their hands, tidy the objects in the waiting room, gaze at the objects in the room as if they are something sacred, or choose a chair or a lamp in the room as their favorite object. According to Akhtar (2018), these behaviors refer to the client's wish of recreating internal representations and repairing the fraction inside. Therapy must contain these wishes in order to provide a safe and transformative space for refugees.

Lastly, it is considered as essential for the therapist to have responsibility for tolerating the pain of the client deriving from displacement, and find a way to transfer the message that they understand and respect this pain (Akhtar, 2018). It is essential to respect the client falling in nostalgia and to provide enough space in the therapy for this falling in, keeping in mind that nostalgic longings are sometimes used as a way to heal. A therapist shall give space and time for their clients to recognize these feelings of pain and nostalgia.

Although mental health workers provide vital support to individuals who have experienced unimaginable trauma and upheaval, the nature of this work also exposes them to the risk of secondary traumatization (Pearlman & Mac Ian, 1995). Secondary traumatization, also known as vicarious traumatization, encompasses burn-out and compassion fatigue, and can result in emotional distress and symptoms similar to those experienced by their clients.

Secondary traumatization can have profound effects on the well-being of psychologists working with refugees including burn-out, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). This can lead to decreased job satisfaction, impaired professional functioning, and even physical health problems. Psychologists may also develop compassion fatigue, an emotional exhaustion resulting from extended exposure to suffering without sufficient self-care or support.

Several factors contribute to the likelihood of experiencing secondary traumatization among psychologists working with refugees, including the severity of traumas

witnessed, limited resources, high caseloads, lack of organizational support, inadequate self-care practices, and a lack of professional boundaries. Additionally, pre-existing personal vulnerabilities, such as a history of trauma or unresolved grief, can increase susceptibility to secondary traumatization (Figley, 2002).

Recognizing the importance of self-care is crucial for psychologists working with refugees. Implementing strategies to manage and mitigate secondary traumatization can help maintain their well-being and sustain their capacity to provide effective care. These strategies include regular self-reflection and supervision, cultivating a support network, developing healthy coping mechanisms, and maintaining work-life balance. Engaging in activities that promote relaxation, such as exercise, hobbies, and mindfulness practices, can also be beneficial (Pearlman & Saakvitne, 1995). Organizational support is also vital for self-care, with employers offering regular supervision, training on trauma-informed care, mental health resources, and opportunities for debriefing and peer support. So, creating a culture that emphasizes self-care, support seeking and advocating for organizational changes and can foster a supportive and sustainable work environment for psychotherapists.

Additionally, even though it is not limited to a specific profession, psychologists working with refugees are highly susceptible to the burn-out phenomenon which is defined as a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. The intricate dynamics of working with refugees, which involve bearing witness to stories of suffering, addressing complex trauma, and dealing with overwhelming caseloads, contribute to the high burnout rates experienced within this profession(Gupta & Govil, 2019).

Several factors contribute to the elevated risk of burn-out among psychologists working with refugees (Maslach, et al., 2001). The nature of this work requires maintaining emotional boundaries while empathizing deeply with clients. This delicate balance between empathy and self-preservation can become emotionally draining over time. Additionally, the scarcity of resources and systemic barriers faced by refugees and their mental health providers intensify the workload and pressure on psychologists, leading to burnout.

The consequences of burn-out are far-reaching, affecting both the psychologist's personal and professional life(Mealer, et al., 2014). Emotional exhaustion, depersonalization, and reduced personal accomplishment are key indicators of burn-out. Psychologists experiencing burn-out may find it increasingly challenging to connect with clients and provide the necessary support. This can lead to a decrease in the quality of care provided, ultimately affecting the well-being of refugees seeking assistance. Moreover, burn-out has detrimental effects on the psychologist's own mental and physical health, potentially leading to chronic stress, anxiety, depression, and even a higher risk of professional dissatisfaction or leaving the field altogether.

Recognizing the importance of self-care and taking proactive measures to prevent burn-out is essential for psychologists working with refugees (Stewart, Gabrys & Burckhardt, 2011). Similar to methods of coping with secondary traumatization, establishing strong professional boundaries, engaging in regular supervision and peer support, and cultivating mindfulness and self-compassion practices are effective strategies to mitigate the risk of burnout. Seeking personal therapy can also provide a safe space for psychologists to process their own emotions and cope with burn-out. Additionally, organizations and institutions can play a crucial role in supporting their employees by providing adequate resources, training, and creating supportive work environments.

Although psychologists working with refugees play a vital role in promoting mental health and resilience among displaced populations, the demands of this work often place them at higher risk for secondary traumatization or burn-out. By understanding the causes and impacts of burn-out or secondary traumatization, and implementing preventive strategies, psychologists can safeguard their well-being while continuing to protect their Professional efficacy. Also, by implementing self-care strategies, and seeking support, psychologists can protect themselves as well, and provide essential services to refugees in need, too. Besides, it is imperative that the mental health community acknowledges and addresses secondary traumatizartion and burn-out within this specific professional context to ensure quality care for refugees and the longevity of mental health professionals in this field.

In summary, mental health workers face a lot of difficulties while working with refugees facing mental health issues. Many clinicians experience high levels of distress and face psychological problems such as secondary traumatization, burn-out and related problems. And working with torture and trauma survivors can lead to changes in mental health workers' cognitions and existential beliefs, or they may become too involved with their clients or defensively disengage. At this point, supervision and self-care are important to help them maintain professional boundaries and process their own emotions. Also, it is important to note that therapists, when they also share similar traumatic realities and disasters with their clients, may struggle to contain the difficult emotions in therapy sessions. But nevertheless, despite the numerous challenges, working with refugees can also lead to positive outcomes and a sense of fulfillment in mental health workers' profession, including high levels of compassion satisfaction due to their dedication and compassion towards their job.

1.2.2. Working With Culture in Psychotherapy with Refugees

When providing psychotherapy or psychological counselling for Syrian refugees, mental health workers must also acknowledge and account for the influence of culture on refugees's experiences. Culture has long been recognized as a crucial factor in psychotherapy, as it encompasses traditional behaviors, emotions, beliefs, and reactions developed by humans, making it integral to the practice of psychotherapy (Christopher, 2001; Tseng, 1999). Without considering the cultural context, psychotherapists cannot fully understand their clients' experiences (Tseng & Streltzer, 2004). While different classifications exist, all psychotherapies are intrinsically linked to culture (Tseng, 1999).

Explaining the meaning of "cross-cultural psychotherapy," Wohl (1989) identified four basic areas: the therapist, the client, the setting, and the employed method. This framework can be applied to examples of cross-cultural psychotherapy, such as Turkish therapists working with Syrian clients under the guidance of refugee foundations while adopting Western methods. Psychotherapists must consider how their adopted theories and techniques, often derived from Western traditions, influence their work (Kirmayer, 2007).

According to Tseng(1999), there are differences between culture-embedded, culture-influenced, and culture-related therapies. Culture-embedded therapies draw from indigenous traditions, and they are built upon cultural beliefs, values, and traditions, and they incorporate culturally specific techniques and rituals. Culture-influenced therapies acknowledge the impact of culture on a client's thoughts, emotions, and behaviors. Therapists who practice culture-influenced therapies strive to understand the client's cultural background, norms, and values, and consider how these factors shape their experiences. Lastly, culture-related therapies, like psychoanalysis or family therapies, are impacted by Western culture. They often focus on issues such as acculturation, cultural conflict, discrimination, and cultural identity development; and they aim to help individuals navigate these challenges and foster a sense of cultural integration and psychological well-being. For a competent psychotherapy in cross-cultural work, the specific needs, values and preferences of each refugee and the complexities of cultural Dynamics must be considered separately and adapted flexibly.

Numerous studies focused on the cultural aspect of psychotherapy, exploring the characteristics of culturally competent therapy and therapist (Lo & Fung, 2003; Tummala-Narra, 2015; Falicov, 1995; Dyche & Zayas, 2001). In a culturally competent therapy, therapists are aware of and sensitive of the diverse social, psychological and ethnic backgrounds of the refugees, and they understand how cultural factors can influence a person’s perception of mental health, beliefs and behaviors; moreover, they create a safe space where everyone feels understoos and valued, regardless of their cultural identity (Dyche & Zayas, 2001). And a culturally competent therapist recognizes the importance of individualism and autonomy in these frameworks, but also understands how different or collectivist cultures may approach problems differently. For example, while therapists who work with people from individualistic cultures may focus more on exploring and empowering the client’s personal identity, autonomy, and inner thoughts or feelings, they should be more sensitive to the influence of social and family relationships, interdependence, and social roles and duties with clients who come from collectivist cultures (Wohl, 1989).

Moreover, to work effectively in multicultural or cross-cultural settings, therapists need self-awareness, knowledge of cross-cultural issues, an understanding of cultural

factors, and the ability to collaborate with clients (Sue, 2001; Tummala-Narra, 2015). According to Dyche and Zayas (2001), a culturally competent therapist should be able to have "cross-cultural empathy," which requires cross-cultural receptivity, understanding of the client's culture, and collaboration within the cultural context. Having cross-cultural empathy involves active listening and seeking to understand the traumas people endure and process. Together with having cultural competence, awareness of individualism vs collectivism, having cross-cultural empathy can contribute to an efficient psychotherapy with people from different cultures like refugees.

Creating a culturally competent therapeutic frame is considered as essential for maintaining a safe and comfortable environment for the therapist and the client (Cherry & Gold, 1989). Psychotherapists need to reflect on their own cultural background to better understand their client's inner world and how it is influenced by culture (Birth, 2006). It is crucial that the therapist's cultural background does not burden the client through excessive self-disclosure (Gabbard, 2001). Psychotherapist who work with refugees have a higher tendency about revealing their own experiences from their culture than other psychotherapists who work with different groups; but whether they overshare their personal stories to side with their clients on a conflict or to say that they understand the pain of their clients because they supposedly have experienced something similar, although they do it because they couldn’t deal with the desparation that they feel when they listen to their clients’ impossible and hard-to-bear experiences, not maintaining appropriate professional boundaries could potentially distract the focus on the client. So, it’s important for the psychotherapists to keep their professional boundaries and keep their focus on their clients.

1.2.3. Working From A Relational Psychoanalytic Conceptual Framework with Refugees

Given the researcher's background as a psychology student with specialized training in psychoanalytic theories, this thesis has frequently been explored through the lens of psychoanalysis. Consequently, this chapter aims to explore the nuances of working with refugees from a psychoanalytic standpoint. There have been numerous

suggestions in the literature on how to become a competent psychotherapist which is important when working with refugees. One example is the interpersonal theory of psychoanalysis, which explores social interaction and cultural context (Mitchell & Black, 1995). The interpersonal theory highlighted the impact and significance of cultural context and interaction in an individual's psychological development, and it has been integrated into "relational psychoanalysis" as well (Mitchell, 2009). The architect of interpersonal theory, psychoanalyst Harry Stack Sullivan, drew inspiration from sociologist George Herbert Mead to explain how "The Self" is formed.

According to Sullivan's theory (1953), the self is shaped through our interactions with others. Interactions with others are internalized and become parts of our "self", also known as self-states. Sullivan referred to self-states that are derived from interpersonal interactions as "personifications." In his theory, he identified three self-states: "good me," "bad me," and "not me." The distinction between these self-states lies in how they are experienced by infants. Infants develop self-systems to manage anxiety and navigate life. The self-system created to receive nourishment, attention, and validation is known as the "good me." The "bad me" encompasses behaviors that infants learn to avoid. The "not me," which is the focus of this thesis, arises from excessive anxiety caused by interactions that deviate from social norms. Anxiety becomes unbearable for infants, prompting them to dissociate this part from their self, resulting in an aspect they feel they don't possess (Pizer, 2019). Such excessive anxiety and dissociation can also take place in the relationship between a therapist and a refugee client. If the experience of the client creates too much anxiety, the therapist can perceive such information as not me and feel the need to dissociate from such experiences. The most effective way to cultivate cultural competence is for therapists to develop the ability to see themselves in others (Comas-Diaz, 2011). Recognizing the idea that an "Other" is necessary to understand one's own identity plays a significant role in psychoanalytic theories.

Although not explicitly labeled as "culture," the influence of social interaction and social norms on the development of psychoanalytic theory is apparent. Gruen (2005) suggested that individuals from different cultural backgrounds can activate the "not me" part of someone's identity. These encounters may unveil discriminatory attitudes,

behaviors, and feelings towards those from other cultures (Gruen, 2005). The lack of awareness and difficulty in recognizing the existence of the "Other," perceived as a stranger, present significant challenges in applying psychotherapy from a psychoanalytic perspective (Ünal, 2014).

While theories such as interpersonal theory or relational psychoanalysis provide insight into how culture affects individuals, there is a scarcity of studies on cultural competence from a psychoanalytic perspective. Ongoing discussions focus on incorporating a cultural perspective into psychoanalytic theories. Tummala-Narra (2015) proposes a culturally sensitive approach to psychotherapy within a psychoanalytic framework. Accordingly, cultural competence can be fostered by engaging in: a comprehensive self-examination encompassing historical trauma and sociocultural perspectives, understanding the indigenous cultural aspects and meanings constructed by both therapist and client in therapy sessions, recognizing how language use and expressions are influenced by culture; reflecting on how societal prejudices and stigma impact the therapeutic process for both client and therapist, and acknowledging that individuals employ their internalized cultural identities as defense mechanisms.

Different approaches exist regarding how culture is integrated into psychoanalytically oriented psychotherapy. Altman (1995) viewed culture as the third participant in the therapy room, alongside the psychotherapist and client. Culture is an integral part of the therapeutic process, as it shapes experiences within the therapy room, influenced by the psychic dynamics of the therapist, client, and societal norms (Bodnar, 2004). McWilliams (2003) argued also that psychotherapists cannot be "blank screens" before their clients, suggesting that one's background and cultural history inevitably influence the therapeutic work. Gabbard (2001) emphasizes the impossibility of excluding personal subjectivity from the therapeutic process. He explained that many psychoanalysts and analytical psychotherapists utilize *enactments* to understand the client's dynamics and cultural characteristics that have shaped their psychic world. Enactments are processes where the psychotherapist and the client reenact the dynamics and conflicts that are present in the client’s life, and they offer a deeper exploration and insight into the client's internal world as they reflect the client’s

external relationships which are influenced by internal object relations (Gabbard, 2001).

In short, recognizing the influence of cultural context on psychological development and the formation of the self are crucialy important for a culturally competent psychotherapy, especially from a psychoanalytic point of view. Therapists need to engage in self-examination, understanding cultural aspects and acknowledging societal prejudices, and being attentive to enactments that occur during therapy to have more insight of the client's internal world and the impact of cultural characteristics on their dynamics and conflicts.

1.2.4. Working With A Translator: The Language Barrier

Few psychotherapists are familiar with the languages spoken by their refugee clients. Therefore, a crucial aspect of ensuring culturally competent psychotherapy with refugees is addressing the language barrier between the client and the psychotherapist. Consequently, mental health programs have relied on interpreters, often refugees themselves, to facilitate therapeutic work between therapists and clients. With the increasing number of refugee mental health programs, the use of interpreters has also grown significantly. These interpreters, who share the same culture, language, and background as the clients, play a crucial role in bridging the gap between providers and clients. They help therapists better understand the clients' culture, history, and facilitate effective communication (Tribe, 2004). Considering psychotherapy can be seen as a process where the client reshapes their life narrative through effective storytelling to a trained psychotherapist (Singer, Blagov, Berry & Oost, 2013), the importance of language can be understood more clearly as it plays a vital role in the psychotherapy process.

To effectively overcome the language barrier and conduct psychotherapy with refugees, the presence of an interpreter is indispensable. Yet, the involvement of an interpreter raises questions about its impact on the therapy session and the therapist's experience. These questions have gained prominence in the literature, particularly due to the global refugee crisis. A recent study by Sander et al. (2019) found that using a

qualified interpreter in CBT with trauma-affected refugee patients is associated with poorer mental health outcomes. The authors suggest that the presence of an interpreter may affect the therapeutic alliance, potentially explaining the lack of improvement in symptoms such as PTSD, depression, and anxiety. However, still, there is a dearth of studies supporting these findings in the field of refugee research (Schweitzer, Robrook & Kaiplinger, 2013; Darling, 2004).

The presence of an interpreter in the psychotherapy room brings about a significant change in the traditional therapy relationship (Miller et al., 2005). This alteration and its impact on the psychotherapy process with refugees have been extensively discussed in clinical literature (e.g., Kinzie, 1986; Tribe, 1999; Westermeyer, 1990). The presence of an interpreter introduces a triadic dynamic, deviating from the typical dyadic structure of individual therapy (Schweitzer, Robrook & Kaiplinger, 2013). The positioning of this third person, the interpreter, within the psychotherapy process sparks controversy. Some studies suggest that the interpreter's ability should be to maintain a "depersonalized presence with the function of interpretation" (Darling, 2004). For some, interpreters should function like a "black box" (Westernmeyer, 1990; Schweitzer, Rosbrook & Kaiplinger, 2013), they are regarded as "machines" of translation, with their personality and relationship with the client of little clinical significance, unless it hampers the therapy process. The main focus is on establishing a traditional therapist-client alliance, where the interpreter strives to be as unnoticeable as possible in this studies. However, just as a psychotherapist cannot remain completely neutral and detached, as emphasized by Blackwell (2005) and McWilliams (2003), it is unrealistic to expect the interpreter to have a completely neutral attitude in the therapy room. In contrast to the "black box" perspective, many therapists and interpreters see the interpreter's role as more relational. They are considered an essential part of a three-person alliance. Moreover, often the relationship between the psychotherapist, interpreter, and client is described as a "triple play". In this play, the therapist can find themselves sometimes excluded as the client and interpreter develop a close relationship, which can also be observed in the literature (Mellman, 1995; Dearnley, 2000; Tribe & Thompson, 2009).

According to psychotherapists, interpreters are not mere spectators in the therapeutic process. They actively participate in the psychotherapy relationship, influencing transference and countertransference dynamics from a psychodynamic perspective (Schweitzer, Robrook & Kaiplinger, 2013). Additionally, interpreters can be viewed as two-fold; one interpreter facilitates language communication, and the other interpreter being the psychotherapist interprets the client's unconscious communication (Darling, 2004). Considering the concept of transference and countertransference in therapy is usually applied in a dyadic relationship between therapist and client, when an interpreter is present, it becomes less clear how to apply these constructs to the dynamics of a triadic therapy situation. Therefore, it is important that a psychotherapist has awareness about how their counter-transference may shape the meaning making of these communications.

The presence of an interpreter in the therapeutic alliance has a clear impact on the nature of the alliance itself. It is important for therapists to establish trust among all three parties involved in the therapeutic triad. Tensions can arise in any component of the triad, posing obstacles to a supportive and constructive alliance (Miller et al., 2005). Despite the triadic nature of the therapeutic alliance, therapists acknowledged that the presence of an interpreter affects their ability to form a working relationship with clients. They observed that the development of the therapist-client relationship is often more gradual when an interpreter is involved. Clients tend to initially bond with the interpreter before gradually forming a comfortable relationship with the therapist. Therapists should be patient and recognize that the emergence of the therapist-client bond is slower in a triadic framework. Although some therapists initially felt excluded from the bond between clients and interpreters, they eventually became comfortable with this process.

Existing literature highlights various challenges and contributions of working with interpreters in psychotherapy. These include the potential impact on interpreters' psychological well-being due to their similar backgrounds and traumatic experiences (Hasdemir, 2018), the lack of spaces for interpreters to process emotions arising from their experiences (Miller et al., 2005), and the need for interpreters to receive specific

training for psychotherapy settings (Schweitzer, Robrook & Kaiplinger, 2013; Tribe & Lane, 2009).

A challenge of working with interpreters is that patients' can develop distrust towards interpreters which can hinder the therapeutic process and the formation of a good therapeutic alliance (Miller et al, 2005). When clients perceive the interpreter and therapist as supportive and accepting, the therapy process is enhanced. Conversely, if clients view the interpreter as disinterested, dismissive, or judgmental, trust diminishes and the healing process suffers. This perception can inhibit trust among clients and discourage further discussions about their experiences. It is found as important for therapists to communicate the interpreter's role and ethical obligations to the patient before therapy begins. Inappropriate behaviors from interpreters, such as joking or laughing, can lead to frustration and ruptures in the alliance between interpreter and therapist. However, a strong personal bond can prevent such misconduct from causing ruptures in the therapeutic alliance, as distrust, ruptures, and conflicts in one alliance of the triad can influence other alliances within the therapy (Hanft-Robert et al., 2023). Literature suggests that therapists must be attentive to and address any ruptures in the interpreter-patient alliance, as they can affect the quality of the patient-therapist alliance, but therapists can also feel often uncertain about when and how to address conflicts with interpreters. They tend to avoid confrontation with interpreters, particularly when conflicts or misbehaviors are on a personal level. Creating a friendly and collegial alliance with interpreters while maintaining therapeutic responsibility poses a conflict for therapists (Delizee & Michaux, 2022). For example, at the beginning of therapy, patients may be more closely connected to the interpreter due to cultural and linguistic similarities. Ideally, patients' primary orientation should shift from the interpreter to the therapist as therapy progresses. However, if one alliance becomes consistently stronger or weaker, or if ruptures or conflicts occur, the alliance triangle can become imbalanced. Therapists may feel distant, excluded, powerless, or incompetent when the patient is solely focused on the interpreter which can rupture (Miller et al., 2005).

Tribe (1999) presents an insightful argument that acknowledges and embraces the challenges of working with an interpreter, suggesting that these challenges can actually

enhance the therapeutic process. This aligns with previous studies that have highlighted the valuable contributions that interpreters can make to therapy. These studies affirm that interpreters act as cultural "bridges" between clients and psychotherapists, offering crucial insight into the clients' cultural background (Darling, 2004; Century, Leavey & Payne, 2007). Additionally, interpreters demonstrate empathy towards clients, creating a healing space in the presence of someone who genuinely understands their experiences (Darling, 2004). Moreover, by enabling clients to express themselves in their native language, interpreters facilitate a "maternal" experience that can be explored within the therapeutic triad (Schweitzer, Robrook & Kaiplinger, 2013).

In exploring the curative factors and processes that contribute to effective outcomes in therapy with interpreters, researchers have identified empathy as a key factor (Mirdal, Ryding, Essendrop-Sondej, 2012). Yet, it's crucial to recognize that Western definitions of empathy may not fully encompass the complexities of therapy with refugees and interpreters. This highlights the need for further investigation into curative factors specific to this context.

A research study by Mirdal, Ryding, and Essendrop-Sondej (2011) sheds light on the experiences and perspectives of refugees, psychotherapists, and interpreters involved in therapy processes. They identified several curative factors, including establishing a strong alliance among the therapist, client, and interpreter; assisting the client in organizing their chaotic experiences into a narrative; therapist, client and interpreter finding meaning together; providing psycho-educational interventions when necessary; improving external conditions (such as economic situations); and promoting teamwork and interdisciplinary coordination. These factors contribute to the effectiveness of therapy with refugees conducted alongside interpreters.

In another study aiming to explore the effective management of psychotherapy with refugees and interpreters, researchers highlighted several important factors that should be considered. These factors include the impact of the interpreter on the therapeutic alliance, monitoring the reactions of both the therapist and interpreter, as well as

ensuring the psychological well-being of the interpreter in case of re-traumatization (Miller et al., 2005).

It is worth noting that most studies do not specifically focus on psychotherapy settings with Syrian refugee clients and interpreters. This reveals a significant gap in the literature, considering the large number of Syrians who have been forced to migrate due to the civil war since 2011, particularly to Turkey. While it is known that both Syrian refugees and Syrian interpreters face numerous challenges related to security, shelter, health, and psychological difficulties resulting from war trauma and immigration, there is a lack of comprehensive studies on examining their experiences highlighting the need for further research (Schweitzer, Robrook & Kaiplinger, 2013; Darling, 2004).

Foundations providing assistance to refugees in Turkey offer social work and psychotherapy services to Syrian refugees. Yet, there is limited research on the experiences of mental health professionals working therapeutically with Syrian refugees. Karadağ et al. (2018) shared their experiences working with Syrian refugee children and adolescents in a psychiatry clinic, stressing the need for attention to the role of primary healthcare services for child refugees. Alpak et al. (2015) conducted a study on post-traumatic stress disorder among Syrian refugees in Turkey, highlighting the importance of considering PTSD, particularly among female refugees. Other studies also touched upon the psychological problems experienced by Syrian refugees in Turkey (Acartürk et al., 2016; Cengiz et al., 2019; Görmez et al., 2017; Uğurlu et al., 2016).

Most of the existing studies conducted in the Turkish context focus on research conducted in psychiatry clinics, which provide services different from psychotherapy. While psychiatry clinics tend to provide services that focus on evaluations for diagnostic purposes, psychotherapy is a long-term process where clients explore their own narratives, examine their self-concepts, and gain new perspectives on their life stories (Robak, 2001). This process involves various experiences for both the client, psychotherapist, and interpreter if present. These existing studies in the literature do not aim to understand the experiences of clients, therapists, and interpreters in the

psychotherapy process with Syrian refugees. Consequently, there is a dearth of research that examines the experiences of mental health professionals conducting psychotherapy with Syrian refugees in the presence of interpreters in Turkey. This study sought to address this gap by recognizing the need for further exploration in the field. It aimed to provide clinicians with more guidance and competence in effectively working with refugees, particularly given the significant increase in psychotherapy practice with Syrian refugees in Turkey. By interviewing psychotherapists currently engaged in therapy sessions with Syrian refugees and interpreters, this thesis aimed to generate valuable insights and results that can inform and support future work with Syrian refugees.

CHAPTER 2

METHOD

2.1. Research Design

2.1.1. Interpretative Phenomenological Analysis

The present study employed Interpretative Phenomenological Analysis (IPA) as the chosen qualitative research methodology (Smith & Osborn, 2003; Willig, 2013). This method was deemed suitable for understanding the experiences of mental health workers working with Syrian refugees in Turkey. IPA, like other qualitative research methods, aims to uncover how individuals make sense of the world and attribute meaning to phenomena. It offers an effective way to explore people's reports of specific lived experiences, their perception of those experiences, and how they make sense of them (Smith et al., 2009).

According to IPA, an experience refers to an event, process, or relationship that holds significance for an individual, who frames it with various experiential or existential meanings (Smith, 2019). It is important to note that Interpretative Phenomenological Analysis focuses on the meaning-making process and understanding, rather than simply the events and their causes (Larkin et al., 2006). For example, IPA can be utilized to understand how a person copes with the loss of a parent. In this analysis, individuals are seen as "self-interpretive beings" (Taylor, 1985), actively interpreting the events and people in their lives.

Interpretative Phenomenological Analysis follows the fundamental principles of phenomenology, hermeneutics, and idiography (Smith et al., 2009; Smith, 2011; Willig, 2013). Phenomenology, developed by Edmund Husserl, is a philosophical study of being, existence, and experience (Giorgi & Giorgi, 2003). It explores how

individuals uniquely experience things, distinct from others. Moreover, phenomenological studies aim to identify the main elements that make a given phenomenon special, rather than conforming to scientific criteria or categorical systems (Pietkiewicz & Smith, 2012). Edmund Husserl describes phenomenology as an approach that transcends our everyday assumptions to uncover the underlying essence of a phenomenon (Giorgi & Giorgi, 2003).

Martin Heidegger expanded Husserl's approach into existential philosophy and hermeneutics (1962). Heidegger focused on the ontological investigation of existence, and his theory of hermeneutics centers around interpretation (Smith et al., 2009). According to this theory, people's mentality and narrative shape their everyday experiences. To truly understand individuals' accounts of these experiences, personal interpretations are necessary (Freeman, 2008). Interpretative Phenomenological Analysis provides an opportunity to put oneself in another's place, interpret their experiences, and convey their personal meanings about the world, much like Hermes converted the gods' messages to human beings. This analysis process is referred to as double hermeneutics or dual interpretation (Smith et al., 2009), as it seeks to make sense of people trying to make sense of their own experiences.

The final epistemological root of Interpretative Phenomenological Analysis is idiography, which focuses on the particular rather than the universal (Larkin & Thompson, 2012). Idiography seeks to explore individual perspectives within their unique situations. It does not aim to generalize broadly about participants, but rather defines generalizations by carefully examining specific cases (Harré, 1979). The idiographic analysis begins with a thorough examination of each participant's perspective and continues with subsequent analyses of other participants' accounts. This allows for a fluid exploration of significant themes emerging from the participants' narratives. These themes can be effectively illustrated through individual narratives, highlighting similarities and differences among them.

This research study aims to explore the unique perspectives and experiences of mental health workers who provide support to Syrian refugees in Turkey. The focus is on understanding how these workers interpret and communicate their emotions, thoughts, and encounters in this particular context. Among various qualitative research methods

such as discourse analysis, grounded theory, and narrative analysis, Interpretative Phenomenological Analysis (IPA) was chosen as the most suitable approach for this study. The grounded theory approach, with its emphasis on developing theory from data, was not selected due to the large sample size required and the need for multiple rounds of data collection and analysis (Smith et al., 2009). Similarly, discourse analysis, which primarily examines language in shaping social reality, did not align with the objectives of this study. Finally, the narrative approach, which focuses on how individuals construct narratives about a phenomenon, was not deemed appropriate.

The use of IPA has grown in various psychology disciplines over time, as it offers compatibility in exploring diverse phenomena, such as mental health workers' experiences with Syrian refugees (Smith, 2004). This method's theoretical underpinnings emphasize personal and authentic experiences within a social context (Schweitzer & Steel, 2008). Furthermore, the idiographic nature of IPA allows for a detailed examination of individual experiences and socio-cultural backgrounds, while also identifying commonalities among participants' accounts (Larkin et al., 2006). Working with Syrian refugees presents mental health professionals with an opportunity to gain deeper insights into the complexities of their work and to share their perspectives on supporting traumatized refugees.

2.1.2. Participants

Research in Interpretative Phenomenological Analysis (IPA) does not require a large sample size due to its focus on detailed experiences of each participant (Smith & Osborn, 2003). Typically, IPA research recommends a sample size ranging from 1 to 15 participants. For the current study, ten Turkish mental health workers (7 females, 3 males) aged between 28 and 44 years (M = 33.6, SD = 4.40) were selected using purposive sampling, which aligns with IPA guidelines (Smith et al., 2009). Reaching participants over the age of 40 proved challenging due to the apparent scarcity of individuals in this demographic within the field. Purposive sampling allows for a homogeneous sample, ensuring a reliable foundation for addressing the research question by involving individuals with similar experiences. The inclusion criteria for this study included: having primarily worked with Syrian refugees for at least a year,

being employed at a refugee institution or refugee NGO in Turkey, and being of Turkish nationality. Participants were recruited using a snowball sampling technique, which is recommended when targeting hard-to-reach populations (Atkinson & Flint, 2001). Initially, the researcher contacted prospective participants through personal contacts working at refugee institutions in İstanbul and Ankara, who then referred some of their coworkers to participate. The eligibility of these referred coworkers was assessed by the researcher before including them in the study.

Of the participants, seven were based in Istanbul and three in Ankara. Five were married, four were single, and one was engaged. All participants were psychologists, with seven holding a master's degree in psychology, one pursuing a PhD in Cultural Studies, and two holding a bachelor's degree. One participant was a foster parent, while the others did not have children. In order to ensure participants' confidentiality, pseudonyms were used. See Table 1 below for the demographic characteristics of the participants.

Table 1.
Sociodemographic Characteristics of the Participants (n=10)

Name	Gender	Age	Marital Status	Education	Refugee Work Experience	Residence
Doruk	M	35	S	Phd Student	9	İstanbul
Leyla	F	37	M	Masters	7	İstanbul
Can	M	33	S	Masters	6	İstanbul
Melis	F	35	M	Masters	7	İstanbul
Aysel	F	30	M	Bachelor	5,5	İstanbul
Ezgi	F	33	S	Masters	10	İstanbul
Umut	M	28	S	Bachelor	5	Eskişehir
Sera	F	32	E	Masters	6	Mersin
Sibel	F	29	M	Masters	3,5	İstanbul
Defne	F	44	M	Masters	15	Kocaeli

2.1.3. Materials

The study employed a socio-demographic question form created by the researcher (see Appendix A) and a semi-structured interview question protocol (see Appendix B). The interview questions were developed based on relevant literature and the researcher's prior experience volunteering with Syrian refugees. The interview protocol was reviewed by the researcher's supervisor, Prof. Deniz Canel Çınarbaş.

Semi-structured interviews were chosen as they align with the methodology of IPA studies, providing flexibility for the researcher to explore topics as guided by the participants (Smith & Osborn, 2008). This approach allowed for collecting comprehensive and detailed information about the experiences of working with Syrian refugees, working in various institutions, and coping with the challenges of this work (Smith et al., 2009; Willig, 2013).

All semi-structured interview questions in this study were open-ended and non-directive, focusing on participants' experiences. To ensure clarity and coherence, a pilot interview was conducted, and the participant provided positive feedback without suggesting any corrections or changes. Consequently, the interview protocol used in the pilot interview was employed in the present study, and the pilot interview itself was included as part of the study.

The interviews encompassed questions on six main topics. These topics include: 1) The participants' initial experiences upon starting this work, 2) the progression of their work and how it unfolded for them, 3) the impact of their work on both their professional and personal lives, 4) their observations and experiences while working at their institution, 5) their perspectives on the overall situation of Syrian refugees in Turkey, and 6) their thoughts and aspirations regarding their future. Also, the interview protocol featured questions such as, "what were your expectations from this job before you began?", "what kind of experiences did you have while working with a translator?", "did working with Syrian refugees affect your personal life? If so, how?", "what types of support does your work institution provide to address the challenges you encounter?",”what do you think about the overall situation of Syrian refugees in

Turkey?", or "what do you expect from your work in the future?" . Overall, participants were encouraged to elaborate on the psychological influences of working with trauma, loss, and torture. Additionally, they were asked to discuss any changes in their family and friend relationships resulting from this line of work, as well as the challenges they faced and their future plans.

2.1.4. Ethical Issues

At the onset of the present study, ethical approval was obtained from the Human Subjects Research Ethics Committee of Middle East Technical University. To adhere to ethical guidelines, pseudonyms were utilized throughout the transcription and dissertation phases in place of participants' actual identities. The study encompassed inquiries pertaining to potential burn-out, vicarious traumatization, and trauma narratives shared by the participants, thus entailing the possibility of intense emotional experiences or re-traumatization. Consequently, the researcher conducted all interviews with great sensitivity, periodically checking in with participants to ensure their comfort and offer breaks or the option to discontinue if they experienced distress. Furthermore, at the conclusion of each interview, the researcher debriefed participants on the interview process, inquired about their need for any psychological or psychiatric support, and provided appropriate referrals if necessary. The majority of participants reported finding the interview process personally beneficial, as it afforded them the opportunity to share their stories and be empathetically heard. Additionally, a negligible number of participants requested referrals.

2.1.5. Procedure

The data collection for this study was conducted during the Covid-19 pandemic period using online meetings and outdoor spaces. The data collection period spanned three months from February 2022 to May 2022. Upon obtaining contact information, the researcher contacted potential participants through email or phone. Prior to the interviews, participants were provided with information about the study's purpose and procedure, as well as confidentiality, both verbally and in a written consent form. All participants provided consent for audio recording using an electronic tape recorder,

and their consent was obtained verbally and in writing. The semi-structured interviews were conducted either at a quiet outdoor location or via the online meeting platform Skype, based on each participant's preference. While there were occasional disruptions during online interviews due to technical glitches, there were no significant differences observed between the two interview methods. Additionally, conducting interviews online facilitated reaching participants residing in different cities. Participants were assured of the anonymity of their responses and the confidentiality of the interview recordings and transcripts. Moreover, participants were informed that they had the freedom to withdraw from the study at any time. Each interview began with demographic questions to help establish rapport. The interview duration varied between 50 and 96 minutes, with no breaks (M = 83, SD = 13.5149).

2.1.6. Data Analysis

Interpretative Phenomenological Analysis (IPA), as per the guidelines proposed by Smith, Flowers, and Larkin (2009), was chosen as the data analysis approach for this study. Following the step-by-step process recommended in these guidelines, the first step involved transcribing each participant interview verbatim. Next, the transcripts were read and reread multiple times to deeply engage with the text. During these readings, the researcher made extensive notes in the left margin of the transcripts, including associations, questions, comments, summary statements, and observations about the participants. Distinctive phrases and emotional responses were also highlighted (Smith et al, 2009). Descriptive, linguistic, and conceptual comments were added to help make sense of the participants' narratives, including subjective experiences, unique language use, and contextual aspects. This stage also allowed for personal reflexivity and its potential impact on the participants to be considered.

In the second stage of analysis, the transcripts and explanatory notes were carefully examined to identify specific themes that emerged from the data. This examination aimed to ground the themes in the participants' own accounts. The identified themes were recorded on the right side of the transcript margins. This process, referred to as theme abstraction by Smith and Osborn (2003), entailed expressing the emergent themes as brief phrases representing what the participants conveyed in their narratives.

These emergent themes were then listed in the order they emerged to explore connections between them.

The third stage of data analysis involved a more theoretical examination of the emergent themes, searching for connections, relationships, and commonalities among them. The themes were grouped based on their conceptual similarities. Some of the themes were clustered together, forming superordinate themes. Descriptive labels were assigned to these superordinate themes to preserve their essence, while the connections between superordinate and subordinate themes were noted (Smith & Osborn, 2007; Willig, 2013).. Themes expressed by only one participant were eliminated from the final theme list. This process was repeated for each interview, with each case treated individually until some degree of closure was achieved.

To maintain IPA's idiographic approach, the superordinate theme list from the first participant's transcript served as a foundation for analyzing subsequent transcripts. Smith and Osborn recommended (2007) to use the superordinate theme list of the first participant's transcript to give a body for the analysis of the next transcript. Additionally, if new and different themes emerged in later transcripts, earlier ones were reviewed to ensure consistency. Once analysis was completed for all the transcripts, a final comprehensive theme list (see Table), with extracted quotes was compiled. This list showcased each emergent or superordinate theme.

The final stage of data analysis involved a cross-case comparison to identify recurrent themes. A summary table (see Table) was created to display all the superordinate themes, along with quotations illustrating each theme (Smith & Osborn, 2003). Relevant emergent themes were recorded beneath their corresponding superordinate themes.

2.1.7. Validation and Quality Strategies

The credibility of qualitative studies has been a subject of discussion in the relevant literature (Elliott et al., 1999; Creswell & Miller, 2000; Yardley, 2000, 2008). Traditional criteria for quantitative research, such as reliability, validity,

representativeness, objectivity, and generalizability, often do not apply to qualitative research (Smith et al., 2009; Willig, 2013). As a result, qualitative research literature has presented standards and criteria that allow researchers to obtain credible and valid results (Elliott et al., 1999; Howitt, 2016; Yardley, 2000, 2008). For instance, Elliot and colleagues (1999) argue that researchers' perspectives inevitably influence interpretations and cannot be separated from the process of knowledge acquisition. Therefore, the researcher's subjective position should be included as part of the data analysis process. This includes describing the researcher's assumptions, beliefs, and prejudices to demonstrate reflexivity. It is also important for researchers to attribute and illustrate the outcomes of the participants' accounts.

Additionally, researchers should employ controls for credibility, such as inviting fellow researchers to review their work and provide feedback, using multiple data sources to validate findings, providing detailed descriptions of the research context, participants, and methods, and reflecting on biases, assumptions, and preconceptions (Mays & Pope, 2000). Participant checking, where researchers seek feedback from participants to verify the accuracy and interpretations of findings, can also enhance transparency (Creswell & Miller, 2000). Independent auditing, in which an external expert assesses the research design, data collection methods, analysis, and interpretation of findings, can be utilized for credibility control. Triangulation, comparing findings from two or more qualitative perspectives, is another useful strategy. The analysis of data should be conducted with coherence and integrity, considering both general and specific aspects (Elliott et al., 1999).

Furthermore, evaluation criteria should align with the epistemological assumptions of the research method employed in a study (Willig, 2013). Thus, the present study followed Smith's (2011) evaluation criteria consistent with Interpretative Phenomenological Analysis (IPA). These guidelines recommend the use of independent auditing, which is considered a powerful approach to ensure validity (Smith et al., 2009). Moreover, reflexivity is a key requirement for IPA studies given their hermeneutic background and emphasis on contextual meaning (Willig, 2013).
Several methods were employed in the present study to enhance credibility. The researcher's assumptions, beliefs, and biases (reflexivity) were acknowledged and

addressed, as evident in the reflexivity section. A detailed description of the sampling procedure and research process was provided to allow readers to evaluate the validity of the methodology. The participants' personal narratives were included in the study to allow readers to evaluate the coherence between the interpretive analysis and the data. The original accounts in Turkish were also provided in the appendices for comparative purposes. To enhance the credibility of the findings, a peer debriefing session was conducted with İpek Demirok, an experienced qualitative researcher in interpretive phenomenological analysis. In addition, the feedback of the thesis advisor and committee members was sought throughout the research process to enhance the rigor of the study, in line with the guidelines proposed by Smith (2011).

2.1.8. Reflexivity

Reflexivity in qualitative research indicates the transparency of the researcher. It involves researcher's awareness about their subjective contributions like the effects of their own values, beliefs, ideologies, interests, socio-cultural background, and professional experience on the research process (Watt, 2007) Being reflexive in IPA requires the researcher to explain the connotations of a specific phenomenon from both the participants' and their own perspectives (Smith et al., 2009). According to IPA, it is impossible fort he researcher to keep their assumptions and biases outside the topic of discussion while conducting research. For an IPA research to be valid, it is very important for the researcher to be conscious of their contribution to the construction of meanings, their own presuppositions and biases during the process (Willig, 2013). A number of strategies are suggested in the literature for the researchers to be aware of their subjective position (Finlay, 2002). One of the most important strategies to achieve such awareness is reflexivity. Thus, the researcher attempted to adopt a reflexive and open manner in the present study.

Prior to delving into the researcher's reflexivity experience in this study, it sis important to note that the study focused on a different topic and utilized a different methodology at the beginning. Initially, this thesis aimed to analyze the experiences of professionals working with Syrian refugees in Turkey using the action research method. The intention was to select an institution providing psychological counseling

or psychotherapy services for Syrian refugees and involve employees from all medical and administrative units. The objective was to collaboratively design the research, understand their experiences, determine research topics, methods, and work together in a non-hierarchical structure. However, despite approaching 11 institutions in Istanbul and Ankara, none of them accepted the research proposal. Four institutions cited the Covid-19 pandemic as a reason for not collaborating with external researchers, even though they had already commenced face-to-face studies and engaged with other external experts. One organization directly rejected the proposal by expressing concerns about potential interference with their organizational functioning. The researcher speculated that this reason might reflect a broader situation, considering the non-responsive institutions and those that rejected citing the pandemic. It appeared that there might be inhibiting pressures to investigate the experiences of workers in Turkey. In light of these refusals, the researcher decided to modify the methodology to fulfill her desire to study the experiences of mental health professionals working with refugees. Consequently, the interpretative phenomenological analysis method was chosen as it did not require institutional permission.

The implementation of the present study's method, IPA, has started with the researcher including her observations of relevant information about the participants in her reports (Elliott, Fischer, & Rennie, 1999). Afterwards, the researcher has taken many notes that reflects herself, her beliefs, her associations, her values, her motivations, her assumptions, and her questions throughout the research process. Moreover, for the review and feedback about manifesting the emergent themes, the thesis supervisor and the thesis committee members (Prof. Deniz Canel Çınarbaş, Prof. Özlem Bozo and Assoc. Prof. Ilgın Gökler Danışman) were consulted during the analysis of the data process.

I am a 39-year-old female Turkish citizen who is born and raised in Istanbul in Turkey. I am a clinical psychologist, doing my doctoral training in clinical psychology. I have been working as a private practice psychotherapist since 2010 and teaching Social Psychology, Discrimination, Introduction to Psychoanalysis and Environmental Psychology as a guest lecturer at a state university since 2014. After my master's

training in clinical psychology, I became academically and professionally interested in working with psychological trauma, forced migration, and refugees.

When I completed my master's, an earthquake took place in Van, and I started to conduct volunteer individual psychotherapy with the earthquake survivors and migrants from Van to Istanbul. This marked the beginning of my volunteer work with other types of trauma survivors, as well as immigrants and refugees. So, since 2011, I have been doing volunteer work with different type of groups who have suffered from political and psychological trauma due to wars, massacres, disasters, and oppression. I am a member of several solidarity associations and psychology associations who support trauma survivors, I do either individual therapy with people who are referred from these organizations or field work, including home visits, group work, psychosocial trainings with children, adolescents and adults.

Doing 10 years of solidarity work and witnessing severe forms of psychological trauma as a human being and a psychotherapist was often challenging for me and affected my view of life very negatively. Yet, such experiences accelerated my personal growth, too. I learned about acceptance of events that are hard to give meaning to and beyond our control, about developing resilience even under difficult conditions and having gratitude towards our resources of support and strengths. I also learned that good and evil are not really separate from each other, and that justice and healing is usually hard to achieve, especially regarding political situations in many occasions. My trust in humanity and solidarity are both shattered when I witnessed extreme amounts of violence, discrimination and oppression towards and between some minority populations. On the other hand, my trust in humanity was later restored when I met many people who are still trying to have hope about the future, behave ethically even when others around them are corrupt, stand for each other’s rights and stick together with others. This process has given me the opportunity to contemplate on human strength, morality, and encouraged me to fight more for justice and human rights. I can easily say that my experiences in these works have influenced every aspect of my personal beliefs, values, and professional career.

As for my interest in this study, it certainly comes from my personal experience. I am a Turkish citizen, but ethnically, I am a Circassian. Both of my parents are Circassians, and their great grandparents have been raised in Circassian orphanages, at the beginning of 20th century in Istanbul. Their Circassian parents were deceased when they were left in orphanage. The only known story about them is that they barely made it out of the Circassian massacre at the end of the 19th century, and reached northern part of Anatolia with severe amount of loss. The generations that lived after them have been assimilated into Turkish culture. Yet, my grandparents kept their language, although they did not teach Circassian language to my parents. In the environment I was born and raised, the majority of population and our social circle was mostly Turkish, but my nuclear family and close relatives have continued to follow some of the Circassian traditions in their daily lives; so it can be said that I have been raised in a bicultural environment. My friends knew that I was Circassian, but because Circassians were quite assimilated in Turkish culture and their population is considerably smaller than the other ethnic groups in Turkey, I haven't met discrimination while growing up, except comments about Circassian women becoming the best wives, my fair skin or my mother's colorful look, which were are followed by comments that we cannot be Turkish. These comments did not affect me intensely, although they made me feel like an outsider, I kept such feelings to myself, and focused on being an insider and blending in. Now I realize that my effort to become an insider was very much like the assimilation of Circassians. Also, not knowing much about my family history has always left an uncanny feeling inside, and provoked my efforts of joining all types of hobby groups, political groups, sport teams, music bands, and doing volunteer work with minorities, efforts I now understand that were about my desire for having roots somewhere and to know where I belong.

I have done individual, group and field work with Van earthquake survivors, Soma mine massacre survivors and the relatives of lost miners, Turkish-Kurdish war conflict survivors, Syrian refugees who have resettled in Istanbul's Yarımburgaz and Küçükçekmece districts, with Syrian, Afghan and Pakistani child and adolescent refugees who sought shelter in Kadıköy Municipality's youth centers, and with academics who got fired because of decree-laws (KHK). This can be considered as a compensation for my need for finding my roots and radicate somewhere, by working

with people who have migrated internally or externally. Among these solidarity efforts, my longest volunteer work was with Syrian refugees in the Yarımburgaz and Küçükçekmece districts; I have visited refugee houses to meet, understand the needs of and support refugee families, I also organized contact work with other volunteers, such as organizing football games between Syrian, Afghan and Turkish groups, tea meetings and movie nights with the residents. Through these efforts, I have gained first-hand clinical experience with refugees in a multicultural environment including resettled Syrians, Afghans, Turkish and Kurdish groups). I also understood the significance of taking culture, ethnicity, language, religion, and value systems into consideration through these experiences.

Working in these districts even for 2 days a month was too intense for me; I was barely tolerating the stories I've heard and their effects on me. I have listened and witnessed extremely intense memories and experiences of trauma, loss, violence and torture during and after migration from Syria due to the ongoing war back then. Then often led me to think about not just how Syrians can bare all of these, but also the situation of my colleagues who were working with refugees daily and the shape they were in. How were they; how were they coping with what they were witnessing and listening to each day, how was their experience of working with Syrian refugees; what kinds of difficulties they were facing when working with refugees under conditions that lack psychological and institutional support. Also, I found out that there were very few studies conducted in Turkey, which increased my motivation to work on these questions and brought me to my present doctorate research interest.
During my research interviews, I have not told the participants neither about my personal experience of working with refugees, nor my personal background of forced migration. Yet, if asked by the participants, I shared my own experiences with them after the interviews.

I was also aware of my outsider position as a private practioner and a PhD student and the potential differences between my experience and theirs regarding working conditions. First of all, my position reflected that I don't need to work with a salary in an institution. Yet, all the participants were working at an NGO or other types of institutions with poor working conditions and considerably low to average salaries.

Throughout the interviews, I was aware of my relative professional, social, and economic privilege compared to the participants, and I tried to be mindful of the power imbalance between the participants and me. It is important to reflect on such differences, which inevitably affect how people make sense of their experiences, and to be mindful of the influence of such a position on the responses and information shared by the participants.

When I reflected on the research process, there were times when I felt overwhelmed by the participants' emotionally intense experiences. I had concerns about building a comfortable and safe relationship with the participants in a very short period of time. Moreover, I felt worried about the extent to which I was able to understand sociocultural factors in participants' experiences accurately.

Another situation that I should reflect upon is my theoretical approach to psychotherapy and psychological research. I identify as a psychoanalytical psychotherapist, which also shaped my approach to the present study, specifically the results section of this work. Some of the participants of the present study also adopt a psychoanalytic psychotherapy orientation, and their answers to the interview questions involved psychoanalytic references and meanings at times. The similarity in our therapy approach enabled me to understand what the participants meant when they used analytical references and, I choose to leave them as they were, rather than translating them to common psychotherapy language. This way, they can be also open to the reader's own interpretations.

CHAPTER 3

RESULTS

The researcher used IPA to analyze the participants' transcripts and identified 5 main themes. The superordinate themes are as follows: 1) Secondary traumatic stress, 2) post-traumatic growth, 3) challenges for clinicians, 4) rewards for clinicians, and 5) coping ways and strategies. The researcher ensured anonymity by using pseudonyms and altering identifiable information. Table 2 provides a comprehensive list of subordinate themes within each superordinate theme. Each superordinate and subordinate theme will be briefly explained and supported by examples from the participants' narratives.

Table 2.
Master Table of Superordinate and Subordinate Themes

Superordinate Themes	Subordinate Themes
Secondary Traumatization	Strong Emotional Reactions Intrusive Images Shattered Assumptions Hopelessness Identification with Refugees Burn-out Cognitive Difficulties Developing Inefficient Coping Mechanisms Failed Professional Idealism Helplessness
Post Traumatic Growth	New Possibilities Appreciation of Life Activism Increased Personal Strength and Tolerance

Challenges for Clinicians	Client-related Challenges System-related Challenges Organization-related Challenges Interpersonal Challenges The Effect of Personal Migration
Rewards of Work	Witnessing Change and Strength Receiving Positive Feedback Job Satisfaction Professional and Personal Development
Ways of Coping	Organizational Coping Ways and Resources Personal Ways of Coping and Resources

3.1. Secondary Traumatization

All the participants shared their experiences of working with Syrian refugees, and it became evident that their mental health was significantly affected. Their narratives were filled with feelings of hopelessness, exhaustion, burn-out, grief, and ongoing challenges. It was no surprise that when asked about their experiences during the sessions, all participants responded quickly. This led to the identification of the first main theme, secondary traumatic stress, which aimed to encompass the participants' symptoms and experiences of secondary traumatic stress that emerged after working with Syrian refugees. Within this overarching theme, there were ten subthemes: 1) intense emotional reactions, 2) intrusive images, 3) disruption of existing beliefs, 4) hopelessness, 5) identification with refugees, 6) burn-out, 7) cognitive difficulties, 8) inefficient coping mechanisms, 9) failed professional idealism, and 10) helplessness.

3.1.1. Strong Emotional Reactions

Most participants expressed that they couldn't help but think about what they heard from their clients throughout the day. This also caused their dreams to be filled with vivid images of the experiences shared in sessions, which resulted in difficulties falling asleep and waking up too. Additionally, they found it challenging to stay organized, make plans, and manage their time effectively both at work and in their daily lives. Four participants also reported feeling lack of energy and a decrease in appetite. For

instance, Melis, who has been working with Syrian refugees for 7 years as a psychotherapist, shared her personal experience:

> *During challenging times, I find myself struggling to maintain a sense of organization. My ability to plan and manage my schedule seems to disappear, both at work and in my daily life. It's almost as if my skills in organization and time management become paralyzed when faced with weighty situations. Oh, and let's not forget about the decrease in energy levels. It's like my enthusiasm takes a vacation, leaving me with sleep issues and an inability to rouse from bed due to that pesky lack of energy.*

Like Melis, the majority of participants acknowledged that the topics discussed in therapy sessions with refugees evoked strong emotions within themselves. Over time, they began to recognize that they were experiencing similar emotions to those expressed by their clients. These participants have experienced the overwhelming emotions that clients transfer onto them, which caused them to react similarly to the distressing emotions the clients themselves endure. It appears that these therapists, through their clients' strong narratives, have repeatedly witnessed death and destruction, thereby being unable to shake the thoughts. The burden of carrying these challenging emotions seems to have emotionally drained them, rendering them depleted and resembling the clients' own feelings of being half-dead. Also, feelings of guilt, anger, and frustration emerged as common themes among the participants. They felt a deep sense of anger towards the injustices that their clients faced and a profound frustration when their attempts to bring about change fell short. Coping with these emotions proved challenging, as many of the strategies they employed did not provide the relief they had hoped for. Ezgi has described her experience in this matter as below:

> *...I found myself experiencing similar emotions as my clients, carrying a heavy emotional burden. Even when I tried to have fun or enjoy myself, guilt would creep in. It felt like I couldn't fully indulge in the simple pleasures of life. In addition to being psychologists, we also had other responsibilities. I remember one week, I went out to distribute basic necessities to people in need before coming home to find my parents had cooked a feast for me. The guilt was overwhelming. It shattered any belief I had in a just world, in justice itself.*

Clearly, the majority of participants were grappling with the intense and weighty emotional reactions that their work was eliciting within them. They found themselves contending with the cognitive aftermath of these heavy emotions, as well as facing

internal conflicts arising from the sensitive topics brought up by the refugees. Here, it has been posited that the participants have experienced a sense of guilt surrounding engaging in activities such as leisure, camaraderie, or sharing meals with family. These activities are viewed as libidinal motivations necessary for affirming the continuity of life for them. However, therapists may have felt culpable for participating in these endeavors, as they perceived these opportunities as being inaccessible to their clients. Consequently, it is suggested that clients project their anger towards others for being able to engage in such activities while they are unable to do so themselves. Furthermore, these feelings of anger and perhaps even envy are internalized by these participants, and impacted their daily lives. These participants have also occasionally identified with both the victims and perpetrators described by their clients, and the constant exposure to hear these violent and tragedic stories has taken a toll on their emotional well-being to the point where they can no longer bear to hear more. This was probably due to the emergence of conflicting and destructive emotions, including aggression, the desire to harm others, feelings of victimization, self-blame, inadequacy, and an inability to effectively navigate their professional and personal lives. Additionally, many of the participants have lost their interest in or completely disengaged from the politics as a result of their work. This impact of refugee work extended beyond the participants' professional lives unfortunately; it infiltrated their personal lives, leaving a lasting imprint through their encounters with refugees and their stories that prevents them to continue as before their work.

3.1.2. Intrusive Images

Because most of their clients share very traumatic memories, such as violent deaths and torture, during the sessions, 3 participants revealed that they now have these graphic scenes playing in their minds due to such exposure. These participants admitted that these scenes are disturbingly vivid and persistent, causing them great distress. They expressed a strong aversion towards dwelling on these violent images, as it fills them with anger towards a world where such experiences occur. Some participants even shared that they have felt a sort of psychological fusion with their clients, hearing their voices and visualizing their described experiences. However, they chose not to disclose these sensations to others, wishing to spare them from the same

burden. Can, having 6 years of experience with refugees, offered a personal account of his encounter with these phenomena:

> *...and then I found myself overcome with tears and frustration, exclaiming, "Why did I have to know all of this?" It's like I have a mental library filled with countless tragic stories, dozens of bodies—names, relationships, severed limbs, decapitations, countless acts of harassment, rape, torture, disappearances, separations, bombings... the list goes on. It's as if these stories have taken up residence in my mind, etched in vivid detail—where they occurred, how they unfolded. Sometimes, I even catch myself feeling like I have personal connections to the stories, as if they happened in Syria, Afghanistan, Iran, Iraq, Pakistan, and beyond. When I step back and survey it all, the weight of humanity's suffering makes me crumble. No one should bear witness to such atrocities. It infuriates me, and I don't think I'll ever fully comprehend how such horrors can exist in our world.*

Sibel, 29, who has 3,5, years of experience in this field as a psychotherapist, has also elaborated about how she can't help but think about what she hears during the sessions and how intensely she was affected by them:

> *Sometimes my mind wanders down a troubling path, bringing back memories of my clients and the heart-wrenching stories they've shared with me. It's like a heavy load suddenly weighing me down, leaving me feeling perplexed and overwhelmed by the depth of what I've witnessed. These stories are always filled with immense difficulty and trauma. As time goes on, it becomes increasingly challenging to find any sense of normality in them. How can one normalize a narrative where someone speaks of carrying their brother's severed head separate from his body? It's sickening to even contemplate such a notion. Yet, I've been exposed to countless stories like this... And when these stories start to lose their shock value, when they begin to sound ordinary, it strips away a piece of my humanity, dehumanize me. But perhaps, in order to cope, I need to detach myself momentarily. That's why this profession is so demanding, incredibly tough.*

These participants have shared their experiences of hearing countless harrowing stories from their clients, with vivid and graphic details that are impossible to forget. They expressed a deep sense of unease, knowing that even if they were to stop working with refugees, these haunting images would forever be etched in their minds. According to them, this burden of witnessing and imagining such things is an unfair legacy of their profession, and they firmly believe that no one should have to endure or imagine such horrors.

3.1.3. Shattered assumptions

Since starting their work with refugees, many participants expressed a profound shift in their worldview and perception of humanity. Half of them shared that their faith and idealization of the world had been shattered. Furthermore, four participants noted that their perception of evil had drastically changed. They started to believe that the world was far worse than they previously imagined, with no limits to the depths of human cruelty. The indifference and inaction of those close to them or those they once considered fair-minded deeply angered and disappointed them. Witnessing the ongoing violence, hostility, and exclusion faced by refugees fueled their despair. Such revelations left them feeling morally conflicted, helpless, and disillusioned with the cultural and societal structure they lived in. Aysel, 30, working with Syrian refugees for 5 years now, poignantly described her own experience grappling with these shattered beliefs:

> *I witnessed firsthand how easily individuals we perceive as kind and moral can become perpetrators in certain situations. It's astonishing to see how quickly these supposedly "good" people can turn racist or hostile, even resorting to hurling insults at refugees they come across on the street. It's truly unbelievable... This shattered my idealistic view of the world. I no longer hold onto the hope that a brighter future awaits us all, especially considering the escalating refugee crisis. The fact that even child refugees are not given the care and attention they deserve leaves me wondering—what could these innocent children have done to be forced to flee their own country? It's disheartening and deeply troubling.*

These participants have expressed a shift in their outlook towards a more pessimistic and cynical view of the world. They have noticed a change in their emotional state, experiencing increased anxiety, anger, and a sense of hopelessness. Additionally, two participants have mentioned feeling a closer connection to the concept of depressive realism, viewing life through a lens of darkness and despair. This change in perspective has affected their overall relationship with life, dampening their once vibrant spirits and bringing them closer to the realm of death. Can has shared his own experience of this shift in beliefs as follows:

> *You know, there is such a thing as depressive realism, life has a way of knocking down our idealistic beliefs and smacking us with harsh realities. I*

used to think that the world was a fair place, but now I think, it's not even remotely close, there is no such thing. It's not even close to fair, not even in the slightest. This realization has left me feeling a bit pessimistic and anxious, I must admit. It has also ignited a fire within me, made me very angry, a fiery anger towards the injustices I see around me. I mean, they have been through very bad things, they come here, and then they are subjected to discrimination here, and so on and so forth... I mean, how can we just stand by and do nothing while people suffer? It's infuriating! Sometimes I find myself wondering, how can we live with this knowledge? If more people truly understood the extent of these injustices, I don't think any of us would be able to sit comfortably at home. We would be out there, go to Taksim Square, shout, raise our voices, demand change. Because let me tell you, the weight of this injustice feels unbearable to me.

These participants have become disillusioned with their faith and idealistic beliefs, realizing that the world can be far worse and more cruel than they previously thought. For these participants, the world become a place of forces of death now, a place full of despair; but it used to be a place full of life forces before. Their perception of life has taken a darker turn ever since they started working with refugees; one can say that death instict is more strong than the libidinal instinct here. They also have lost their belief that they have control over their lives, at least to some extend; this belief started to seem like an illusion to them. The indifference and inaction of others towards the suffering of refugees has deeply disappointed them, causing a shift in their overall outlook on life. They no longer hold hope for a brighter future or trust in humanity's ability to bring about change, as explained more in detail in the next subordinate theme.

3.1.4. Hopelessness

Four participants have expressed their belief that since they started working with refugees, they have witnessed a decline in trust and empathy among people. They have observed that even close relationships are marred by a lack of trust, self-interest prevailing over the well-being of others. These participants have also shared their concern that if a war were to break out in their country, no one would come to each other's aid. Sadly, they no longer hold any hope that this situation will improve in the future, as people appear to have become increasingly self-oriented. Can's interview provides an illustrative example of this sentiment:

> *..you know, sometimes I find myself lost in this hypothetical scenario, pondering what would happen if a war were to break out tomorrow. It's like a strange fantasy that plays in my mind - who would call each other, who would reach out to whom, who would offer support and solidarity, or would everyone just fend for themselves? It's disheartening to think that even in times of crisis, relationships can become strained and fractured. People often criticize refugees for fleeing their countries instead of fighting for them, but I can't help but wonder if they would do the same if faced with such a situation. It's easy to judge from a distance, but when faced with the harsh reality, I can't say for sure how anyone would react. This uncertainty has eroded my faith in humanity, leaving me with a sense of disillusionment.*

These participants have expressed their belief that change, if it is even possible, will occur at a painfully slow pace over an extended period of time. They feel that individual or small group efforts will be ineffective in bringing about meaningful progress. This pessimism has cast a dark shadow over their outlook on life, as they anticipate that the refugee crisis will persist for years to come and worsen before any positive developments emerge. Three participants have even shared that their deep-seated hopelessness has manifested as a heavy inertia, making it difficult for them to find motivation or take action. Can has also provided his perspective on these sentiments:

> *...this feeling of injustice is just so overwhelming, it's like carrying a mountain on my shoulders. And I can't help but feel anger bubbling up inside me. But you know what? I've also come to realize that some things are just so deeply ingrained, so stubbornly resistant to change, that even if we do manage to make a difference, it's going to be an uphill battle. It's like trying to push a boulder up a hill alone. So, as time goes by, this inertia starts weighing on me - that nagging voice in my head asking, "What if I try, and nothing changes?" It's a tough pill to swallow.*

These four participants have expressed their belief that their decline in trust and empathy among people since they started working with refugees is disheartening for them. They started to fear that even in times of crisis, people would prioritize self-interest over helping others. All of them had a very dark impression of the future. Two of them have also stated that don’t have any faith in anything anymore; according to them, if a God or a power like God exists, it shouldn’t give permission to all this evilness that has zero logic or necessity. The disappointment together with this

helplessness feeling have effected their general well-being and contributed to their experience of burn-out also.

3.1.5. Identification with Refugees

Six participants have shared that their work with refugees has evoked a strong sense of identification within them, as they found similarities between their own historical backgrounds and the experiences of the refugees. Among them, two participants with Arabic origins expressed feeling constrained by their inability to freely speak their native language in Turkey, similar to the refugees' struggle. This deepened their understanding of the refugee experience. Additionally, half of the participants revealed that they would likely seek refuge themselves if Turkey were to face a war, further solidifying their connection with refugees. Moreover, some participants reflected on the loss of certain rights and privileges in Turkey, akin to what refugees endure, and expressed frustration about the injustice of being judged and excluded based on birthplace and ethnic origin. These participants exhibit a profound sense of empathy towards the challenges faced by the refugees, and have strongly identified with the difficulties the refugees experience. Sera, 32, a psychotherapist working with Syrian refugees for 6 years, has also shared similar sentiments:

> *You know, I am actually a person who already felt myself as a refugee in this country. And from childhood onwards, instead of perceiving this as a richness, speaking Arabic was like a forbidden act, something frowned upon even in school or hospitals. I remember how complaining about a teacher speaking Arabic was almost seen as a crime. It's no wonder I can empathize so deeply with the struggles of refugees who face oppression for speaking different languages here. If a war were to break out, I can't say I wouldn't flee just like them. I'm not someone who supports war, and I believe that Syrians have every right to escape. And you know what? We're actually more alike than we think. We all worry about unemployment and having enough resources. But the issue, at least in my perspective, isn't about someone taking away my rights; it's about an unfair system managed by those in power. It shouldn't be "someone took my share" it should be "we all have rights, and some are taking more than their fair share." So, this injustice isn't just about refugees, it's about a wider problem. And honestly, it makes me really sad. It's unjust that people are judged, excluded, and denied their rights based on where they were born. It's a sad reality that we need to address.*

Three participants have shared their experiences of empathizing with refugees during their work, noting that they often found themselves imagining what it would be like to be in their shoes. This newfound understanding made them realize the fragility of life and how circumstances can change abruptly for anyone, including themselves. They expressed admiration for the resilience exhibited by refugees, who, despite facing immense challenges, still managed to find motivation to build a better life. Working with refugees also compelled these psychologists to reflect on their own migration histories, acknowledging that they too have experienced displacement in some form. By immersing themselves in the world of refugees, these therapists confronted their own feelings of loneliness and isolation, gaining a deeper appreciation for the struggles of others. They also became refugees in a way; because everyone have experienced the loss of our love objects, everyone met terror, fear of annihilation, migration, separation anxiety at one point in their lives, participants went through similar anxities, remembered their past and processed loss and mourning during their work with refugees. As an example, Can delved into his personal journey, shedding light on these introspective realizations.

> *...sometimes I even imagined myself as a refugee in a therapy room in Bulgaria, speaking Bulgarian, but with a Turkish interpreter, because there are no guarantees in life, for everyone. This shifted my perspective a bit, as I had always held onto the idea of a predictable and secure life, you know, the classic 80-85 years of life, following the traditional path of work, acquiring things, and so on. But now, that certainty was replaced with a sense of uncertainty, a realization that anything can happen at any time: "who knows?", that is, anything can happen at any time. It doesn't always have to be a war; there are countless unforeseen events that can upend our lives. However, amidst this uncertainty, I also witnessed the incredible resilience of human beings. I marveled at how someone could still have breakfast, still find the energy to chase after a cup of coffee, despite the hardships they faced, I mean oh my God. Working with refugees allowed me to connect with the refugee within myself, that part of me that has experienced exile from home in its own way. In a strange way, it provided solace for my own feelings of loneliness and isolation. Sometimes, I felt guilty for seeking answers and understanding from those I was helping, even though I knew there was no crime in doing so. It was as if I wanted to hear their stories to find guidance on how to endure pain, survive in solitude, cope with sadness, and manage anger. I wanted to ask them: How could you really endure this pain? How could you really survive so alone? How could you handle all these sadness? In that process, I also discovered a deeper understanding of myself. That's why I believe that the loneliness within me found some companionship in that journey.*

These 6 participants have found strong personal connections to the refugee experience and defined that they feel really close to refugees now. Some of them thought that refugees were experiencing an eternal splitting in their lives, they wanted to go, but they can't go; they wanted to stay and adapt, but they can't, they wanted to leave for some other country, but that's difficult too; so, for these participants refugees were in a limbo situation, a situation that prevents mourning, they were stuck; and they can also relate to this situation because they were familiar with the situations where one feels stuck, can't experience grief and move on. The participants have been deeply affected by these challenges and tragedies of the refugees, and their identification with the refugees has pushed them to confront repressed emotions and unwillingness to face their difficult realities. Despite the hardships involved, these participants have demonstrated a willingness to learn from refugees and adopt their strategies for dealing with shared struggles. But also, along with this, by witnessing the strength and determination of refugees, these participants have gained a newfound appreciation for their own resilience and ability to navigate through life's challenges and to reminding them that they too possess the inner strength to overcome adversity.

3.1.6. Burn-out

Many of the participants I interviewed expressed a deep sense of exhaustion shortly after they began working with Syrian refugees. For 6 of them, the fatigue was so overwhelming that their only desire upon returning home was to collapse on the couch and engage in mindless activities. They craved an escape from thinking or feeling anything, seeking solace in watching something to lull them to sleep. Additionally, 5 participants shared that they no longer had the motivation to meet with their friends or engage in social activities. Even socializing felt draining and sapped them of energy. Some participants find themselves dreading the thought of another session, feeling drained of all energy and just wanting to escape from the session, from work. On the other hand, some individuals reach a point where they feel like they've hit their limit. Their capacity to absorb new information has reached its maximum. Leyla, 39, who has 8 years of experience in psychotherapy with Syrian refugees, her experience of burn-out encapsulated these feelings of exhaustion and disengagement:

> *At first I was more like this: I was explaining, explaining, listening; now I don't listen at all. It takes you away from the client a little bit; sadly, one needs that distance sometimes. I needed to shut down once in a while. It's like I'm caught between wanting to be there for my clients, listening and supporting them, and feeling this overwhelming exhaustion pulling me in the opposite direction. It's like a tug-of-war between empathy and self-preservation. There are moments when I just want to hit the pause button, step away from it all, and recharge my own emotional batteries. I guess you could say I have these little fantasies of quitting, especially when it feels like my capacity to absorb any more stories is maxed out. I even want to quit in the middle of a session which happens really often lately, I sometimes think I don't have any space left in me to hear a new story of a client…*

4 participants have shared that they struggled with a sense of guilt when it came to socializing and having fun. They believed that while they had the luxury to enjoy themselves, many refugees did not have such opportunities, they shouldn't have also, they were experiencing a heavy survivor's guilt. As a result, they felt it was their responsibility to prioritize the needs of others over their own enjoyment. These participants also admitted to neglecting their self-care and ignoring signs of health problems until they became unavoidable. Some of them explained that they felt doing nothing but laying on the couch was the only think that can do for regulating all the painful and heavy effects of the stories they have heard during the day. Defne, 44, working in this field for over 15 years, candidly described her exhaustion in the following way:

> *I have vivid memories of countless moments when I found myself utterly drained and burnt out. I would come home, completely exhausted, and collapse onto the couch for hours. Despite desperately needing rest, I lacked even the energy to crawl into bed. As time slipped away, I eventually succumbed to sleep at absurdly late hours. It felt as if I was forbidden from enjoying myself with friends or venturing outside of my home. After all, they appeared to be suffering every moment, the simple act of going home filling them with stress and hardships. How could I possibly indulge in anything else? Then there was this one incident, I experienced intense stomach or abdominal pain and rushed to the doctor. To my surprise, the doctor asked, "What kind of job do you have? What have you done to yourself?" I was caught off guard and confused, questioning what they meant. That encounter compelled me to take a leave of absence, and in that moment, tears welled up as I pondered the damage I had unknowingly inflicted upon myself.*

All of these participants have reported several symptoms of burn-out. They have described deep sense of exhaustion, leading them to desire mindless activities and escape from their thoughts and feelings. They also felt that they cannot continue to do their jobs anymore, they did not have any capacity left for this due to all these consuming and drowning feelings. These participants have stated that they didn't even want to see or talk to their significant others anymore. They emphasized that they needed this to stay from stimuli and to regulate themselves in order to be able to cope with their daily lives and to think clearly, as they also started to develop some cognitive difficulties like attention and memory problems due to this burn-out.

3.1.7. Cognitive Difficulties

Three participants have expressed their concerns about experiencing difficulties in remembering details and important events during the sessions. Additionally, they have found it challenging to take notes effectively. Furthermore, three of them have been struggling to attentively listen to the clients, resulting in repetitive questioning. Interestingly, two participants have even admitted to occasionally confusing clients with each other. This confusion extended to mixing up the clients' stories and physical characteristics during the sessions. As the participants also expected, these confusions have also started to affect their personal lives. Their time management skills have also deteriorated significantly, making it challenging to stay organized at work. Can aptly described his experience as follows:

> *I had a moment of realization when I noticed myself making mistakes like forgetting sessions, feeling relieved when a session was cancelled, and mixing up people and appointments. It hit me that these were not just minor slip-ups, but red flags waving high. And when these slip-ups started seeping into my personal life, I knew deep down that things were not improving; I said to myself, "this is not getting better".*

Furthermore, the participants have shared their experiences of increased forgetfulness in their daily lives. For instance, some mentioned forgetting simple tasks like turning off the stove or even what they had planned for the evening. Surprisingly, a few even admitted to forgetting their own psychotherapy sessions. Planning activities, whether it be a vacation or a simple evening program, has become a daunting task for them.

Moreover, their absent-mindedness has extended beyond therapy sessions, causing them to confuse various things in their day-to-day lives. Sibel, has provided a detailed account of these troubling occurrences:

> *...in my personal life, forgetfulness seems to be a recurring theme. It's like living in a comedy sketch, with moments that make me chuckle. Like that time when I would constantly question if I had turned off the stove or not. I'd even go back home just to double-check! And oh, the relief that washed over me when I touched the power socket and confirmed that I did indeed switch it off. These little reminders became a regular occurrence because, let's face it, I have a knack for forgetting things. In fact, there was this one time when I completely forgot to attend my own therapy session! Talk about absent-mindedness at its finest. I've become lost in my own thoughts, unintentionally daydreaming for what feels like an eternity, leaving behind little gaps in my memory.*

As Can and Sibel stated, these participants have reported cognitive difficulties about forgetfulness and attention at work which later started to have an impact on their personal lives as well. Some has described their situation like they were in a half-sleeping state all the time, they expressed challenges in staying organized and to focus on their tasks. For some of these participants, this was also the result of being exposed to of traumatic narratives, which were explained in the next subordinate theme.

3.1.8. Developing inefficient coping mechanisms

Eight of the participants expressed their growing sense of depression as a result of constantly listening to challenging and traumatic stories. They described vividly visualizing these stories in their minds, almost as if they themselves were experiencing them. Two of the psychologists even likened their own mental state to that of war victims, as they constantly witnessed the horrors of war through the stories of refugees. Overwhelmed by these experiences, they felt their minds had no room for any new stories, causing them to distance themselves from negative news and friends. As Melis has stated:

> *...For instance, when you've absorbed so much trauma, it's crucial to take a break from the news. I simply don't want to hear anything negative at that moment. I prefer to create a safe distance and shield myself from any additional exposure. There's already enough swirling around in my mind – an overflow*

of distressing news and harrowing scenes. I yearn for a respite from it all. It's not just about self-preservation; it's a means of protecting my sanity too.

Coping with the constant presence of torture, loss, and trauma in their thoughts proved difficult it seems, leading half of the participants to increase their alcohol consumption as a means of creating some distance from these stories. In fact, 6 participants reported that their weekly alcohol intake had almost doubled since working with refugees. Additionally, some participants noted heightened coffee and cigarette consumption; they also stated that they were feeling more healthy before, they were more careful with their health. Consequently, the participants stated that they abandoned sports and similar activities due to low energy levels and exhaustion, compounded by a diminished appetite. Melis also elaborated on this matter:

...For example, in the past, I used to be quite active, engaging in activities like yoga and various sports. However, lately, all I feel like doing is staying at home and lounging around. My energy levels have taken a dip, perhaps due to my reduced appetite, which easily leads to exhaustion. On top of that, I've noticed myself relying more heavily on coffee since I quit smoking, which was positive, but this time I started to drink a lot of coffee. Additionally, my alcohol consumption has increased during certain periods. Probably what I drink for a week, I can say that it has doubled in comparison with before. It's not necessarily positive changes; quitting smoking may be a good thing, but the rest isn't so great. I've been drinking more as a way to cope, to distract myself, and momentarily forget about all the heavy things I come across throughout the day...

On the other hand, there were those who reported experiencing a shift in their interests since starting their work with refugees. They expressed a diminished interest in anything other than trauma and war, finding themselves exclusively drawn to films and books centered around these themes. Three participants shared that they now perceive death and destruction more frequently than the vibrant and life-giving aspects of life. Their attention was predominantly fixated on death and shattered lives. Leyla, has provided insight into these emotions:

...loss and death have become these predominant themes that seem to overshadow the joy of life itself. It's almost as if I have unintentionally developed this habit of seeking out stories, movies, and books filled with death and trauma. It's like my mind subconsciously gravitates towards these darker narratives. Take pregnancy, for instance. Instead of embracing the beauty and

miracle of life, my thoughts veer towards the painful aspects - the loss of children, the heartbreak of losing babies during pregnancy. It's as if a cloud of darkness hovers over my perception, making it hard to see the bright moments of children being born and growing up. Instead, my mind fixates on the tragic possibility of their lives being cut short.

The lives of these participants were sadly overshadowed by a deepening sense of depression and trauma, brought on by repeatedly hearing the challenging and horrifying stories of refugees. It's clear that they have developed inefficient coping mechanisms due to being exposed to traumatic narratives extremely which interfered with their usual coping strategies. In general, these participants expressed feeling exhausted and delicate, with one person even suggesting that they could shatter into tiny molecules if something bad happens again.

3.1.9. Failed Professional Idealism

Most of the participants have expressed their disillusionment with their work, as it has transitioned from a noble cause to just a job. They have shared how their initial idealistic beliefs about helping people and advocating for human rights have faded over time. The participants acknowledged the initial sense of fulfillment they felt, but soon realized the limited impact they were able to make and the ineffectiveness of their efforts. Some participants mentioned feeling inadequate when confronted with the stark realities of poverty and hunger that their clients faced, especially when they themselves were financially stable. Others highlighted institutional inadequacies like not providing supervision or not having enough psychotherapist staff to share the waiting list, or personal conflicts about their therapy approach whether they think it suits their clients' needs or not, which further contributed to their growing sense of dissatisfaction. They also mentioned difficulties in meeting the needs of their clients, such as transportation or financial needs. Sibel elaborated on these challenges:

At first, I had this idealistic view of my job, wearing rose-colored glasses, thinking that I would make a big difference in people's lives through human rights work. But as time went on, I began to realize that my efforts didn't always align with the true needs of the people I was trying to help. It became clear to me that what they needed most was financial support, simply put, money. My idealism shattered in those moments. I remember encountering a woman at

work who appeared emaciated, and I couldn't help but wonder if she had an eating disorder. When I asked her, she revealed that she could only afford to eat one meal a day because there wasn't enough food at home for her and her eight children. It was a humbling moment for me, as I realized that my work wasn't directly addressing the urgent need for basic sustenance. Feeding her should have been the priority before anything else, as it's impossible for someone to focus on anything when they're hungry.

All of these participants have expressed their growing disillusionment with their work, as their initial idealistic beliefs have faded. They feel limited in making a significant impact and mention feelings of inadequacy and dissatisfaction. Two of them have stated that "they now are trying to see this as only some professional job that brings them their income". They highlight institutional inadequacies and personal conflicts, as well as difficulties meeting the needs of their clients. These participants have also indicated that their belief that a psychotherapist should also not be fragile was quickly destroyed after some time in their work too, after hearing so many destructive stories, they now believed that it's impossible for a person to contain everything inside without being torn by them.

3.1.10. Helplessness

According to more than half of the participants, the primary need of their refugee clients was not psychotherapy, but rather humanitarian aid. This realization made them feel helpless and inadequate, as neither they nor their respective institutions were equipped to fulfill this crucial need. They empathized deeply with the clients, bearing the weight of their helplessness. However, as the feeling of helplessness, which also manifests as survivor's guilt, grew unbearable for some, these participants admitted to experiencing anger towards the clients and even placing blame on them for not seeking sufficient help before or being able to navigate their circumstances. This emotional burden made it challenging to complete the duration of their therapy sessions. They also grappled with the awareness that the clients did not have access to the same rights and privileges as citizens of their host country, which led to a sense of complicity in the discrimination and helplessness experienced by the clients. Sibel has offered her perspective on feeling desperate in her work:

I went through some very challenging periods where I felt overwhelmed and powerless. The weight of the problems faced by the people I was trying to help seemed insurmountable at times. It's difficult when you want to be the solution to every issue, for example, I want the client to have money, I want her child to go to school, I want her husband not to beat her anymore. There were moments when the feeling of helplessness became overwhelming, and I questioned the purpose of our therapy sessions, considering ending them prematurely. In those moments, I felt useless, burdened by a sense of guilt, felt very depressed, and even angry at myself for being part of a society that perpetuates discrimination., It's a complex mix of emotions, as I am also a citizen of this country, even though I am from a minority, benefiting from certain privileges while recognizing the inequalities faced by those I try to assist. I also felt sometimes angry with the client when I couldn't find a solution to their problems, I found myself thinking, "so let them return, they would be happier there at least", etc.

Two participants noted that encountering the limitations of the refugee support system in Turkey also generated a profound sense of helplessness and inadequacy. As they witnessed many refugee clients struggling to access essential aid and healthcare, and observed the inadequate response from aid institutions, the participants felt deep despair at being mere bystanders. They described the frustration of seeing refugee problems persist or worsen over extended periods of time without any meaningful resolution. Defne provided insight into her personal experience of desperation and helplessness:

...You know, we always use terms like "undocumented migrant" or "illegal migrant" to describe someone without proper documentation. But these labels reduce them to being "illegal" and strip them of their rights. It's a constant feeling of helplessness, knowing that at any moment they can be deported or face other consequences just for existing. It's frustrating when I can't provide the answers or solutions they need, especially when absurd bureaucratic rules get in the way like "because he/she is in such and such refugee status, blah blah blah, that's why he/she cannot do that". Because, at the end of the day, we are human beings connecting with Ali İhsan, Ahmet, Ayşe, not just labels on paper. Trying to navigate this system and find support becomes an uphill battle. It's disheartening to witness this overwhelming sense of helplessness.

Many participants in the study expressed deep feelings of helplessness and inadequacy in their work with refugee clients. They realized that the primary need of these clients was humanitarian aid rather than psychotherapy, but that is provided very limited in the refugee system of Turkey, which made them feel even more powerless and

blocked. They felt that these refugees need to meet efficient social work service at first, but because that is almost impossible in Turkey, social workers, the first professional contact a refugee could meet in a refugee center, can only do one thing, referring a depressed or crying Syrian to a psychotherapist and let the psychotherapist deal with all of their problems alone. This is always too heavy for a psychotherapist to carry; so, some has admitted to experiencing anger towards the clients and even blaming them for their circumstances.

The majority of participants in the study experienced intense emotional reactions and internal conflicts as a result of their work with refugees. They were deeply affected by the violent and tragic stories they heard, leading to a diminished interest in politics and a decline in overall well-being. They connected strongly with refugees too, the participants have showed some strong identification with refugees and felt like stuck in a similar limbo situation as them. Additionally, these participants reported a decrease in trust and empathy towards others, along with symptoms of burn-out such as exhaustion and cognitive difficulties. The exposure to traumatic narratives further contributed to feelings of depression and trauma. Moreover, the participants expressed feelings of helplessness and inadequacy in their work with refugee clients, highlighting the limited support available within the refugee system. Disturbingly, some participants even admitted to feeling anger towards the clients and assigning blame for their circumstances. However, it is important to note that alongside these emotional difficulties, the participants also recognized positive aspects of their work with refugees, which helped them learn and grow throughout this work. They have confronted their repressed wmotions and learned from refugees' strategies for dealing with struggles and developed their own resilience too.

3.2. Post-Traumatic Growth

This superordinate theme highlighted the positive aspects of working with refugees. Refugees' stories demonstrated the understanding that life is unpredictable and that people have the capacity to adapt and grow regardless of their circumstances. They have also gained a newfound appreciation for the value and fragility of what they possess, emphasizing the need for its preservation. This theme can be further broken

down into four subthemes: 1) new possibilities,2) appreciation for life, 3) activism, and 4) personal strength.

3.2.1. New possibilities

Three participants shared that through their ongoing conversations over an extended period, they have witnessed a positive shift in the attitudes of those around them. Notably, some of their relatives have recently begun advocating for the rights of refugees. Can offered a specific example involving his own relatives:

> *...For example, I had made up my mind to avoid discussing any controversial topics with my family, thinking it would only lead to arguments and tension. But then, one day, I caught sight of my mother passionately advocating for human rights among her group of friends. In that moment, it struck me like "oh my God, change is possible, yes, it canbe done, opinions can be shifted".*

Furthermore, 3 participants have shared that witnessing how refugees can emerge from challenging circumstances and still find joy in life serves as a source of inspiration and resilience for them. They were amazed by the ability of individuals who have endured unimaginable trauma, torture, and loss to persist and not lose hope. This has instilled in them a belief in potential for change and resilience within all individuals. These participants expressed their hope that as society becomes more aware of the strength and determination of refugees, there may be a greater understanding and acceptance in the future. Doruk, 35, who is working with refugees for 9 years as a psychotherapist, provided his perspective on this matter:

> *You know, it's truly mind-boggling to witness people coming from unimaginably tough circumstances and fighting tooth and nail to survive. I find it so fascinating, like a whole new world unfolding before my eyes. It's like I couldn't see it any other way until I met a refugee and heard their story firsthand. You'd be amazed at what drives them to keep going, despite all the obstacles they face. They have this incredible resilience, you know? Plus, the way they cliently explain their struggles to those who try to bring them down is just awe-inspiring. Sometimes, I even get this hopeful feeling, like maybe, just maybe, even the most stubborn and inflexible folks out there will eventually understand them. Who knows, things might change in the long run, and that's a pretty darn good thought, don't you think?*

Through their conversations, three participants have observed a positive transformation in the attitudes of those around them, with some family members starting to advocate for refugee rights. They said that this does not happen very often, but they believed that even a few member of their families, or from their social circles can transform like this, it can have a cumulative effect in time as in a potential for more people to defend refugee rights can be arisen. They believed refugees are resembling sources of inspiration and resilience, it could be understood easily when one witnesses how refugees can find joy despite their challenging circumstances. This inspiration by the resilience and meaningful actions of the refugees, the participants have also developed a deeper appreciation for life and a stronger commitment to defending the rights of others, which will be explained in the next subtheme in detail.

3.2.2. Appreciation of Life

Half of the participants shared that working with refugees has made them realize the precariousness of their own circumstances, leading them to deeply appreciate and protect the valuable aspects of their lives. They expressed a newfound appreciation for life itself and a stronger commitment to defending the rights of others to live freely. They also admired the resilience and meaningful actions of refugees, finding inspiration in their experiences. Among the psychologists I interviewed, half mentioned how their perspective on life and the world expanded through listening to the stories of refugees. Witnessing different ways of living and the lessons gained from difficult situations further strengthened their passion for life. Three participants highlighted how their curiosity was sparked by the diverse knowledge they acquired from each client. This heightened curiosity and positive outlook revitalized their own world. Umut, 28, working with refugees for 5 years now, shared his personal account of how his gratitude for life deepened as a result of his experiences:

> *…in my life, on the brighter side, getting to know refugees and working with them has opened my eyes to the true value of what I have. Whether it's my relationships or the possessions I hold dear, I now understand that they can be lost in an instant. It has made me appreciate the preciousness of existence and life itself. We should all have the freedom to live wherever we desire, and this conviction has grown stronger thanks to my experiences with Syrians and witnessing their resilience in the face of adversity. They have shown me that*

> *life can be seen from a completely different perspective, one that I had never considered before. The way they navigate their daily lives and how they express themselves has given me a newfound appreciation for the diverse ways in which we experience the world. I'm not saying that they find solace in their hardships, but rather that the human mind can endure and learn from any situation it encounters. This work has kept my curiosity alive and has revealed the endless possibilities of thinking and living in different ways.*

Two of these psychologists shared that their clients, possibly due to their cultural backgrounds, displayed a stronger and more intimate connection with the world. They stated that they marveled at how these individuals were not detached from their own essence and were able to face death, illness, and challenging circumstances without fear, almost as if they were living in countries untouched by war. Inspired by their clients, the psychologists shared that they learned to embrace life with greater ease and appreciation. As Defne beautifully remarked:

> *...you know, it's like this funny thing we were discussing with my friends, it felt like people who are more connected to nature have a unique way of dealing with things. It's like they have this special knack for facing challenges head-on. Don't get me wrong, they still go through tough times, they don't enjoy it or anything, but it's like they have a different perspective on life and death, sickness and all that jazz. And honestly, it kind of makes me realize how much I fear those things compared to them. I mean, yeah, it's tough for them too, no doubt about it, but in the grand scheme of things, nature has its own rhythm - plants, animals, and even us humans, we all go through these ups and downs. It's just the way the world works, you know? I think they have this amazing ability to accept and embrace their natural surroundings without feeling detached from it."*

Working with refugees has had a profound impact on the participants, leading them to appreciate and protect the valuable aspects of their own lives. They admire the resilience and meaningful actions of refugees and have gained a broader perspective on life through their experiences. Some clients stronger connection to the world has inspired these psychologists too; they shared that they believed Syrian refugees has taught them that it is possible to enjoy libidinal, lively things while dealing with abstinences and injustice at the same time. Also, the participants' engagement with refugees not only allowed them to hold onto life more strongly but also made them feel more alive, finding productive outlets for their emotions and transforming challenges action.

3.2.3. Activism

Half of the participants have shared that they began engaging in rights advocacy and activism after starting their work with refugees. They noticed that this activism not only allowed them to hold onto life more strongly but also made them feel more alive, compared to staying at home and doing nothing. Some mentioned that they created active spaces to channel the anger and sadness experienced by refugees and projected from the refugees to themselves through transference into something productive, which in turn made them feel better. They took various actions like speaking more about refugees, sharing information, collaborating with other organizations, and raising awareness about the refugee crisis with those around them. These actions helped them transform the emotions they absorbed during sessions into productive and meaningful activies. Ezgi, who spoke enthusiastically about her activism, expressed it this way:

> *...and you know, I have to give credit where credit is due - activism has truly been a lifesaver for me. It's like a breath of fresh air, a way to channel all my emotions and frustrations into something productive. Whether it's supporting feminism or embracing the queer community, engaging in these causes has expanded my capacity to collaborate with others and amplified my voice. From sharing posts to joining protests, I've had countless debates and discussions with people who may not always see eye to eye with me. But that's what makes it exhilarating, being able to stand up for what I believe in, standing in solidarity with refugees and speaking out against injustices. As a psychologist, I've encountered numerous refugees with their own unique stories, and it's crucial for us to find an outlet, something that can transform those experiences. And if there's one thing I've learned, it's that turning problems into art, activism, action, and politics is a powerful remedy. These endeavors have brought me immense joy and fulfillment. I couldn't let this opportunity pass without mentioning it. You see, as I share this journey, I feel alive.*

Some of these participants have found a creative outlet in writing or painting, using their experiences working with refugees as inspiration. Through this artistic expression, they have discovered a renewed sense of vitality and passion in their lives. Transforming the challenges they encountered into art and action during therapy sessions has become another form of activism for them. As these participants reflect on their work with refugees, they also have developed a deep sense of empathy and understanding towards refugees; recognizing the shared struggles of displacement and

the need for support has also created a strong bond through identification with them for the participants.

3.2.4. Personal strength

Six participants have shared their experiences of increased resilience and inner strength since they began working with refugees. They initially doubted their ability to handle the emotional weight of people's stories, but as time went on, they found themselves becoming more resilient than they had ever imagined. Sera expressed this transformation by stating:

> *People's stories have a weight that took me by surprise. I never pondered whether I could endure it all, but rather started from a place of determination. And as time went by, I marveled at myself and my ability to handle the burdens. Over the years, I think that my capacity to hold and cope with these stories has grown tremendously, leaving me feeling stronger and more resilient than ever.*

Two participants have shared their thoughts on the limitations they face as psychologists and the feelings of inadequacy and desperation that arise from these constraints. Despite this, they expressed gratitude for being able to continue their work in the field. Additionally, half of the participants were inspired by the resilience demonstrated by refugees in coping with pain and daily challenges. They mentioned that learning from the refugees has helped them develop their own ability to cope with pain more effectively.

As can be seen, working with refugees has had a positive impact on the participants, leading to new possibilities, a greater appreciation of life, activism, and increased personal strength. They have witnessed positive shifts in attitudes and advocacy for refugee rights among their relatives. They admired the resilience and joy that refugees find in life despite their challenging circumstances. This has expanded their perspective on life and revitalized their own world. Half of the participants have become activists, channeling their emotional experiences into productive actions and finding a sense of purpose. Engaging with refugees has also made them feel more alive and connected. They have developed a deep sense of empathy and understanding, recognizing the shared struggles of displacement. The participants

have also discovered their own resilience and inner strength through their work with refugees, surpassing their initial doubts and becoming more resilient than they expected. They have learned effective coping strategies from the refugees and feel grateful for their ability to continue helping others in the field. Their personal experience of post-traumatic growth also provided them with assistance in navigating the diverse challenges associated with working with refugees, a topic that will be further examined in the forthcoming superordinate theme.

3.3. Challenges for clinicians

The themes under this superordinate theme delved into various challenges encountered by participants in their work with Syrian refugee clients. These challenges have been categorized under different subthemes to provide a comprehensive understanding of the obstacles that hindered the participants from establishing productive and fulfilling relationships with their clients. Unfortunately, the participants have expressed their limited access to support, with only a few of these challenges being addressed satisfactorily by their colleagues or workplaces. The superordinate theme of "Navigating Challenges" encompasses the following subordinate themes: 1) Client-Related Challenges, 2) System-Related Challenges, 3) Organization-Related Challenges, 4) Interpersonal Challenges, and 5) The Effects of Personal Migration. Each of these subthemes further encompassed specific facets that will be comprehensively explored and discussed.

3.3.1. Client related challenges

The challenges related to clients involve the participants' difficulties in adapting their therapy work to the specific needs of Syrian refugees. This includes working with interpreters during sessions, witnessing their clients' high levels of stress due to various crises in their lives, and feeling limited in their ability to address these complex issues. Additionally, participants have struggled to fully listen and understand their clients' needs during therapy sessions.

According to the majority of the participants, scheduling session dates and establishing a consistent meeting time with their clients every week proved to be a challenging task. Adapting the therapy framework to each client, particularly in the case of refugees, was often perceived as impossible, these particioants taught this was both because refugees' chaotic living conditions and because their time perception is wider than these professionals. Many participants encountered difficulties in aligning the refugees' life experiences with the therapeutic process. Consequently, they learned to be more flexible in setting up the session framework and recognized varying levels of participation and session continuity among refugees. Can provided valuable insights into this challenge:

> *While conducting psychotherapy sessions, I've realized that there were peculiar things that felt like coded within me; and when I encountered with a problem about them, I would give an error.. When I asked if changing the session time to Friday at 14.00 would be convenient, and received the response "inshallah," I mistakenly interpreted it as a positive confirmation. Thinking that it was indeed convenient, I would say, "Great, so you'll be there, right?" only to hear "inshallah" once again. This repeated pattern baffled me because in Turkey, "inshallah" is commonly used to mean "we will come." However, in their case, it simply conveys a hopeful response without certainty. No matter what I tried, they never gave me a definite answer...*

Most of the participants in the study found it challenging to adapt therapy to refugees due to the constant changes in their living conditions. They had to be flexible in setting up session frameworks and learned to use different therapy methods. Some of them admitted that they understood a bit late that their therapy method wasn't suitable for the needs of some clients. Also, these participants have stated that adapting cultural behaviors like women wanted to hug at the first encounter of each session to psychotherapies' ethical frames and boundaries needs careful attention in this work with refugees.

Moreover, all the participants shared difficulties while working with interpreters, and most of them initially reported negative encounters. Psychologists observed a significant decrease in the transmission of emotions, particularly from refugees, when working with translators. This may be because clients find it challenging to express their emotions in the presence of an interpreter who may not fully comprehend their

feelings. Or it may be because the interpreter has heard and encountered traumatic material before the psychotherapist did, the interpreter absorbed the traumatic and distressing material, just like a sponge, while also mitigating its intensity for the psychotherapist, or isolated the difficult emotions from the material when translating. Moreover, boundary issues were prevalent during these sessions. Many participants witnessed instances where translators misinterpreted what the therapist said, offered their own opinions, provided advice outside of sessions, or even formed friendships with clients. Surprisingly, some interpreters displayed anger or criticized clients' behavior and thoughts, while others empathetically cried alongside the client. Four of the participants have shared their experiences where the interpreter's ethnic or gender identity, especially when they conflicting backgrounds, had an impact on the therapy relationship, causing hesitation for the clients to express their feelings. Also, there were instances when interpreters initiated conversations with clients during periods of silence. The relationship between the psychotherapist, interpreter, and client was described as a "triple play". Occasionally, the therapist may feel excluded as the client and interpreter develop a close relationship. This experience of exclusion is not unique to the psychotherapists in this study and has been observed in the literature (Mellman, 1995; Dearnley, 2000; Tribe & Thompson, 2009).

Although participants communicated the importance of maintaining clear boundaries to the interpreters, they felt that their concerns were never adequately addressed. Sibel expressed her frustration, saying:

> *...Interacting with an interpreter can be quite a challenge, let me tell you! It's like walking on a tightrope, except it's 99% negative for me. Picture this: a client comes in with a genuine concern, pouring their heart out about their cheating husband, and what does the interpreter do? They shout "goooaall!" instead of relaying the information accurately. I mean, seriously? We had a proper chat before, where I specifically asked for a machine-like translation devoid of any emotion, but alas, my pleas fell on deaf ears. The client ends up feeling utterly misunderstood, while the interpreter goes off on tangents like "don't you know the bus leaves from there?"and not translating me. It's madness, I tell you! And then there's this one interpreter who had their own emotional baggage. Whenever a client shared their struggles, this interpreter would burst into tears and want to pack up and leave the session. Talk about awkward! Plus, some interpreters just aren't cut out for this gig. They show up when they feel like it, disappear without warning, and expect us to*

> *accommodate their whims. I try to establish a routine, telling them "be here every week at this time," but nope, they vanish into thin air.*

Certainly, not all experiences with interpreters were negative for the participants. In fact, some shared positive encounters they had during therapy sessions. First of all, having a third person present in the room made them feel safer, providing a sense of comfort during challenging moments, such as when a client fainted or became aggressive. Furthermore, although it was a rare occurrence, if a client made accusations against the therapist, the interpreter could serve as a valuable witness, offering support to the therapist. Umut stated:

> *In the group we work with, there are moments when unexpected situations arise, which is why having a third person present becomes crucial for security purposes. For instance, in a crisis scenario within the room, having an additional individual ensures that there is a reliable witness to the events that unfold. This becomes particularly significant when dealing with a person diagnosed with bipolar disorder experiencing a manic episode, as they might contact you and make false claims afterwards. With a third person present, such as an interpreter, their presence acts as a guarantee. Even if an investigation were to be initiated regarding the matter, you have the reassurance that the interpreter was there, bearing witness to what truly unfolded. Furthermore, a translator can also provide valuable support by acknowledging the challenges faced during a difficult session and offering comfort afterwards.*

So, it can be seen that the participants have reported both positive and negative experiences working with interpreters. Many felt that the presence of an interpreter hindered the transmission of emotions and created boundary issues. They shared that interpreters have mistranslated, offered unsolicited advice, and formed inappropriate relationships with clients, unfortunately more often than they hoped for. Certain factors such as the interpreter's ethnic or gender identity could also interfere with therapy, causing hesitance from clients. However, some participants found interpreters to be helpful during crises and as witnesses when accusations were made. Some participants brought up the unanticipated impact of the interpreter-client relationship on therapy. They mentioned instances where clients were emotionally affected by changes in interpreters, as they had developed trust and rapport with a specific interpreter. On the other hand, the participants shared that some interpreters struggled

to handle certain clients, possibly due to the emotional weight of what they were hearing, leading them to discontinue their involvement in those therapy sessions.

According to the majority of participants, constantly grappling with the reality of Syrian refugees' struggles, both on a psychological and basic needs level, proves to be incredibly challenging. Four participants have observed that many of their clients were experiencing an identity crisis since arriving in the host country. These clients were born and got married in Turkey, and their children have grown up speaking Turkish without learning Arabic. They found themselves torn between their Syrian heritage and their growing sense of Turkish identity, causing intense confusion. Additionally, the constant fear of deportation weighed heavily on their minds, exacerbating their anxiety and nervousness. Sibel shared her perspective on this matter:

> *...For instance, imagine a 7-year-old boy who has never set foot in Syria but speaks Arabic fluently. Despite being born and raised in Turkey, he is denied a Turkish identity card simply because he is Syrian. They want to exclude him from attending a Turkish school. So, where is this child actually from? It raises important questions about this child's origins and who will advocate for his rights. If the opportunity arises for him to return to Syria one day, would he be returning from a country where he has lived his entire life as a refugee to a country where he has never experienced living asa citizen? These thought-provoking and morally complex questions truly challenge our conscience.*

Furthermore, clients were often expressing the difficulty they face in finding appropriate resources for their various psychological and psychiatric needs according to the participants. Given the multitude of challenges clients face in their lives, therapists often struggle to prioritize which issues to address first and determine the most effective interventions. In some cases, therapists find themselves having to step outside the boundaries of therapy, such as assisting in enrolling a client's child in school, only to encounter the same obstacles and frustrations that the clients face. This can leave therapists feeling unresolved and overwhelmed during times of crisis. Leyla has given an account on these issues:

> *For instance, imagine the struggle to enroll a child in school. It's not just me, but the entire organization and team working together to convince the family. Imagine that the family is finally persuaded; but then, the school principal blocks the enrollment, citing missing documents or lack of identification.*

> *Similarly, when the child needs medical attention, the doctor's attitude is appalling, refusing to examine or treat them. These frustrating situations not only leave the clients angry, but I also bear the weight of their anger.*

Almost all the participants shared their experiences of encountering religious and cultural differences during the interviews. They revealed that both them and their clients were aware of these disparities, leading to curious inquiries from the clients. For instance, clients would ask whether the participants fast during Ramadan, demonstrating their interest in understanding their therapist's practices. Some participants disclosed their struggles in working with male clients who had multiple wives, confessing feelings of resentment or uncertainty in handling such cases. Other challenges included addressing sensitive topics like child marriages or facing difficulties in planning sessions due to clients frequently responding with "God willing" instead of providing clear answers. Aysel recounted an anecdote illustrating her encounter with cultural differences:

> *When it comes to cultural differences, it's quite an interesting mix of familiarity and uniqueness. Religious themes frequently emerge during interviews, which initially posed some challenges for me. Thankfully, with proper supervision and open discussions, we've been able to navigate through them. Clients often inquire about my religious practices, asking if I fast or if I am Muslim. It was definitely a bit daunting at first, but now I'm able to address these topics with confidence.*
>
> *In addition to that, there are other aspects of cultural differences that come into play. For instance, encountering Syrian men who have multiple wives or discussing the sensitive topic of child marriages can be quite tricky during therapy sessions; it is difficult to handle the conversation at the session when a client says they are wedding their 14-year-old daughter. However, it's important to approach these conversations with sensitivity and understanding.*

The participants expressed that they occasionally struggled with deciphering the cultural nuances of their clients and incorporating them into therapy. Some participants stated that some of their clients expressed a desire for specific greetings or farewells during sessions, such as hugs or handshakes. While this was culturally appropriate and expected in the clients' culture, it clashed with the norms of Western psychotherapy. They also acknowledged the challenge of distinguishing between religious, spiritual,

cultural, and pathological aspects in their treatment. Ezgi shared her own perspective on this matter, saying:

> *Navigating the realm of religious beliefs and encountering their accompanying obsessions can be quite a perplexing endeavor. It is crucial to exercise discernment in differentiating between these obsessions and confronting them appropriately, taking into account the cultural context. Whenever the topic of suicide arises, one must reflect on these intricate matters with utmost care, considering the multitude of experiences that have shaped our understanding. Indeed, I have had my fair share of peculiar encounters along this journey...*

The participants also experienced continuity difficulties with their clients. According to most participants, their clients often struggle to attend sessions regularly due to the unpredictable nature of their lives. Whether it was constantly changing jobs, unpredictable working hours, or difficulties finding childcare, it seemed like life was always getting in the way. And as if that wasn't enough, some clients have had cultural practices that made it hard for them to commit to plans. Some of the participants even had clients who passed away or had to suddenly leave the country during therapy. On top of all that, half of the participants faced institutional challenges, such as abrupt project interruptions or terminations, changes in project scope, or not having enough psychologists and therapists to meet the demand for sessions. This resulted in inconsistent interviews and disrupted therapy process. Sometimes they wouldn't see someone for months, only to find that their life has drastically changed when they do finally reconnect. Ezgi, had also some interesting experiences to share on this topic.

> *You know, it's quite a whirlwind for them to keep up with their sessions because their lives are constantly changing. One Monday they're available at 3, the next Monday they're busy with work, the following Monday they have a completely different schedule. Their lives are so unpredictable, it's impossible to establish a fixed routine... And let's not forget the heartbreaking aspect of dealing with loss... I've experienced the unfortunate event of losing a client early on in my career. Sometimes the work we've started is abruptly interrupted; there are instances when a client might be sent back to their home country. Seeing some progress and receiving validation for the work we put in is crucial in every case, even if it's just a small step forward. But these interruptions prevent that from happening... And then there's the waiting list; we want to book an appointment, but a whole year goes by until the next available slot. By then, the child we wanted to help has grown older, was 4, now 5, missing out on important developmental stages. The challenges are endless...*

Shortly, the main client-related challenges faced by therapists working with Syrian refugees can be summarized as difficulties in adapting therapy to meet the specific needs of refugees, high levels of stress in clients due to various crises, and limitations in addressing complex issues. Moreover, scheduling consistent session dates proved to be challenging for the clients, and participants had to be flexible in setting up frameworks for therapy. Interpreters posed boundary issues, often misinterpreting or offering unsolicited advice during sessions. However, some positive experiences were shared, such as interpreters providing support during crises. Participants also discussed cultural and religious differences that affected therapy, as well as continuity issues with clients due to unpredictable lives and institutional challenges. Furthermore, the therapists also encountered challenges in building rapport with their clients. Unfortunately, the challenges encountered by these therapists were not only limited to the therapy sessions with Syrian refugees, but extended to the larger system in which they operated, which will be elaborated next.

3.3.2. System-Related Challenges:

The participants in the study shared their frustrations about the challenges they face with the system. These challenges involve issues such as unstable policies concerning refugees or the lack of effective collaborations between institutions. Participants spoke of rapid policy changes within their workplaces, dysfunction within their own organizational systems, and difficulties in coordinating with other organizations. Interestingly, these challenges seemed to evoke more frustration than the actual therapy sessions themselves.

According to half of the participants, there was a growing focus on statistics in their organizations, which was making their work more challenging. This puts pressure on them to conduct sessions with a larger number of people, sometimes compromising the quality of their work. Moreover, frequent changes in job descriptions and deadlines create confusion and lack of preparation. As the scope of projects changed, various services offered to refugees also changed; also, the uncertainties surrounding the duration of a refugee's stay in the country consistently disrupted the progress and commitment of their clients during sessions. For example, the participants faced

daunting challenges of being unable to hold sessions with individuals lacking a temporary protection identity, and at times, were even forced to halt their sessions until project approvals were renewed. This has led to inconsistencies and a loss of trust among refugees who were unable to receive stable and reliable support. According to Aysel;

> *I believe it's time to move away from a number-oriented approach in psychological counseling. The mindset that success hinges solely on targets and numerical data needs to be challenged. Additionally, there is a pressing need to provide more stable and consistent psychological support services for refugees. Constant changes in these services erode trust and discourage individuals from seeking help. Take the strengthened psychological health centers, for instance; psychologists who work as Ministry of Health personnel can provide extended support through projects lasting 2 years, 3 years, 5 years, or even longer. Perhaps we can adopt a similar model within NGOs, offering more enduring and established programs with assigned psychologists. Or once there was a requirement imposed that we could only provide sessions to individuals with a temporary protection ID. However, I strongly believed in the importance of reaching out to those in need, and I continued to see clients regardless of their documentation status.*

4 participants have expressed that they also faced challenges when trying to connect their clients with other institutions for psychiatric, educational, and physical health support. They found it difficult to find institutions that could cater to the specific needs of refugee clients, and even if they did, there was often a lack of interpreters available, causing delays and frustrations. In addition, there were instances where the referred individuals were denied support services due to reasons such as unavailability of specialists or overwhelming demand from citizens. These participants perceived this as discriminatory treatment. Melis shared her own experiences on this matter:

> *In my opinion, refugees face incredibly limited opportunities both within our institution and in society at large. Take, for instance, the overwhelming challenge of securing a child psychiatrist appointment at a public hospital. This restriction imposes a sense of confinement and frustration upon individuals. When clients seek medical help, will they have access to an interpreter? Will they be truly heard and understood by the doctor? Or will they be brushed off without the necessary information? It's disheartening to see that although Arabic interpreters exist within hospitals, their availability is scarce due to the overwhelming demand. Additionally, schools in the client's district often struggle to accommodate and accept refugee children and adolescents. Sometimes, even the parents themselves may not be eager to enroll their children in school.*

The systemic challenges faced by the participants working with Syrian refugees, including unstable policies and ineffective collaborations, did not only stemmed from the system itself. They also extented to the organizational level which contributed to the participants' frustrations and feeling of overwhelm, and effected their working environment as they hindered the participants' ability to provide effective and culturally sensitive therapy.

3.3.3. Organization-related Challenges

The obstacles faced within the organizations shed light on the burdens participants endure in their respective institutions or NGOs. These challenges encompass insufficient funding or resources that hinder their progress, overwhelming workloads that lead to potential burnout, challenging behaviors exhibited by managers, and the overall stress induced by the organizational environment. Many participants have expressed that these difficulties are equally as taxing as the systemic dysfunctions they encounter.

According to 3 of the specialists interviewed, there are ongoing managerial difficulties when working with refugees. They highlighted the constantly changing expectations from project managers and staff members, which can be major changes that they struggle to adapt to. Additionally, some participants mentioned that the managers demand activities that do not align with the cultural backgrounds of the clients, such as planning a suicide prevention day or arranging activities without considering language barriers. Sibel has given examples about these difficulties:

> *Sometimes the administrators can be a bit unpredictable with their expectations. They'll say to focus only on therapy and seminars one day, and then the next day they'll ask us to do everything - see clients, make home visits, and conduct group work, and then ask us to implement new methods. It can be challenging to keep up with these constant changes. Additionally, there are times when they come up with events like mother tongue days or suicide prevention day. While it's important to raise awareness, we need to be cautious because these events can be triggering for our clients. We have to carefully consider the potential impact and make sure it aligns with their needs and well-being.*

In addition to the challenges mentioned earlier, participants also highlighted instances of discrimination and conflict among employees within their organizations. They noted that managers often fueled tensions between staff members working on different projects, leading to animosity and anger in the system. Furthermore, participants shared their experiences of managers frequently changing therapists' job descriptions, including assigning menial tasks that detract from their core responsibilities. This tendency to undervalue the therapeutic work of therapists was a common concern expressed by participants. Additionally, three participants expressed frustration over the lack of understanding among managers regarding the importance of maintaining a quiet and safe environment within therapy rooms. Reflecting on these issues, Can provided the following insights:

> *One more thing, the manager in the organization I worked for in the first year was a bit challenging. They didn't seem to fully understand our job description or what we do as therapists and sometimes confused things. There was a time when the manager expected us, not the secretaries, to schedule everyone's appointments and answer all the phone calls. Sometimes there are tensions among employees, like when someone feels they are working harder in a project but getting paid less than others. I think it would be helpful if the manager intervened in these situations, but that doesn't really happen...*

Another organizational challenge experienced by the participants was that their organizations failed to adequately support them in the form of supervision. This essential aspect of their work was often neglected, with no budget allocated for it. As a result, many participants have resorted to seek external supervision and therapy at their own expense. Not only does this place a financial burden on them, but it also contributed to feelings of burn-out. Participants strongly believed that their organizations should prioritize and provide the necessary resources for these vital needs, which arise naturally from the demands of their work. Sibel aptly sums up this sentiment:

> *Financially, our institution is quite dishonest. Although they receive funds in dollars and foreign currency, they do not compensate us accordingly. Instead, the state steps in and claims the money for itself, leaving us with inadequate pay. Considering the workload and stress we endure, it is clear that we should be compensated more fairly. We should have access to therapy coverage and proper supervision, both of which we have had to seek out on our own.*

Moreover, many participants expressed their frustration with the inadequate working conditions they faced. They disclosed that due to the organization's failure to allocate a budget for individual interview rooms or waiting areas, they had to conduct sessions in shared spaces with other employees, compromising client privacy. Sibel also said:

> *The physical conditions of our workspace are also insufficient, with cramped rooms and a lack of waiting areas. Often, multiple psychologists are trying to manage clients simultaneously, resulting in chaos and disruptions during sessions. To make matters worse, some employees in similar positions receive lower salaries, causing constant frustrations and tensions among the staff. It is important to note that we are not responsible for this disparity; the institution should allocate its budget fairly among its employees.*

In addition to difficulties getting supervision and institutional finances, the participants reported that they experienced several difficulties with organizational management. For instance, a couple of participants shared that their managers actually asked them to become human lie detectors and trying to figure out if their clients were being honest or not. Two other participants had managers who wanted to eavesdrop on their therapy sessions by actually being present during the sessions, invading the privacy. On top of all that, some participants expressed frustration over their managers not understanding the importance of consistent and regular therapy sessions. They kept interfering and disrupting the whole therapeutic process. Can summed it up best when he stated:

> *Sometimes there are unrealistic demands, such as requests from outside organizations like UNHCR, asking us to determine if someone is telling the truth or lying, which feels outdated and unreasonable. There are also managers who insist on joining therapy sessions, without understanding the impossibility of it. Some managers view therapy as unnecessary or believe we have too many sessions, leading them to interfere by suggesting what we should say to clients. I've also worked with managers who expect us to see everyone, constantly scheduling new appointments and making it difficult for us to maintain weekly sessions. Additionally, there are instances in team meetings where certain employees are belittled or hostility is created by saying things like "psychologists don't actually do any work.*

Furthermore, 3 participants expressed their frustration with managers who dismissed the importance of supervision and hindered their ability to meet client demands effectively. Moreover, 4 participants reported ongoing confusion surrounding appointment scheduling, resulting in overlapping sessions or encountering multiple

clients with identical names, making it challenging to determine the correct course of action. Additionally, participants revealed the long hours they were expected to work without breaks, both for themselves and interpreters, highlighting the management's lack of understanding towards the unsustainable nature of such practices. Ezgi recounted her experiences, shedding light on these issues:

> *For a period of time, I found myself struggling to remember my clients and differentiate between them, no matter how many interviews I conducted in a day. This issue extended to the translators as well. When we had only one translator available, they were overwhelmed with back-to-back sessions, leaving all of us exhausted. One example that stands out is when I mistakenly interviewed the wrong person because they had the same name as the intended client. The mix-up occurred due to a communication error, and it was frustrating for both parties involved. Moreover, there were instances where psychologists found themselves at odds with management, who claimed that psychologists were not working enough. These conflicts and tensions permeated various teams within the organization. To make matters worse, even the clients themselves expressed concerns about confidentiality, as they suspected that their conversations with translators were not kept private. There were instances where the same translator would also attend social worker interviews, leading clients to question the need to repeat information. It is crucial for the administration to address and rectify these issues by closely monitoring and effectively separating responsibilities.*

Along with managerial difficulties, participants expressed that they had encountered instances where their colleagues overstepped boundaries, causing them significant stress due to their difficulty in handling such situations. For instance, four participants mentioned instances such as administrators insisting on monitoring sessions by installing cameras in the session rooms, colleagues meeting with clients outside of sessions and forming personal relationships with them, or witnessing colleagues manipulating data in reports. These challenging scenarios created immense distress for the participants as they struggled to respond appropriately. Ezgi shared her thoughts on these occurrences:

> *Or, imagine this: for "security reasons," they've decided to install cameras everywhere, even in the psychologist's office! They even wanted to film the therapy sessions! Talk about a bizarre fantasy. We tried explaining to the staff that the client had already suffered enough - they'd been sexually abused - and we couldn't allow more people to intrude on their session. The room was already crowded with a translator and others present. Adding another person*

> *would make the client feel like they were being interrogated or tortured all over again. On one hand, we're trying to protect confidentiality, but they insist on us reporting every single detail, demanding doctor's examinations and whatnot. Nothing remains confidential; it's absurd!*

The large workload was another important organizational challenge experienced by the participants. All of them unanimously expressed their dissatisfaction with the overwhelming number of clients they were expected to handle within a month. It was simply impossible for them to provide adequate time and attention to each individual. Furthermore, they highlighted the persistently high influx of new applicants, making it increasingly challenging for them to keep up with the demand for therapy and counseling. Regrettably, the organizations they worked for seemed indifferent to these challenges, allocating minimal resources to address the issue. Moreover, the participants shared their frustration regarding the extensive waiting lists they were burdened with. While they felt compelled to accommodate everyone, this situation left them feeling overwhelmed and inadequate. Leyla candidly discussed each of these pressing concerns in detail:

> *The never-ending waiting list is like a weight on our shoulders, impossible to tackle alone. It's not about my own inadequacy, it's simply too much for one person to handle. But nothing is being done about it. I feel invisible, unheard. And to make matters worse, psychologists in the office are being assigned tasks meant for social workers. We're suffocating, drowning in a sea of responsibilities, making it nearly impossible to think straight.*

In addition to these challenges, three participants expressed that they were required to take on additional responsibilities outside the scope of their role as psychologists due to inadequate number of staff in their institution. This included tasks typically handled by social workers, such as improving client living conditions, or juggling administrative duties alongside therapy. This added workload left them feeling exhausted and overwhelmed, with insufficient time to reflect on sessions or manage their workload effectively. Defne vividly described the difficulties she faced in this regard:

> *In my previous role, I found myself taking on multiple roles such as being the head, supervisor, and even the project manager of the mental health team. It was an overwhelming workload that left me exhausted. There were moments when I would suddenly burst into tears during sessions or meetings.*

Fortunately, someone came forward to offer support during a crisis, and it was a turning point for me. From that point on, my position changed and I solely focused on being the project manager while the therapy responsibilities were separated. This change proved to be beneficial for me.

As can be seen above, the obstacles faced within organizations and NGOs, such as insufficient funding, overwhelming workloads, and challenging behaviors from managers, contribute to the stress and burden experienced by participants. Additional to these difficulties, discrimination and conflict among employees further strained the organizational environment fort he participants. Also, inadequate support in the form of supervision, inadequate working conditions, colleagues overstepping boundaries, and additional responsibilities outside the scope of their role further added to the participants' frustrations and feelings of overwhelm. Unfortunately, getting exhausted while trying to deal with these organizational challenges was not making it easier for the participants in this study to cope with the interpersonal challenges and the emotional toll they created due to the constant exposure to traumatic stories which is the topic of another subtheme in this study.

3.3.4. Interpersonal Challenges

The challenges pertaining to participants' interpersonal relationships highlight the difficulties faced by participants in both their work and personal lives. Participants have expressed that their social circles have dwindled as a result of their work, and that they have grown weary of confronting the prejudices of their friends and family towards refugees.

Many participants shared that their social circles had noticeably contracted since they began working with refugees. This shift was attributed to a combination of exhaustion from their work, making it difficult to engage in conversations or actively listen to others, as well as an increasing intolerance for anti-refugee sentiments expressed by their friends and family. Over half of the participants noted that while spending time with loved ones used to bring them joy, it now felt draining, prompting a preference for solitude and relaxation. Consequently, they found themselves making fewer social

plans and gravitating towards smaller gatherings. Melis reflected on her personal experience with these changes, stating:

> *I don't meet with anyone, I prefer to be alone. Actually, meeting someone, hanging out with friends used to be something that made me feel good; but lately, I realized that I haven't been doing that. Most of the time, I spend it alone outside of work; sometimes, it feels like something I desire more. Drinking alcohol and having a social experience used to be enjoyable, but now it's more pleasurable to drink alone. Sometimes, I even find myself not wanting to see my spouse, even though we live in the same house. I just want to drink alone...*

Four participants revealed that they have consciously chosen to limit their interactions with friends and family members who hold anti-refugee views. Despite having close relationships with these individuals, the participants expressed exhaustion from engaging in repetitive discussions about refugees. As a result, they have distanced themselves from such conversations. Additionally, the participants mentioned taking action on social media by cutting ties with individuals who share anti-refugee posts. Some even went to the extent of deleting or blocking these individuals from their social media accounts. Sibel shared her perspective on this matter:

> *But after connecting with Syrians and gaining awareness about their experiences, I found myself confronting instances of racism and discrimination. I have made the conscious decision to distance myself from individuals who display such attitudes, even if they are people I once considered close. For instance, I unfollowed Ezgi Mola on social media when I noticed any racist posts regarding Syrians or Afghans. I take immediate action, whether it's unlike a post, unfollow, or remove someone from my life. I no longer have the curiosity to tolerate such behavior. Even among my friends, if they are not very close, I have unfollowed some without explicitly stating my reasons. However, for those who are closer to me, I prefer discussing the issue in person when we have the opportunity.*

In addition to the challenges related with the participants' social circles, the majority of participants experienced growing frustration with encountering anti-refugee sentiments. They admitted feeling exhausted from constantly having to respond to these prejudiced views. Expressing their intolerance towards such discourse, participants revealed that they often reacted sharply upon hearing them. Some participants even admitted that they used to argue with friends who constantly posted

anti-refugee content on social media. However, over time, they have given up on these futile debates. They no longer engage with their friends' discriminatory and hostile comments, and they now avoid social media altogether for fear of encountering such negativity. Four participants revealed that they have faced prejudice and hostility even within their own families and romantic relationships. Eventually, they reached a point where they stopped arguing and protected themselves by not responding. Sera provided specific examples of such encounters:

> *I'm so exhausted by the constant negativity on social media. I don't want to engage with the hostile comments and arguments anymore. It feels like a broken record, always hearing the same questions: "When will they go back?" or "The country is being overrun by Arabs." It's frustrating because no matter how much I explain that refugees can't return due to safety concerns, people still cling to their prejudiced beliefs. And then there are those locals who criticize us for supporting refugees, accusing us of handing out money like it's nothing. But it's not like that at all. I try to cliently explain how the support system actually works, but it feels like I'm talking to a brick wall. It's disheartening to hear stories from desperate individuals who are struggling to feed their families, while others claim the government gives refugees lavish salaries. These constant misconceptions and accusations are wearing me down. It's becoming so difficult to find the energy to fight against them.*

Four of the participants believed that refugees have become symbols of danger and insecurity. And that people do not want to acknowledge refugees as they are reminders of these harsh realities. Two participants suggested that refugees serve as a painful reminder of the cruelty and hardships of life, leading people to either deliberately avoid them or perceive them negatively. Can shared his perspective on this matter:

> *When we come face to face with a refugee, we are actually confronted with the harsh realities of life - injustice, uncertainty, and insecurity. So it seems that the part of us that turns away from seeing these things is actually refusing to acknowledge just how brutal life can be. That's why the cry of "let the refugees return home" emerges, as if to banish this cruelty, this unease, this lack of safety from our sight, and shield ourselves from being reminded. Because, well, let's be honest, it's incredibly challenging for anyone to constantly hear and confront such hardships.*

Three participants shared their struggles in maintaining clear boundaries with their clients during sessions. They found it challenging to establish boundaries when it came to out-of-session contact with interpreters. On one hand, they felt that limiting contact

might hinder the client's access to social support, leading to feelings of guilt. On the other hand, allowing such contact blurred therapeutic boundaries, leaving them feeling inadequate and frustrated. These difficulties made it hard for them to comprehend and safeguard their professional boundaries, raising doubts about their own skills as therapists. Defne, one of the participants, expressed her experience in the following way:

> *I had a profound realization during my time working in a project. Initially, I believed that interpreters should only attend therapy sessions and shouldn't have any contact outside of that. However, one day, I received a call from a fellow interpreter who was also a refugee. We met and had a great conversation, and I discovered that she was in contact with our former clients, providing them with much-needed support. It made me question whether our efforts to maintain strict boundaries prevented the development of this valuable social support network. I still struggle to fully understand how therapists handle these situations and if there is a need to approach therapy differently. The idea of limiting friendships by upholding therapy boundaries troubles me as if we might be taking something away from those in need.*

Working with refugees brought about a self-reflection for some participants. They started questioning their own actions, their worthiness, and how they could effectively utilize their resources to make a positive impact. Additionally, some participants felt uneasy about their identity as Turkish citizens while working with Syrian refugees. They struggled with managing their discomfort when clients expressed frustrations towards discriminatory attitudes or challenging governmental policies. These internal conflicts left them uncertain about how well they could address these issues. Sera's example sheds light on this struggle:

> *I often find myself grappling with questions about deserving the life I have and the privileges I enjoy. It's a constant internal debate, especially when I see others struggling in difficult circumstances. It makes me reflect on how I live my own life, how I utilize the resources available to me, and whether I am truly making the most of them or pushing them away. These thoughts and emotions are challenging to put into words; they weigh heavily on me, reminding me of the stark disparities that exist in the world.*

As these examples reflected, many participants mentioned a decrease in their social circles since they started working with refugees, attributing it to exhaustion from work and a growing intolerance for anti-refugee sentiments expressed by friends and family.

Moreover, also the participants experienced challenges of maintaining boundaries with their clients and interpreters, which led to feelings of guilt and inadequacy. Also, working with refugees prompted self-reflection among participants, questioning their own actions and identity as well as their ability to effectively address issues related to discrimination and challenging governmental policies. Over time, the participants' professional engagement with refugees not only impacted their work, but also profoundly shaped their personal identities, revealing the intricate connections between migration histories and the quest for a meaningful sense of belonging.

3.3.5. The Effects of Personal Migration

Participants' own experiences with migration also have influenced their work and their connection with refugee and migrant clients. Half of the participants have migrated, within their country, from one city to another at a young age. Additionally, there was migration in their family history, with their parents or previous generations having migrated from other places before settling.

Their personal history of migration allowed them to empathize with and relate to the refugees they worked with. Two participants who could speak Arabic shared that speakimng the same language with clients helped establish a closer bond and better communication with their refugees. Despite the advantages, they also expressed a shared sense of not fully belonging to either their current location or their place of origin. Sera, one of these participants, shared her own insight on this connection:

> *For example, refugees often find my Arabic amusing because it is similar to the old Turkish spoken by Turkmens from Syria. It brings a smile to their faces. I use old-fashioned words like "grandmother" and "grandfather," which my clients find enjoyable. Although I don't actively speak Arabic now, when I worked as a social worker, they would say things like, "Oh, how sweet, my grandmother used to say that, no one uses this expression anymore." I would tell them, "You will hear these words again when your grandchild's grandchild speaks like me." It creates a sense of familiarity and connection, as if we have shared a temporal and historical bond from the past. However, there is also a feeling of never truly belonging anywhere. I speak the language of a country where I have never lived, and while I may know some street expressions and games, it's still questionable whether I truly belong to either country.*

Growing up without the ability to speak one's own language or embrace customs made these participants feel like a refugee from a young age. They were disheartened to see how people are excluded, judged, and denied their rights based on their place of birth or upbringing. The unfairness of it all deeply upset these participants. They indicated that equality has always been an issue in this country, and that they feel a sense of solidarity with refugees who also experience this injustice. Sera shared her thoughts on this matter:

> *I feel like a refugee in my own country because growing up, speaking Arabic was forbidden and those who spoke it were discriminated against. The oppression faced by people who speak different languages in Turkey is something I can relate to. It's unfair that people are excluded and denied their rights based on where they were born or raised. I believe that the issue of resources and unfair sharing is a problem for everyone, not just refugees. It should be about equal rights for all, rather than blaming refugees for taking what's rightfully ours. It saddens me that people are judged and denied their rights simply because of their place of birth.*

Moreover, four participants discovered a deeper understanding of the reality that everyone is a migrant and has family roots from somewhere else after working with refugees. These individuals, who shared similar experiences of being born and raised in another country or belonging to ethnic minority groups, expressed that these encounters heightened their sensitivity towards separation and loss. Two of the participants also stated that their work led them to embrace their dual identities, such as being Turkish and Arab or Turkish and Kurdish. Sibel shared her thoughts on the matter:

> *For instance, during my time working with migrants, I had an eye-opening realization about my own family's Westernized tendencies. My sister would make comments like "they took over Cihangir" when discussing refugees, which made me see my family as somewhat elitist. After attending university, I started speaking with a dialect, and my family jokingly asked if they had sent me there or to Hakkari. This experience made me yearn for a stronger connection with the Kurdish community and embrace my dual identity. Working with refugees further solidified this understanding. I feel a deep sense of belonging both here and there, and I long to be accepted in both places. I have encountered children with similar dual identities, who migrated at a very young age and have been living here for ten years. Some of them no longer speak Arabic, yet their names reflect their heritage. Hearing their stories has profoundly impacted me and opened my mind to new perspectives.*

In addition to the effects of participants' own migration histories, the effects and transference of their generational migration stories was also challenging for the participants. These participants shared that their experience working with refugees brought them a deeper understanding of the personal impact of migration, particularly because they had not previously engaged in extensive conversations about migration with their parents or because their older relatives were no longer present. Two participants expressed that through their work with refugees, they gained insight into their own anxieties and uncertainties surrounding separation, issues that they had previously been unable to fully comprehend. They recognized that these struggles stemmed from inherited concerns passed down by their parents and older generations. Additionally, these participants acknowledged that as they delved into their own family's migration experiences, they discovered that everyone carries a part of themselves that relates to being a migrant or a refugee. They observed that either they themselves or someone within their family has migrated or been displaced, resulting in a perpetual search for a sense of homeland. Can expands on this perspective:

> *My family migrated from the Balkans, and most of them came to Turkey, facing language barriers and adaptation problems. My grandmother, even at a later age, learned Turkish and occasionally spoke her own language at home. She shared with me the challenges they faced during the migration journey and their struggles with language. My grandmother's experiences as a migrant always reminded me of the universal longing for homeland and the pursuit of fulfillment. This connection to migration and yearning for a sense of belonging might have influenced my decision to work with refugees. I also believe that my own anxieties may stem from this collective experience.*

Looking at these examples, it can be considered that these participants' personal experiences with migration, both within their country and in their family history, had a significant impact on their work and their connection with refugee and migrant clients. Their own migration backgrounds allowed them to empathize with and relate to the refugees they worked with, and furthermore, led them to advocate for equality and solidarity with refugees who face injustice based on their place of birth. Moreover, working with refugees helped some participants gain a deeper understanding of the broader reality that everyone has migratory roots and experiences separation and loss, which in turn allowed them to embrace their dual identities. exploring the effects and transference of generational migration stories enhanced their understanding of their

own anxieties and uncertainties surrounding separation, inherited from their parents and older generations. This has resulted in an ongoing search for a sense of homeland. In the end, the participants realized that their work with refugees not only made a difference in the lives of others but also had a profound impact on their own sense of purpose, resilience, and understanding of the human experience.

3.4. Rewards for Clinicians

All of the participants have expressed numerous rewarding experiences from their work. They stated that they have found solace and admiration in witnessing the resilience and strength of their clients, which left them feeling relieved and inspired. Additionally, they felt a sense of pride and happiness when they received gratitude and positive feedback from those they helped. Furthermore, working with refugees has provided valuable personal and professional growth opportunities for these participants. They learned valuable life lessons and developed skills in navigating challenging circumstances, particularly in conducting psychotherapies in difficult contexts. This overall theme encompassed four subthemes: 1) witnessing client strength, 2) receiving positive feedback, 3) job satisfaction, 4) professional and personal development.

3.4.1. Witnessing Client Stength

Participants expressed their astonishment at the remarkable resilience displayed by the refugee individuals they worked with. They were pleasantly surprised to witness the speed at which these individuals recovered from their traumatic experiences and how they gradually developed greater strength and resilience. The participants found this inspiring and acknowledged the positive impact it had on their own perspectives. They emphasized the importance of witnessing the indomitable spirit of refugees and their ability to persevere and rebuild their lives, even in the face of unimaginable hardships. This experience helped the participants gain a deeper understanding of the human capacity to survive and thrive amidst challenging circumstances. Furthermore, some participants noted the unwavering determination of refugees in advocating for their

rights, despite facing numerous injustices and political obstacles. Defne shared an example to further illustrate this aspect:

> *I was truly amazed by the incredible resilience and quick recoveries I witnessed among the refugees I worked with. It made me realize that despite the injustices they faced, they had an inner strength that propelled them forward. When I support them in reclaiming what they deserve, it's not about me helping them, but rather enabling them to regain what was unjustly taken away. It's a reminder that although humans can inflict unimaginable harm on each other, witnessing their ability to heal and move forward fills me with surprise and joy.*

Furthermore, these participants highlighted the profound impact of their support towards fostering solidarity among refugees. It seems that their dedicated efforts through the organizations they represented not only brought their clients together but also facilitated mutual assistance in their day-to-day lives. According to the participants, the ability to forge new friendships and engage in heartfelt conversations proved invaluable for them. Witnessing the refugees' resilience and growth acted as a wellspring of satisfaction and revitalized their dedication to their work. To illustrate her point, Sibel provided the following example:

> *Apart from our regular sessions, we formed a truly unique and delightful community. We created a knitting group where women would gather, chat, and share their problems while enjoying some biscuits and tea. It was such a heartwarming experience to witness them opening up about their troubles while knitting away. These women not only provided emotional support but also helped each other find employment opportunities, ultimately becoming the best of friends. Their strength was already apparent, but it grew exponentially through these connections. I remember one beautiful moment when I saw one woman comforting another by gently placing her arm around her shoulder. It was truly heartening. We formed a few more groups like this, and even their husbands became close friends. This kind of bond is rare and incredibly gratifying, something that only a few lucky women get to experience.*

It can be seen that witnessing the incredible resilience of refugees not only revitalized participants' dedication to their work, but also served as a source of motivation. Along with this influence, receiving positive feedback from their clients has also reinforced the impact of participants' support and created a sense of accomplishment.

3.4.2. Receiving Positive Feedback

According to three participants, the refugees they interviewed expressed their gratitude for the support they received. The participants mentioned that these conversations provided a sense of companionship and validation. The clients have shared with them that this study offered them strength and resilience in navigating the difficulties they faced. Additionally, four participants noted that their refugee clients found solace in having something positive to hold onto, thanks to the counseling or therapy they provided. The positive feedback received from the clients served as a motivating factor for the participants to continue their challenging work. As Melis put it:

> *Sometimes my clients express their gratitude for our support, mentioning that no one else wants to listen or help them, but we do. I must admit, it brings me immense comfort to hear this. It's easy for people to feel helpless and overwhelmed, thinking they can't make a difference in someone else's life. However, when a client tells me, "I see your efforts and how you genuinely care for us in this city where nobody else does. So, even though it's difficult, I make sure to come and seek help," I feel a sense of accomplishment knowing that I can provide them with the strength to hold on, even if it's just a little bit.*

Receiving positive feedback served as a strong validation for the participants' work as it reinforced their belief in making a difference in the lives of their refugee clients. This has further motivated them to continue their challenging work with utmost dedication and passion, and also contributed to their job satisfaction.

3.4.3. Job Satisfaction

Most of the participants expressed their joy in witnessing the positive transformations in the psychological well-being of their clients. They believed that the most rewarding aspect of their work was seeing these individuals, who faced immense challenges and barriers, receive the support they needed and make progress, even if it was just a small improvement. Three participants specifically mentioned that their long-term psychotherapeutic interventions with refugee clients resulted in occasional feedback from these clients, expressing their improved state. This kind of feedback served as validation for them, affirming their competence and professionalism. Aysel shared her perspective on this matter, stating:

> *Working in this field brings me immense professional satisfaction. Witnessing the progress and positive changes in the lives of the clients I work with, establishing meaningful relationships, and being able to provide support truly fills me with joy. It's rewarding to be directly involved in their lives, seeing firsthand the impact of our work. It has also been beneficial for my own personal growth. Seeing clients improve and increase their functionality, despite facing extremely challenging circumstances, boosts both their satisfaction and mine from the therapies. This reinforces the belief that I am making a difference in their lives and motivates me to continue my work with utmost dedication.*

In addition, these participants noted that incorporating regular supervision into their work had a significant impact on the positive outcomes experienced by their clients. This additional support not only increased their confidence but also enhanced their overall professional satisfaction. Aysel further expressed:

> *For instance, since incorporating regular supervision into my practice, I have noticed a significant improvement in the progress of my clients. This has greatly boosted my professional satisfaction and reignited my passion for the field. The consistent support from supervision has enhanced my self-confidence, allowing me to deliver better results and feel more connected to my work.*

Witnessing the progress and positive changes in the lives of their clients brought immense professional satisfaction to the participants. Moreover, this work has enhanced their psychotherapy skills, broadened their perspective on humanity, tought them resilience, and provided a sense of camaraderie amidst a world filled with darkness, heerby, enriched their personal and professional development.

3.4.4. Professional and Personal Development

According to half of the participants, working with Syrian refugees has greatly enhanced their psychotherapy skills. They expressed that this experience has broadened their theoretical and practical knowledge, introducing them to various methods, theories, and frameworks for working with individuals who have faced exceptionally difficult circumstances like loss, trauma, and torture. As a result, they now feel less overwhelmed when confronted with challenging situations during

therapy sessions and believe they can handle them more effectively. Additionally, they highlighted their improved ability to work with people from diverse cultures. Ezgi shared her insights on the impacts of these experiences:

> *In my professional journey, I've gained invaluable knowledge and experience. Meeting countless individuals and navigating through challenging situations has opened my eyes to the simplicity of what once seemed daunting. I've encountered rare psychiatric cases, worked with diverse cultures, and mastered the art of working with translators (talk about a skill in itself!). Through extensive reading, I've absorbed theories and techniques that were previously unfamiliar to me. Furthermore, I've discovered unconventional methods of helping my clients, like engaging in activities together such as planting flowers. This unique approach has allowed me to foster genuine connections and build meaningful relationships with those around me. I've witnessed firsthand the healing power of a simple flower, how it can breathe life and restore vitality to both parties involved. While complete restoration may not always be feasible, especially within short timeframes, I have observed the profound healing potential that exists within human connections amidst a world filled with so much darkness.*

Three participants expressed that although working with refugees who are in dire need of help but unable to access it made them feel useless and helpless. They learned to navigate these difficult emotions more effectively, enabling them to address issues such as profound loneliness with greater empathy in their counseling sessions. They emphasized that this experience allowed them to forge a genuine and authentic connection with their clients. One participant, Doruk, shared the following insight:

> *Perhaps the most valuable lesson I learned from working with them is the art of waiting. Witnessing their hopes and needs for progress, whether fulfilled or not, taught me the importance of accompanying them throughout their journey. It's about carrying the weight of human helplessness, but not allowing it to consume you entirely. This experience has truly shaped my understanding of being a therapist. Despite the moments when it feels impossible to provide assistance or intervene, finding solace in the belief that even a small act can make a difference is a profound revelation.*

Since embarking on their work with refugees, half of the participants expressed a notable increase in their strength and maturity. Three participants specifically mentioned that this experience helped them confront and manage emotions that had previously been challenging for them. They discovered a newfound ability to navigate

feelings of helplessness, loneliness, and uncertainty. As a result, these individuals now perceive themselves as more resilient when facing difficult situations in life. The resilience and coping strategies exhibited by the refugees they worked with served as a powerful inspiration for them. These participants indicated that they learned valuable lessons about how to grapple with pain, sadness, and loss, fostering a deep sense of camaraderie with their refugee clients. Moreover, they gleaned insights about life outside the confines of traditional psychology, discovering unconventional methods of dealing with life's obstacles and establishing a richer connection with reality. Defne, one of the participants, shared the following impactful examples:

> *Working with refugees has truly broadened my perspective on humanity and the world. It has shown me that issues can be seen in completely different ways, and that there are various ways to cope with them. Everyday lives and expressions are lived in such different ways in this world. Additionally, it has taught me what the human mind can go through, what experiences it can endure, and what we are capable of handling. It has been an experience that keeps curiosity alive, exposing me to different ways of thinking and living. Their unique dreams, songs, and paths make conversations with them so vibrant, ultimately revitalizing the world.*

Working with refugees had a profound impact on the participants, leaving them with mixed emotions that they found difficult to evaluate. Umut expressed this sentiment:

> *Since stepping into this field, I've come to believe that a significant portion of the world is plagued by victimization. As a result, my outlook on the world has become more pessimistic. I find it difficult to feel hopeful when positive things occur, and now I view the world as a bleaker and more troubled place. However, this perspective has also made me less surprised and more resilient when faced with adversity. It's a peculiar situation, neither entirely positive nor negative in its impact.*

Three participants expressed that working with refugees not only helped them empathize with loneliness, it allowed them to share and alleviate their own feelings of loneliness through connecting with the refugees. They discovered that loneliness is an emotion that becomes lighter when shared, and this realization was beneficial for their personal and professional growth. Can elaborated on this by saying:

> *I discovered that loneliness may have an antidote. I can't recall who said it, but I believe Milan Kundera mentioned in one of his books: "Loneliness can only*

be healed by sharing it." ....Working with refugees has made me question certain aspects of life and confront certain truths. Somewhere along the way, I encountered the refugee within myself. Their experience of exile resonated deeply with my own sense of displacement. This aspect of my work has also been beneficial in alleviating my personal feelings of loneliness and isolation. When I sit with them, I find myself seeking answers not only for them, but also for myself. How do they endure such pain? How do they survive the depths of solitude? In a way, it becomes a companion to my own loneliness.

To summarize the rewards that clinicians gain from working with refugees, several key points can be highlighted. Firstly, this work significantly contributes to their personal and professional development. Many participants find solace, admiration, and a sense of relief when witnessing the resilience and strength of their clients. Moreover, the gratitude and positive feedback received from those they assist contribute to their overall sense of accomplishment and happiness. Additionally, the job satisfaction experienced by clinicians is reinforced through witnessing positive transformations in the well-being of their clients. Working with refugees provides valuable opportunities for personal and professional growth, as participants learn important life lessons and develop skills to navigate challenging circumstances. Notably, working with Syrian refugees enhances psychotherapy skills and broadens perspectives on humanity, allowing for genuine connections to be established with clients. It is also crucial to acknowledge and explore the coping mechanisms and resources utilized by participants to navigate the emotional challenges inherent in their work with refugees, as these factors further support their rewarding experiences.

3.5. Coping Strategies and Resources

All the participants shared various coping mechanisms that have helped them navigate the challenges of their work and manage the heavy emotions that arise. They emphasized that without these external and internal resources, it would have been impossible to continue in their roles. These resources were either provided by their organizations or institutions, or they developed their own personal strategies. This theme will be further explored through two subthemes: organizational coping strategies and resources, and personal coping strategies and resources, both of which contribute to the overall theme of coping in their work.

3.5.1.Organizational Coping Strategies and Resources

Many participants expressed the beneficial effects of resources within and provided by their organizations. These resources greatly contributed to their overall well-being and helped them navigate their work responsibilities more effectively. These coping strategies and resources demonstrated the importance of a strong support system and an environment that fosters positivity and growth at work.

First of all, all the participants unanimously agreed that receiving supervision from both their peers and experts was a crucial resource in coping with the challenges of their work with refugees. They emphasized the importance of having supervisors who understand the difficulties they face and can provide guidance in navigating them. Dealing with sensitive issues like death, loss, torture, poverty, and discrimination had taken a toll on their mental and emotional well-being, making it essential to have someone to talk to and gain fresh perspectives from. However, many participants expressed the need for more frequent supervision sessions, believing that increased support would greatly enhance their efficiency and effectiveness. In the words of Defne:

> *During the course of our work with refugees, an interesting case arose that challenged my understanding and required careful consideration. One particular individual, who resisted accepting any form of spiritual leadership, confided in me, stating, "They come at night and torture me." This disclosure presented a unique situation that was not easily categorized as pathological. It required a nuanced approach to address effectively. With the guidance of our supervisor and the assistance of knowledgeable translators familiar with the cultural context, we were able to navigate this complex issue. As a result, what initially seemed like a potential problem transformed into a manageable situation, thanks to the collective support and expertise of the team.*

Furthermore, although some participants found that the supervision they received did not align with their specific theoretical approach to psychotherapy, they still found immense value in the different perspectives offered by their supervisors. They stated that they have discovered new insights, learned information they had never considered before, and experienced personal growth through the supervision process. One

participant, Sera, shared her own experience with supervision, highlighting its transformative impact:

> *For instance, our supervisors have a strong psychoanalytic background. This has been incredibly supportive for us as working psychologists, as it deepens our understanding of both our clients and ourselves. It shapes the way we listen to narratives and influences our perspective, ultimately leading to more accurate interventions. However, since my own practice differs from the way I receive supervision, it can sometimes create confusion. Nevertheless, I firmly believe that I cannot continue working without supervision. It provides me with a safe space to discuss these issues and seek support whenever I feel confused or helpless.*

The participants overwhelmingly expressed that the support of their colleagues also played a vital role in their work, preventing them from feeling isolated and alone. They emphasized the value of sharing experiences with their colleagues, finding solace in knowing they were not alone in facing the challenges of their work. Half of the participants also noted how their colleagues provided comfort and understanding during difficult times, such as dealing with fatigue from sessions or grappling with pessimism. Their support fostered a sense of unity and safety within the workplace. Furthermore, the participants shared that working with refugees exposes them to profound and heavy life issues. Recognizing the helplessness and discrimination faced by refugees, they found strength in bonding with colleagues who shared these common experiences and held a pro-refugee stance. This solidarity created a supportive network where they could lean on each other, even in the face of organizational challenges. Aysel summarized this sentiment:

> *Having someone to talk to about my concerns, listening to their own struggles, and supporting each other has been incredibly beneficial. This sense of togetherness and solidarity is invaluable. We all witness and carry the weight of heavy experiences, trying our best to bear the helplessness, anger, and sadness of others. However, it's disheartening to realize that we can't always do enough. We also face the constant challenge of defending refugees and confronting prejudices outside of work. Knowing that we are not alone and being able to have open conversations about these challenges brings comfort and reassurance.*

In fact, 3 participants shared that they have developed deep bonds with their colleagues, to the point where they have become their closest friends. They expressed

that they spend a significant amount of time together, both during work hours and outside of work. These participants emphasized that without such strong relationships with their co-workers, they would not have been able to carry on with their job. Can, for instance, stated:

> *The institution I work in may not be my ideal workplace, but I consider myself extremely fortunate to have amazing colleagues. It is thanks to them that I have been able to continue in this job. I have wonderful friends who are always there to support me. There hasn't been any conflicts or competition among us; instead, I feel a strong sense of camaraderie and support. Being able to talk to them and share my experiences with them is truly uplifting. They understand the challenges we face and can empathize with me, which provides great comfort.*

In addition to supervision and collegial support, two of the participants mentioned the positive effects of health promotion plans initiated by their work place. This demonstrated their employers' commitment to the well-being and safety of their employees. As part of this, some workplaces have even started covering the costs of psychotherapy and supervision for their staff on an annual basis. The participants mentioned that many of their friends in similar jobs did not have access to such benefits, and they considered themselves fortunate to work for an organization that recognized the significance of self-care and allocated funds for employee health. They also expressed the belief that this should be a standard practice for all organizations, considering it a necessary expense rather than a stroke of luck. Defne shared her perspective on this matter:

> *Despite numerous articles highlighting the initial strain and emotional toll of therapy sessions, it seems that institutions struggle to grasp the significance of this matter. As a result, we find ourselves continuously advocating for our needs, emphasizing the urgency of seeking therapy to prevent burnout and maintain our effectiveness in fulfilling our responsibilities. Through perseverance, we have managed to secure budget allocations for these requirements, with our organization now offering coverage for therapy sessions and providing regular supervision. It is my fervent wish that every institution would adopt similar practices. Seeing many of my colleagues deprived of these resources evokes a mixture of gratitude and shame within me.*

Work environment was another organizational aspect of coping mentioned by the participanys. Six participants enthusiastically expressed their satisfaction with the

incredibly supportive and pleasant work environment they are a part of, which contributes to their overall positive work experience. They emphasized the comfort they feel not only while working with their fellow psychologists, but also collaborating with various professionals within the institution, such as managers, healthcare personnel, secretaries, and social workers. Astonishingly, they shared that they have never encountered any conflicts such as competition, hierarchical pressure, or discrimination, leaving them feeling extraordinarily fortunate. Umut, one participant, joyfully exclaimed:

> *In my experience, the organization I worked for had a wonderful work environment characterized by a horizontal hierarchy model. Each individual had their own responsibilities and were given autonomy in their respective areas. The managers fostered a positive and collaborative atmosphere, never making me feel inferior or belittled. Instead, they were open to learning from us and valued our input. It was empowering to see that our suggestions were taken seriously and implemented, making us feel important and valued. This type of relationship with the managers eliminated any status pressure or tension among colleagues, resulting in equal and supportive treatment for everyone.*

The participants in this study expressed the beneficial effects of organizational resources on their overall well-being and work effectiveness. They highlighted the importance of supervision from both peers and experts, as well as the need for more frequent sessions. Also, they emphasized the support and camaraderie of their colleagues, which prevented feelings of isolation and provided comfort during difficult times. Additionally, the participants acknowledged the positive effects of health promotion plans initiated by their organizations, including coverage for psychotherapy and supervision costs. Overall, the study highlighted the significance of a strong support system and a positive work environment in navigating the challenges of their work with refugees. Besides, the present study further emphasizes the significance of both organizational and personal coping strategies and resources utilized by professionals working with refugees in maintaining their well-being througout their work.

3.5.2. Personal Coping Strategies and Resources

The theme of personal coping strategies and resources revolves around the participants' ability to navigate and cope with the challenges and burdens of their work. Participants have discovered that in this demanding line of work, prioritizing some personal strategies that support and strengthen them is paramount.

One of the most important strategies the participants used for their well-being and preventing them from becoming overly consumed by work was self-care. According to 3 participants, when they first began working with refugees, they felt drained both physically and emotionally. They would come home from work feeling exhausted with no energy to do anything else. They realized that by neglecting their own well-being, they were mirroring the experiences of the refugees they were assisting - constantly tired, with limited choices for rest and nourishment. Recognizing the importance of self-care, these participants consciously made an effort to prioritize their own needs. They started taking more breaks, ensuring they ate nutritious meals, and invested time in activities that brought them joy and connectedness such as spending time with loved ones, pursuing hobbies, engaging in art, or traveling. These practices helped them maintain a better sense of balance and broughtrejuvenation.

Interestingly, two participants mentioned that they developed a tendency to shop more, particularly for clothing, after starting their work with refugees. They stated that they acknowledged that this behavior may stem from feelings of guilt arising from having better living conditions compared to the refugees they supported. However, they also saw this as a way to give something to themselves, a means of renewal to continue their lives unlike the refugees. Can shared his thoughts on this matter, saying:

> *You know, I've definitely splurged on shoes before. I mean, I've spent way more than I should have on a single pair. But those shoes brought me so much joy, they were very pleasant things for me. Of course, the guilt creeps in sometimes. Like, I have money and all, but there are these money issues that keep popping up left and right during the sessions, and this is a very difficult subject. But here's the thing: the money I've spent on a fancy dinner or a night out, sometimes equals to or is more than the money my client needs. Sometimes I felt guilty, but I always reminded myself: it's not really my fault, you know?*

> *And this is the way it should be. It's not my responsibility to fix everything. The culprit here is someone else. Let the government or the EU or whoever deal with it. Meanwhile, I've definitely had my fair share of extravagant spending – clothes, food, avoiding public transport... the whole shebang. Maybe it's just my way of reminding myself that I'm not in a terrible situation, that I can still enjoy life and all, after all, I'm not a refugee, I can continue living and enjoying…*

Eight out of ten participants disclosed that they had been receiving therapy or analysis. and Interestingly, five of participants began their own therapy after starting their job with refugees. They openly expressed how beneficial their therapeutic journey has been in managing the overwhelming impact of listening to countless distressing stories, grappling with their own complex emotions, and interpreting their past experiences. It became apparent to them that simply discussing these matters with supervisors or peers wasn't sufficient; they realized that their own inner worlds held a mirror to the challenges they faced professionally. Consequently, only through personal therapy were they able to effectively address these issues. Additionally, three participants stated that once they left their sessions with refugees, they distanced themselves from their clients, they unintentionally began downplaying the gravity of what they had heard. Recognizing this tendency, they felt as if they were losing touch with their own humanity. Fortunately, through both supervision and their personal therapy, they were able to heal and grow, transforming their outlook and restoring their empathy. Sibel, one of the participants, provided these enlightening examples to illustrate this journey of self-discovery:

> *When I distanced myself from that narrative, the realization that I had become desensitized to it made me feel less human. It's definitely a challenging situation. Thankfully, I started undergoing psychoanalysis after taking up this job. While I used to discuss my experiences with friends and supervisors during meetings, I soon realized it wasn't enough. The beauty of therapy and analysis is that they provide us with the opportunity to delve deeper into our emotions and experiences. I vividly remember shedding tears for hours during one of my sessions. Those moments allowed me to process and alleviate some of the burdens I was carrying. Without them, this line of work would be truly unbearable...*

Four participants stated that working with refugees has sparked their creativity and enthusiasm for hobbies. Among these individuals, two found themselves painting and

writing more frequently than ever before. In their artwork, themes of migration and loss were prominently depicted, suggesting the profound impact of their experiences with refugees. These participants explained that pursuing such activities and expressing themselves through artistic works served as a means of immortalizing and processing their encounters. Can described his newfound affinity for painting and writing in the following manner:

> *In addition to that, I find myself writing a ton. I just keep writing and writing and writing during this journey. It's therapeutic for me to pour out my thoughts and emotions onto paper, to listen to my own voice through my words. And of course, painting is another outlet for me. Sometimes, I notice these very things reflected in my artwork. It's like when we transform our experiences into little pieces of art, it brings about a positive effect on us, you know? It's definitely good for the soul!*

Two participants discovered a newfound interest in playing musical instruments after they began working with refugees. They expressed their intense feelings of loss through melancholic yet vibrant music. One of the participants drew a parallel between this experience and the post-World War II era, where many musicians produced numerous works. Ezgi shared the following thoughts:

> *Guess what? Once I started working with refugees, I felt this newfound passion for music. I decided to learn how to play musical instruments, and let me tell you, it's been a journey full of emotions. It's almost like channeling the heartbreaking stories of past genocides, like the Second World War, where countless sad masterpieces were created in response. The melodies I play always seem to carry that deep sense of sadness. But you know what? Expressing myself through music is cathartic. It's like lifting a weight off my shoulders, making that emotional burden a little lighter.*

Four participants expressed their inclination to share their experiences and reflections on working with refugees with their loved ones after work. They highlighted the importance of sharing the weight of their experiences with someone else and fostering solidarity by informing their relatives about their encounters. They found that these discussions led to a deeper understanding from their spouses, partners, families, relatives, and close friends, who then offered more support. This sense of shared understanding alleviated feelings of isolation, allowing them to feel a sense of solidarity. Aysel, for instance, expressed her experience in the following manner:

> *It's really beneficial to express my thoughts and have meaningful conversations about refugees with others. Sharing information, discussing their lives and the resources available to them, like the funds from the UN, helps create awareness and understanding. It feels good to have a safe space to talk about these issues and engage in dialogue. Additionally, on a personal level, it's important for me to open up about the challenges I face. When my loved ones see that I'm going through a tough time, it enables them to empathize, offer support, and remind me that I'm not alone. This kind of connection and support makes it easier to navigate the complexities of advocating for refugees and dealing with my own difficulties.*

Three participants have told that an unexpected shift in their thoughts and interests have occurred after immersing themselves in the world of working with refugees. They found themselves constantly pondering what it would be like to be a refugee, to face the hardships of migration, and so forth. Their personal connection to these issues deepened, causing them to seek out articles, films, and stories revolving around migration, refugees, and loss. It became evident that they had become attuned to the plight of refugees, as they noticed details about these issues everywhere they turned. Furthermore, 2 participants spoke of how their commitment to supporting refugees transcended the boundaries of their professional roles as time passed. They found themselves taking action beyond the confines of their job descriptions, going the extra mile to help their clients find shelter, visiting them during hospital stays, raising funds on their behalf, and more. These participants felt an internal longing for more flexible boundaries, realizing that something essential was missing if they didn't extend themselves in this way. Sibel, one of the participants, encapsulated this sentiment by saying:

> *After some time, I realized that simply providing therapy was not enough for me. I found myself going above and beyond by reaching out to my family, collecting funds, and discreetly assisting my client with financial support. I would often come up with excuses like 'there's a generous benefactor' or 'an organization is offering assistance' to avoid revealing my involvement from the center. In certain situations, it felt like my therapeutic role wasn't as relevant, and I felt compelled to address immediate needs, such as finding employment for her husband or ensuring she had enough to eat. I firmly believed that nourishing her physical well-being was essential before diving into deeper conversations. After all, it's difficult to discuss matters when hunger prevails.*

Three participants expressed their desire to establish boundaries in their lives to create spaces where issues related to refugees and trauma could not permeate. They observed that these concerns were rapidly and significantly infiltrating their lives, leaving little room for anything else. Recognizing the need for a clear separation between work and personal life, they emphasized the importance of spending time with individuals who were not involved in refugee or political matters. By focusing on other aspects of life, they found solace and protection.

Additionally, two participants disclosed that continually confronting distressing subjects like death and torture took a toll on their emotional well-being. To breathe vitality back into their lives, they stated that they consciously chose to disengage from news that primarily covered violence and destruction. By distancing themselves from such negativity, they sought to establish stronger boundaries and shield themselves from its detrimental effects. Politics, especially domestic affairs, no longer attracted their attention as they decided to keep politics and violence at arm's length. Can shed light on her approach to delineating work-life boundaries by stating:

> *For the past 2 years, I have chosen not to follow current events. It reached a point where I felt overwhelmed and there was no space left within me to handle such heavy information. I simply cannot bear to hear about certain things anymore. In fact, I have lost interest in politics altogether. I have intentionally created a small life for myself, centered around specific practices. I do my best to keep politics at bay and protect my own well-being. Of course, it's impossible to completely block it out, but as a coping mechanism, I pretend to maintain that illusion.*

In summary, the participants in this study shared various coping mechanisms and resources that have helped them navigate the challenges of their work and manage the heavy emotions that arise. They emphasized the importance of both organizational coping strategies and resources, such as supervision and support from colleagues, as well as personal coping strategies, like self-care and therapy. Also, the participants mentioned engaging in hobbies and creative outlets, sharing their experiences with loved ones, and seeking out information and stories related to refugee issues as additional coping strategies. Some participants also mentioned the importance of establishing boundaries and limiting exposure to distressing news. Overall, the

findings highlight the significance of coping strategies and resources in helping professionals in this field navigate their work and maintain their well-being.

CHAPTER 4

DISCUSSION

4.1. Overview

The aim of this study was to contribute to the limited research on experiences of psychologists working with Syrian refugees. Additionally, this study sought to contribute to the fields of clinical psychology and migration work, with a focus on secondary traumatic stress and sources of support within the work environment. Previous studies have been conducted on mental health professionals working with refugees in various countries, including Canada, the United States, and Sweden, demonstrating an increasing interest in this area (Keyes et al., 2019; Hunter et al., 2019). However, there was still a gap in the literature, particularly in terms of qualitative research that explores the meaning-making experiences of mental health professionals working with Syrian refugees in Turkey, as well as their coping strategies and workplace difficulties.

The primary research questions addressed in this study were: a) How do psychologists experience and make sense of their psychotherapy or counseling work with Syrian refugees in Turkey? b) How do these mental health workers perceive the overall situation of Syrian refugees in Turkey and navigate and cope with the challenges faced by this population? c) How does working with Syrian refugees impact the well-being and professional development of mental health workers, and how do they effectively handle and overcome the challenges they encounter in their work? d) How do mental health workers perceive the available sources of strength and support that aid them in their work with Syrian refugees? To explore the meaning-making aspects of working with Syrian refugees, in-depth, semi-structured interviews were conducted with 10 psychologists who have experience providingpsychotherapy or counseling to refugees at various institutions. The data obtained from these interviews were analyzed using

interpretative phenomenological analysis, leading to the identification of five overarching themes: secondary traumatic stress, post-traumatic growth, challenges for clinicians, rewards for clinicians, and coping strategies. The main findings of each theme were summarized and discussed in relation to broader research within clinical psychology on refugee experiences. Furthermore, the chapter presented clinical and policy implications, as well as limitations and future directions for research.

4.2. General Discussion of The Findings

4.2.1. Secondary Traumatic Stress

Consistent with previous research on various refugee groups (Hynie et al., 2017), the current study has revealed that psychotherapists working with Syrian refugees encounter emotional challenges that impact both their professional and personal lives. These challenges encompassed disrupted sleep patterns, disorganization, decreased energy levels, loss of appetite, heightened anxiety, and disengagement from news and political matters. Furthermore, the challenges identified in this study aligned with the type of problems reported in previous research conducted with therapists working with Syrian refugees in different settings (Ebren et al., 2021; Robertshaw et al., 2017). It is crucial to recognize and acknowledge the emotional challenges faced by therapists in this context, and arrange appropriate interventions and support systems to address them and promote therapist's well-being.

Additionally, the therapists in this study experienced internal conflicts when empathizing with both victims and perpetrators as described by their clients, which led to emotional suppression and difficulty finding joy in life. Some previous research supported these findings (e.g., Sleijpen et al., 2016) and identifies similar emotional conflicts, such as empathizing with victims and perpetrators, resulting in difficulty managing these contrasting situations. Interestlingly, especially in the context of Turkey, this dual identification was not yet adequately researched on; but because it creates an overwhelming conflict for mental health workers, and it surfaces not as a symptom, but as conflicting and hard-to-define emotions, shedding light on this difficult issue by doing relevant research about it seems to be important. The study's

results of the present dissertation also indicated that psychologists' coping strategies were somewhat inadequate, as the emotional impact of their work extended beyond the professional realm. This is also another topic that could be further investigated in this context as well. A future study conducted in the Turkish context would provide valuable and comparable findings to the coping mechanisms of therapists working with refugees literature.

As suggested by these results, working with refugees can lead to intrusive imagery, distressing memories, and psychological fusion with clients, causing distress, anger, and feelings of dehumanization, which aligned with other studies in this field (e.g., Posselt et al., 2019). These experiences shattered the participants' faith and idealization of the world, leaving them feeling pessimistic, anxious, and disconnected. Participants noticed a decline in trust and empathy among people, increasing concerns about potential conflicts and lack of support. As also suggested by Lustig et al. (2019), working with refugees had several effects on therapists' personal lives, and this study identified feelings of disillusionment, pessimism, and disconnection. Burnout was also prevalent in this study, leading to exhaustion, a desire for mindless activities, guilt, and neglect of self-care, as previous research has also suggested (Yanbolluoğlu, 2019). Cognitive difficulties such as forgetfulness, repetitive questioning, and confusion were reported by the participants in this study as well. All these challenges were supported by previous research (e.g., Nickerson et al., 2017) that highlights the impact of exposure to traumatic narratives on mental health professionals, reporting symptoms of burnout, cognitive difficulties, and psychological fusion with clients.

Moreover, the participants in this study explained that exposure to traumatic narratives and feelings of helplessness in providing effective aid led to depression, exhaustion, increased alcohol consumption, fixation on trauma, heightened anxiety, and vulnerability. They felt disillusioned, limited in making an impact, inadequate, and dissatisfied with their work. This was a common situation experienced by many mental health professionals as they encounter limitations in providing effective assistance to refugees, contributing to feelings of helplessness throughout their work (Keygnaert et al., 2014). It is crucial to acknowledge the systemic inadequacies and limited resources faced by psychotherapists working with Syrian refugees. Due to the frustrations arising

from these limitations, some participants in this study experienced anger towards clients and held them responsible for what they complaint about. This has created burden and difficulties in their therapy sessions and induced feelings of guilt for projecting these emotions onto the participants. Similar difficulties have been reported by several other studies in this field (Dimitra-Dora et al., 2020; Hynie et al., 2017). The authors also suggested that the perceived complicity in the discrimination and helplessness experienced by refugees can contribute to a profound sense of helplessness among many psychologists.

4.2.2. Post-Traumatic Growth

The findings of this study revealed that despite secondary trauma and burn-out, psychologists who work with Syrian refugees experience positive shifts in their attitudes towards refugee rights and develop a stronger belief in the potential for change and resilience. These results underscore the transformative impact of engaging with refugees on professionals and how it can shape their perspectives on refugee rights and resilience. These findings aligned with previous scholarly research that emphasized the capacity of professionals to cultivate a deeper understanding and empathy for displaced populations and foster a belief in refugees' resilience (Krause & Keegan, 2019).

In this study, it was revealed that engaging with refugees has deepened the participants' appreciation for life and imbued their work with a sense of purpose and meaning. Similar studies have also highlighted that engaging with refugees can lead to a commitment to advocate for their rights (Posselt et al., 2019). Similarly, participants in this research experienced a sense of fulfillment through their advocacy and activism.

Furthermore, the participants in this study demonstrated a strong identification with the experiences of refugees and valued their resilience. Research by Miller and Rasmussen (2017) also supported the notion that mental health professionals often connect with the experiences of refugees and recognize their strength. Similarly, it was found in the present study that working with refugees enhanced the personal strength and resilience of the participants, enabling them to partially overcome the emotional

burdens associated with their job. This identification with refugees' stories and admiration for their strength is consistent with existing literature and highlighted the profound impact these connections can have on professionals (e.g., Parniakov et al., 2020). Through their work with refugees, the professionals experienced personal growth, allowing them to effectively navigate and overcome emotional challenges. Despite acknowledging the limitations, the participants expressed gratitude for the opportunity to continue their work, inspired by the coping mechanisms exhibited by refugees.

4.2.3. Challenges for Clinicians

This study highlighted the various challenges faced by clinicians when providing therapy to Syrian refugees. These challenges included working with interpreters, addressing high levels of stress, understanding the specific needs of clients, scheduling consistent sessions, adapting therapy to cultural differences, and maintaining ethical boundaries. Similar to previous studies (Hassan et al., 2015; Bunny, 2017), this research also delved into the experiences of participants when working with interpreters, including both positive and negative encounters.

Participants on the present study also reported their difficulty of witnessing the refugees' struggle in meeting basic needs. They often found themselves in a dilemma, questioning whether it was appropriate to step outside the bounds of therapy to assist their refugee clients with practical matters. Consequently, the participants reported that the struggle and stress experienced by refugees in covering their basic needs also caused significant distress for the participants, and moreover, constant exposure to these distressing stories increased their feelings of helplessness and inadequacy. They also engaged in internal battles, questioning their abilities and contemplating leaving their profession. Previous findings (Rushton et al., 2017) also emphasized feelings of powerlessness and resonate moral distress experienced by healthcare providers working with refugee populations. Ethical conflicts and emotional strain often arise from the inability to meet the needs of clients. Unfortunately, such findings are prevalant in refugee research, as numerous studies (e.g., Al-Shatanawi TN, 2023) shed light on the significant stress experienced by Syrian refugees and its impact on

clinicians' mental health. These findings underscored the importance of addressing the immediate needs of refugees before engaging in therapy, too.

Cultural differences have been identified as a significant factor influencing therapy sessions, presenting challenges in maintaining treatment continuity, as indicated by the findings of this study. Among Syrian refugees, for instance, it is customary to make last-minute changes to plans or cancel them without prior notice, as well as engage in spontaneous visits without prior communication. However, these sudden alterations in plans can disrupt the therapeutic process, impeding progress and hindering the establishment of a consistent therapeutic relationship, as reported by participants. Furthermore, the unpredictable nature of their circumstances makes it difficult for them to plan for future sessions, with the concept of kismet playing a pivotal role in their lives. Consistent with previous studies involving mental health practitioners working with refugees (e.g., Eskici et al., 2023; Bouki et al., 2020), this research underscores the importance of recognizing and appreciating clients' cultural backgrounds, and tailoring therapy approaches and session arrangements accordingly. Additionally, the study found that all participants encountered challenges when applying Western therapeutic methods to a non-Western population. They also faced difficulties establishing a connection with their clients due to socio-cultural and experiential gaps. Existing literature emphasizes the significance of multicultural sensitivity among refugee aid practitioners and proposes specialized training to enhance therapeutic outcomes with refugees. However, the participants in this study emphasized the adoption of a client-centered approach to address these challenges, as they explained all their clients seem to have different problems, different needs, different approaches towards schedulings and time, and different therapy adherences. Milton et al. (2010) further discussed the values of humanism and pluralism held by refugee aid practitioners, which recognize the uniqueness and complexity of individuals, contrasting with the traditional medical model (WHO, 2013). Therefore, a person-centered attitude was generally favored by mental health workers, as supported by a study conducted in Greece (Bouki et al., 2020) which presented strong statements in its favor.

Language barriers and the need for proficient interpreters in every session further support the present study's findings, as indicated by multiple studies exploring the experiences of psychologists working with Syrian refugees (e.g., Gartley & Due, 2017; Hassan & Blackwood, 2020). The interpreters are of critical importance when working with refugees speaking a foreign language the therapist doesn't understand; but as the interviews of participants have suggested, the lack of role clarity and the lack of attention to the needs of both interpreters and the therapists regarding collaborating in the sessions, may have contributed to difficulties experienced by both. Since there are no standard rules or role clarity for both interpreters and therapists, these can create complexity in their triadic relationships with the client and affect the relationship dynamics negatively. Therefore, the institutions should provide an open environment for both the therapists and interpreters in which they can freely ask for clarification (Gong-Guy et al., 1991) or can discuss their opinions and difficulties.

The profession of interpreting in psychotherapy settings also requires different competencies compared to other interpreting settings. Psychoeducation for interpreters working in this field is emphasized as a need by the present study's participants, which is consistent with existing literature (Kuay, Chopra, Kaplan, Szwarc, 2015; Miller et al., 2005). Effective interpretation is crucial for the client and therapist to understand each other and reach agreement on important issues, such as presenting problems and treatment goals. Studies highlight that poor communication between dyads can disrupt diagnosis and treatment (Baker, Hayes & Fortier, 1998; Hornberger, Itakura & Wilson, 1997). Providing psychoeducation for interpreters working in psychotherapy can enhance therapeutic outcomes (O'Hara & Akinsulure-Smith, 2011).

Ethical considerations in working with interpreters in psychotherapy were also highlighted by participants. Issues such as interpreters' lack of familiarity with psychotherapy, shared backgrounds with clients, and exposure to traumatic material during translation pose risks for interpreters. Concerns about interpreters experiencing vicarious trauma have been reported by other researchers (Westermeyer, 1990; Kuay, Chopra, Kaplan & Szwarc, 2015). Psychoeducation can help protect interpreters and fulfill the ethical responsibility of psychotherapists and employing foundations (Paone & Malott, 2008; Mirdal, Ryding & Essendrop Sondej, 2012). Moreover, consistency

in using the same interpreter in every session was emphasized as crucial for establishing trust and a safe environment for the client. Similar findings in previous studies highlight the importance of constancy in psychotherapy with interpreters (Björn, 2005; Kinzie, 2001). Furthermore, the results of this study imply, and also aligns with previous research in the field, that therapists may experience feelings of exclusion when observing a closer relationship between the interpreter and client, both within and outside of therapy sessions (Dearnley, 2014; Tribe & Thompson, 2009). Also, for refugee clients, psychotherapy can be unfamiliar and culturally different. The interpreter can serve as a "familiar" factor that facilitates the client's engagement in the process. This advantage of the interpreter playing a "triple play" should be considered in psychotherapy settings (Leanza et al., 2014).

Another result of working with interpreters was that the majority of the respondents have expressed considerable hardship in conducting their work without the aid of translators. They noted significant alterations in the structure of sessions and the employed techniques in the absence of translation services. Consequently, they resorted to various means, including applications and body language, to achieve mutual understanding. Sometimes the use of non-professional interpreters or people who can speak the language limitedly have resulted in a similar situation. Regrettably, this approach occasionally led to clients experiencing frustration due to their inability to fully articulate their experiences. Conversely, it also fostered a more intimate interaction between therapists and clients, potentially enhancing trust. This finding aligns with existing scholarly literature (Celik & Cheesman, 2018).

Some participants have also revealed that psychotherapy with refugees could be more easier for them when they don’t need to work with an interpreter, when both the client and the patient can speak the same language. This findings also align with the literature, as it suggests there can be more possibilities of ruptures and distrust in the sessions, in the therapeutic alliance, because there is one more person is in the relationship which makes the dyadic relationship between the patient and the therapist to a triadic one (Hanft-Robert, 2023). So, when one alliance within the therapy dynamic experiences distrust or conflict, it can affect the other alliances. Therefore, to form a therapeutic alliance in a dyadic relationship can be considered as easier than a

triadic one. Also, therapists have one more challange when they are working with interpreters in therapy, they not only have to handle distrust or conflicts with interpreters, they also need to balance a friendly alliance with interpreters while maintaining therapeutic responsibility (Miller et al., 2005). Moreover, patients may initially feel more connected to and concentrate on the interpreter due to cultural and linguistic similarities, and when that happens, therapists may feel distant, excluded, powerless, or question their competence. Removing this intermediary could promote a deeper level of connection and rapport, allowing for a more seamless and authentic therapeutic experience. Without the presence of an interpreter, clinicians would have the opportunity to directly gauge non-verbal cues and subtle nuances in the refugee's expressions and body language, which could aid in better understanding their emotions and experiences. Additionally, the absence of interpretation could potentially reduce the risk of miscommunication or misinterpretation, leading to a more accurate and comprehensive therapeutic process. While the use of interpreters is often vital in facilitating dialogue between clinicians and refugees, the prospect of direct communication opens up intriguing possibilities for enhancing the therapeutic relationship in these unique contexts. Considering these difficulties, it can be suggested that the dynamic of psychotherapy sessions could potentially differ if clinicians were able to directly engage with refugees, without the need for an interpreter.

In addition to challenges related to clients, participants in this study expressed frustration with system-related obstacles when working with Syrian refugees. These challenges included unstable policies, organizational dysfunction, and coordination difficulties. Rapid policy changes, shifting job descriptions, and tight deadlines created confusion and lack of preparation. These findings confirmed previous literature examining the difficulties faced by mental health workers in the humanitarian field (e.g., Miller & Rasmussen, 2017; Chiarenza et al., 2018), which discussed the challenges of providing mental health services to refugees, including navigating complex policies, limited resources, and coordination issues among various agencies. Moreover, ever-changing policies regarding refugee status disrupted therapy progress according to participant accounts.

Inter-agency collaboration also proved challenging, as participants identified changing expectations, struggles with cultural sensitivity, discrimination, and conflicts among employees. Similar struggles have been reported by mental health workers in this field (Kolumbula & Stones, 2019). Limited availability of specialized institutions and interpreters often leads to delays and frustrations in coordinating support services. Many mental health professionals face similar obstacles, such as limited funding, heavy workloads, difficult management behaviors, inadequate resources, and concerns about outdated practices, privacy, appointment scheduling, and unsustainable working hours (Barrington & Finch, 2014).

Furthermore, the study revealed instances of boundary violations among participants. These included managers expressing a desire to monitor therapy sessions through cameras and requesting detailed reports on clients' highly confidential experiences. Additionally, interpreters or other staff members were found to form personal relationships with clients, thus compromising professional boundaries. Moreover, they were observed interfering with the therapist's work during sessions by offering unsolicited advice or warnings to clients. Coupled with heavy workloads and extensive waiting lists, these boundary violations hindered effective client care and caused significant distress for the participants. Therefore, consistent with other studies (e.g., Mette et al., 2020; Dimitra-Dora et al., 2020), this research emphasized the need for better management and resource allocation in institutions serving refugees.

Moreover, participants in this study faced interpersonal challenges in their work. Exhaustion from work and differing views on refugees often led to difficulties in their relationships with others, such as family members, partners, and friends. Previous research supported these challenges, highlighting reductions in social circles and interpersonal relationships among professionals in this field (e.g., Kirmayer et al., 2010). Mental health professionals working with refugees in the United States frequently encountered frustrations with anti-refugee sentiments and felt powerless in addressing prejudice. These challenges aligned with the findings of several studies (e.g., Miller & Rasmussen, 2016; Roberts et al., 2018), which focused on the difficulties mental health professionals faced in combating societal and systemic issues that contribute to refugee discrimination. The preference for solitude and distancing

from individuals with anti-refugee views corresponded with the concept of "vicarious resilience" discussed by Hérnandez et al. (2007). They found that professionals working with trauma survivors developed personal strategies, such as seeking social support or engaging in self-care activities, to cope with secondary traumatic stress rather than relying on others. In this study, participants described feeling exhausted due to encountering endless comparisons between different refugee groups, contributing to mutual animosity and their desire to distance themselves.

In addition, working with refugees triggered memories and reflections on personal histories among the participants in this study. This effect, known as countertransference (Papadopoulos et al., 2015), has been identified in previous studies examining the experiences of therapists working with refugee clients. The clients' narratives often evoked personal memories and emotions related to the therapists' own migration experiences. Some participants also noted that language similarity facilitated a closer bond with their refugee clients, fostering a deeper understanding of their own migrant backgrounds throughout their work. This finding was supported by previous research in this field (Schweizer et al. 2018), as they also reflected on how therapist were influenced by their refugee clients' trauma histories and thus confronting with similar stories of their own.

4.2.4. Rewards for Clinicians

The participants in this study discovered that working with refugees was a rewarding experience on multiple levels. They were deeply inspired and relieved by the resilience exhibited by their clients. Moreover, the participants received gratitude and positive feedback from their clients, which filled them with a sense of pride and happiness. These findings were consistent with various scholarly articles that emphasize the rewarding aspects of working with refugees. Gías et al. (2016) conducted a study which found that psychologists who worked with refugees experienced feelings of satisfaction and fulfillment. They emphasized the remarkable resilience and strength displayed by refugee clients and how it positively impacted them. Similarly, Rousseau et al. (2004) discussed how psychologists working with refugees often experienced a

sense of pride and happiness when they witnessed positive transformations in their clients' well-being.

Working with refugees offered the participants opportunities for professional growth. Working with refugees enhanced their psychotherapy skills and theoretical knowledge, making them more adept at handling diverse cultural contexts. These professional growth opportunities described by the participants were also supported by other research findings. For example, Field et al. (2018) conducted a study that emphasized how working with refugees provided psychologists with valuable learning experiences and the chance to develop cultural competency, which aligned with this study's findings of enhanced psychotherapy skills and theoretical knowledge in diverse cultural contexts.

Additionally, the participants in this study received positive feedback from their refugee clients, which served as motivation and gave them a sense of accomplishment. Through client feedback, they found validation in their competence and professionalism. Penuela-O' Brien et al. (2023) also highlighted the significance of cultivating a positive rapport and receiving feedback from their clients as crucial for mental health professionals. This support enables them to alleviate the emotional strain created by their work created and cope with the frustrations arising in resource-limited systems with numerous challenges.

The results also indicated that, despite experiencing mixed emotions, working with refugees enabled the participants to confront and manage challenging emotions, thereby becoming more resilient and gaining insights into unconventional ways of dealing with obstacles. Regarding the management of challenging emotions and the development of resilience, numerous studies in the literature emphasized the emotional toll of working with refugees. Opaas and Varvin (2018) conducted a study that discussed how psychologists working with traumatized refugees confront their own mixed emotions, but also gain coping strategies and insights into unconventional ways of dealing with obstacles, which supports the findings of this study.

Another finding of this present study is the benefit derived from forming supportive communities among psychologists working with refugees, which echoed the importance of peer support in the work environment as revealed in research. For instance, Miller et al. (2008) conducted a study where psychologists emphasized the significant role that collegial relationships played in managing the emotional challenges of working with refugees. By sharing difficulties they face with their colleagues, mental health professionals can alleviate the heaviness and severity of what they witness, while also learning from their colleagues about effective coping mechanisms.

Lastly, the results have indicated that the participants have developed a deeper understanding of human rights and migration through their work, enabling them to make greater contributions to supporting refugees beyond their therapy rooms. This finding aligned with previous studies that also emphasize the contribution of mental health workers in raising awareness about social justice issues in the context of refugee work. Kagan et al. (2011) highlighted how working with refugees fosters a deeper understanding of the systemic factors contributing to displacement and the necessity for advocacy.

4.2.5. Coping Ways and Strategies

This theme focused on the coping strategies and resources utilized by the participants in this study to address the challenges they face in their work. The participants emphasized the significance of collegial support, as well as the support they receive through supervision, both from peers and experts. Previous research has also yielded similar findings. For instance, Johnson et al. (2017) discussed the importance of collegial support and a sense of community in promoting resilience among healthcare providers working with refugees. They underscored the role of peers in providing emotional support and preventing feelings of isolation. Similarly, Smith et al. (2018) stressed the need for a positive work environment and collegial support too. They also explored the experiences of psychologists working with refugee populations and emphasized the necessity of supportive supervision and peer relationships in dealing with the challenges.

The participants in the present study reported that their positive work experiences were influenced by a supportive and pleasant work environment, open communication with colleagues, and personal relationships outside of work. Previous research (e.g., Johnson et al., 2019; Garcia et al., 2020) also supported these findings, indicating that a supportive work environment and job satisfaction among psychologists working with refugees were crucial for professionals' well-being and reduced feelings of isolation. The participants in this study also highlighted the vital role their colleagues played in providing emotional support and preventing feelings of isolation, finding strength in bonding with colleagues who share similar experiences.

Additionally, this study underscored the significance of health promotion initiatives in relation to work success and the well-being of participants. Some individuals were fortunate enough to have access to health benefits and expressed their hope for this to become a standard practice across all organizations. Consistent with prior research (Hynie et al., 2017; Hassan et al., 2017), the participants in this study also emphasized the importance of health promotion initiatives in enhancing their own well-being as well as that of refugees, while reducing the likelihood of burnout. Furthermore, it was discovered that all participants in this study highlighted the value of supervision in their work. They firmly believed that without proper supervision, successfully navigating challenging sessions and effectively addressing difficult subjects would be an insurmountable task. The participants, undoubtedly possessing a great deal of knowledge, expertise, and experience in this field of work, were compromised by the lack of supervision, resulting in a diminished ability to establish boundaries and effectively manage complex cases. Additionally, those participants lacking supervisory support experienced feelings of overwhelm and burnout. In agreement, Pugh et al. (2020) discussed the pivotal role of supervision in promoting resilience and preventing burnout among mental health professionals. Similarly, they suggested that despite criticisms of formal supervision being viewed as a managerial tool, those who received it noted the benefits of having their concerns validated and engaging in authentic discussions about the demands of their work, including ethical dilemmas. The findings of the present study further support the notion that providing proper supervision would significantly benefit the well-being of mental health workers.

Importantly, the current study also emphasized the relevance of personal coping strategies and resources when working with refugees, which aligned with previous studies (Beaumont & Sofronoff, 2008; O'Connor et al., 2017). Consistent with research that underscored the importance of self-care and well-being for professionals in high-stress environments, participants describe prioritizing self-care through activities such as therapy, developing hobbies, and nurturing relationships as essential strategies and resources to cope with the overwhelming effects of their work. The participants have revealed that finding social support from both their colleagues and their friends and close relationships was an important strategy for them. These coping strategies represents problem-oriented coping strategies (seeking instrumental support from colleagues and superiors to deal with stressful situations and concrete problems at work) and emotion-oriented coping strategies (seeking informal social support from family and friends to alleviate negative emotions). And in general, the search for social support is a frequently used coping strategy, and protective links between social support and health are well documented in literature (Penley et al, 2002). The finding is consistent with previous research in which social support represented an essential job resource for mental health professionals (Stansfeld & Candy, 2006).

Additionally, establishing boundaries between personal and professional lives was crucial for the participants to maintain their well-being. Some participants developed extreme shopping behavior as a coping mechanism; they developed a tendency to collect and buy several types of new expensive clothing items etc and therefore separate themselves from the poor refugees that barely have one shoe, etc at all. This need to separate themselves from the refugees was possibly driven by feelings of guilt because they are in a far better condition in life than the refugees, and by a desire for renewal in order to focus on the future an what is new, not to engage with the past and loss. Also, this is possibly related with participants becoming overly identified their clients and could not keep a boundary within their professional lives and private life, so what happens in their Professional lives, effects their personal life. This finding also corresponded with research highlighting the importance of setting boundaries and managing emotional labor in occupations with high levels of secondary traumatic stress https://www.mynet.com (Figley, 1995; Stamm, 2010). Overall, these personal

coping strategies have helped the participants process their experiences and preserve their vitality in this demanding line of work.

It can be considered that most of the coping strategies reported by therapists in the present study can be interpreted as emotion- focused coping strategies. This includes the most frequently mentioned strategies: distancing from work in personal life, engaging in hobbies and religious practices and seeking social support for emotional reasons. Folkman and Lazarus (1980) found that problem- focused coping was used more often when a situation was appraised by a person as changeable whereas emotion- focused coping was used more often when a situation was appraised as unchangeable. Therefore, it could be discussed that therapists regard some of their job demands as unchangeable. This could be assumed in particular for demands related to the political and structural context such as poor financial resources or the inability to change the situation of clients. Emotion- focused strategies are often said to be less effective than problem- focused strategies. But it is also argued that the effectiveness rather depends on the specific strategy employed and situational characteristics such as the type of stressor (Baker & Berenbaum, 2007; Penley, Tomaka, & Wiebe, 2002). Nevertheless, the present study's results are mainly based on descriptions from qualitative studies. More research should examine the effectiveness of these coping strategies to develop adequate recommendations and support for psychologists and mental health workers in social work with refugees.

4.3. Limitations and the Strengths of this Study

The present study provides a comprehensive understanding of the experiences of mental health professionals, particularly psychologists working with Syrian refugees in Turkey. By employing the idiographic perspective of Interpretative Phenomenological Analysis (IPA), the study was able to gather rich qualitative data, which was a notable strength. This research is the first known IPA investigation of mental health workers in the refugee support field in Turkey. It is important to note that due to the idiographic nature of this study, the findings are not intended to be generalized to all mental health professionals working with Syrian refugees in Turkey. Instead, IPA focuses on uncovering how specific individuals interpret their

experiences in a particular context. The findings of an IPA study, as suggested by Smith and colleagues (2009), may be considered in terms of theoretical transferability rather than empirical generalizability, allowing readers to evaluate the applicability of the findings to similar contexts.

In this study, a sample was selected within a specific age group to capture the unique experiences and perspectives they bring to the research. Additionally, the study had an adequate sample size compared to other IPA studies, thus enhancing its strength. The findings emerged from a meticulous analysis of each participant's work experiences and the impact of their work on their personal lives. Consequently, these findings may have relevance to other groups of mental health professionals working with Syrian refugees in Turkey.

This study contributes to the existing literature by addressing a significant gap in clinical psychology research in Turkey. It examines the experiences of mental health professionals in the field of refugee work, a topic that has been largely overlooked. Despite constituting a considerable proportion of the mental health workforce, research that gives voice to these professionals is unfortunately limited. Therefore, this study makes an important contribution by focusing on individual voices and providing a deep insight into their work experiences and mental health, emphasizing phenomenology rather than diagnosis and psychopathology.

Moreover, most of the existing literature on humanitarian aid and the experiences of mental health professionals primarily focuses on high-income resettlement countries such as the US, European countries, Canada, and Australia. In comparison, Turkey is a developing country with ongoing efforts to improve refugee policies and institutions. Mental health work and psychotherapy are not yet clearly defined and regulated by government laws and procedures. Furthermore, there are cultural and socio-political similarities between Syrian and Turkish contexts that present unique advantages and challenges in providing support to refugees. Additionally, mental health professionals in Turkey face heavy workloads due to the high demand for their services, limited resources, and the inadequacies of the social work system. Therefore, this study offers valuable insights into the similarities and differences between developed resettlement

countries and Turkey, shedding light on the difficulties and strengths of working with refugees and the organizational challenges faced by mental health professionals.

Throughout the study, the researcher aimed to maintain rigor in the research process and data analysis. However, it is important to acknowledge that if another researcher had conducted the interviews, the findings might have differed. Different researchers using the same approach may have different focuses or interpretations of the participants' narratives. Furthermore, participants in this study may have selectively shared certain experiences, thoughts, and feelings based on their relationship with the researcher. Lastly, it is imperative to note that the analysis presented in this study includes the most salient themes identified by the researcher, potentially introducing researcher bias, as the complete data set was not included.

Several limitations should be acknowledged in relation to this study. Firstly, data collection was conducted during the Covid-19 pandemic, which necessitated online interviews due to the unavailability of in-person meetings with professionals. This may have had an impact on the interviews, as many mental health professionals experienced a decrease in motivation, fatigue, and attention issues associated with prolonged online work throughout the extended duration of the pandemic.

Another limitation concerns participant recruitment for the study. It proved challenging to enlist professionals working at refugee centers due to their concerns about potential negative consequences from their institutions if they were found to have discussed their job and workplace, particularly any negative aspects. Consequently, some mental health clinicians declined to participate in the study. Additionally, certain professionals expressed exhaustion and declined interview offers, potentially indicating high levels of burnout in this group. Moreover, Furthermore, self-selection bias may have influenced the findings in that mental health professionals who felt good about working with and helping refugees might have been the ones who chose to participate in the study. Therefore, the result of the study may not be generalized to other mental health professionals in the country.

In terms of participant recruitment, the researcher encountered an additional limitation in reaching individuals aged over 40. This difficulty arose from the limited number of psychologists specializing in trauma within this specific age group, as confirmed by the psychologists whom she approached. There could be several reasons for the smaller number of psychotherapists above the age of 40 in trauma mental health work. These reasons may include the emotional and physical toll of trauma work for example. Trauma work can be emotionally and physically demanding. Dealing with clients who have experienced severe trauma can take a toll on the therapist's well-being. Older psychotherapists may choose to transition into less intense or less emotionally draining areas of practice as they seek to preserve their own mental health. Burnout is also a common risk for therapists in this field. Older therapists may have experienced burnout or witnessed its effects on their colleagues, leading them to choose to work in less demanding areas of mental health. Moreover, older therapists may have gained extensive experience and expertise in specific areas of mental health, leading them to specialize in other areas where they feel more confident and effective. This specialization may draw them away from trauma mental health work. There's also the issue of lack of training opportunities that could be related with why the number of older therapists in trauma work is smaller than expected. Trauma therapy often requires specialized training and ongoing education to stay up to date with the latest research and treatment approaches. Older therapists may have limited access to training opportunities, making it more challenging for them to stay current in trauma mental health work. Besides, as therapists age, they may prioritize a better work-life balance and may choose to focus on other aspects of their personal and professional lives. Some may opt for roles that offer more flexibility and less intense emotional involvement. It is important to note that these reasons are general observations and may not apply to all psychotherapists above the age of 40.

Furthermore, it is important to note that the findings of this study may vary if participants were drawn from different institutions or organizations within Turkey. Each institution has its unique dynamics, procedures, and staff structures. For instance, while some workplaces have multiple clinicians providing psychotherapy or counseling to Syrian refugees, others have only one clinician attempting to meet the entire demand for these services. Additionally, disparities in staffing levels may affect

burnout and job satisfaction among the professionals. However, given the high demand for psychological support among refugees in Turkey, it is reasonable to expect similar experiences among mental health professionals working with this population.

It is also worth mentioning that this study specifically focused on psychologists functioning as mental health professionals who deliver counseling and psychotherapy to Syrian refugees in Turkey. This emphasis on psychologists reflects the predominant role they play in providing psychological support in Turkey. Other mental health professionals, such as psychiatrists, psychiatric nurses, and social workers, are relatively scarce in this field and are typically occupied with other responsibilities, such as psychiatric evaluations and medical assistance, or assisting refugees with bureaucratic procedures. Nonetheless, it is important to recognize that some of these professionals also offer psychological support to refugees, albeit with limited accessibility. Previous studies conducted by mental health professionals have reported similar findings to the current review. However, it is important to note that studies involving different mental health professionals may have revealed additional themes. In terms of the generalizability of these findings, it is worth considering the potential impact of combining data from three distinct clinical professions, each with their own unique care practices, client interactions, and support networks. This amalgamation of data has the potential to introduce a certain level of imprecision to the overall results. Nevertheless, if these mental health professionals were included in the study, it is reasonable to expect that their experiences would align with those of psychologists, given the similarity in the number of interviews they would have undergone.

4.4. Clinical Implications

Turkey is recognized as hosting the world's largest refugee population. Various associations cater to the needs of refugees, including mental health services for individuals affected by war-related experiences, torture, and other distressing encounters. These services rely heavily on psychologists who handle the traumatic material presented by refugees. However, it is evident that psychologists face numerous psychological difficulties inherent to their work, as well as organizational

challenges. Consequently, the management of their workload requires careful consideration.

The study's findings have implications at the political, organizational, and individual levels for these psychologists and their institutions. But firstly, in order to support the psychologists and other mental health professionals to navigate through their difficulties and cope with their stress, some clinical implications will be elaborated and suggested in this part. As the interviews in this study suggested, to equip mental health professionals with self-help skills as they enter the field is quite important, and agencies working with refugees need to enhance quality of their life by providing training to staff and volunteers on coping strategies to increase job satisfaction and decrease professional burnout (Newell & MacNeil, 2010). To adequately meet the needs of refugees and asylum seekers, mental health professionals should be provided with resources and training in cultural competence, asylum policies, and health conditions. Clinical guidelines specific to refugees and asylum seekers must be developed based on the best available evidence and presented to mental health professionals' service. Additional professional support should offered to those working with clients facing complex psychological and social difficulties. Mental health professionals must have access to up-to-date information on the needs of refugees and asylum seekers, as well as available services for referrals. Sufficient time should allocated for appointments with refugees and asylum seekers to build trust, ensure effective communication, and promote cultural understanding. Infrastructure should be developed to provide trained interpreters in a timely manner, both in-person and remotely if resources allow.

The present study suggested several personal coping strategies that should be strengthened, including self-care activities, accessing relational support, engaging in cognitive restructuring, and establishing work-life boundaries. Clinicians should adapt their self-care strategies based on their perceived needs at different times. It is also important for clinicians to monitor their own mental health and implement strategies that promote well-being while working with refugees (Herman, 1995).

Furthermore, considering the inherent difficulty of addressing novel and seemingly insurmountable difficulties during a single session, even seasoned clinicians may find it challenging to determine the appropriate course of action. In order to alleviate feelings of helplessness and desperation experienced by clinicians in such situations, as the result of the present study suggested, it can be beneficial to establish peer groups focused on problem solving. Within these groups, one participant can present their specific dilemma while others offer feedback based on personal experiences or potential solutions, all in a non-judgmental manner.

As the results of UNHCR 2020 staff report suggested, it is crucial to strengthen peer-to-peer support among staff in times of distress. Their suggestions to improve peer support at work can be applied as a basic principle at all refugee mental health work: It is important to enhance the selection, accountability and utilization of peer support network among workers, and include a range of options ranging from formal support resources such as training, towards informal peer support groups and team-building activities. Moreover, identifying senior staff as role models who are willing to openly discuss their experiences with distress and burned out would be helpful for new clinicians. Additionally, providing gender sensitivity training and substance abuse models for all staff can improve staff peer support among coworkers.

To strengthen the solidarity among professionals is vital when working with refugees. Solidarity allows refugee mental health workers to support and understand each other's experiences and provide a sense of shared burden and empathy, which can help alleviate feelings of isolation and promote well-being. Also, solidarity can foster collaboration and exchange of knowledge and best practices. Trauma workers can learn from each other's expertise and strategies for effective intervention and support. Through shared experiences and discussions, they can develop innovative approaches to address the unique challenges that trauma work presents. Furthermore, solidarity among trauma workers can enhance resilience and professional development. By sharing successes and failures, they can collectively learn and grow, improving their skills and techniques over time. Lastly, solidarity among trauma workers can contribute to systemic change. By advocating together for improved resources, policies, and support for trauma survivors, they can amplify their voices and make a

greater impact. Solidarity empowers trauma workers to advocate for their rights and the rights of those they serve, ultimately leading to a more compassionate and effective response to trauma.

In conclusion, solidarity among trauma workers is crucial for their well-being, professional growth, and the overall advancement of trauma care. It provides a foundation of support, collaboration, and advocacy that enables them to navigate the challenges of their work and make a positive difference in the lives of trauma survivors.

Post-traumatic growth of psychotherapists who are working with refugees is also a crucial topic that has to be taken into consideration in trauma work. Psychotherapists can engage in several strategies to promote their own post traumatic growth. Firstly, they can prioritize self-care and personal well-being to ensure they have the necessary emotional and physical resources to facilitate healing and growth in their clients. This may involve seeking supervision and support from experienced colleagues, engaging in regular therapeutic sessions for themselves, and practicing self-reflection and self-awareness.

Secondly, trauma psychotherapists can actively engage in ongoing education and professional development. This may involve attending workshops, conferences, and training programs that focus on trauma-informed care and therapeutic approaches. By staying up-to-date with the latest research and techniques, therapists can enhance their skills and knowledge base, which may contribute to personal growth and development. Furthermore, engaging in regular meditation or mindfulness exercises can enhance self-awareness, promote emotional regulation, and provide a sense of grounding. Journaling or engaging in regular self-reflection exercises can also facilitate the processing of personal experiences and emotions, leading to personal growth and transformation.

Lastly, trauma psychotherapists can consider seeking their own therapy or counseling. Engaging in personal therapy allows therapists to explore their own triggers and unresolved traumas, repressed memories about migration and enhancing their own

personal growth and healing. Through their own therapeutic journey, therapists can gain a deeper understanding of themselves, while also gaining insights that can be applied to their work with clients. Trauma psychotherapists can promote their own post traumatic growth by prioritizing self-care and well-being, engaging in ongoing education and professional development, cultivating a support network, practising meditational activities and seeking their own therapy. These strategies can contribute to the therapists' personal growth and wellbeing, ultimately enhancing their ability to provide effective and empathetic care to their clients.

Another important clinical implication topic is choosing appropriate psychotherapy approaches and techniques when working with the refugees. When providing therapy to individuals who have experienced forced migration, it is crucial for psychotherapists to consider what their clients need and which therapeutic approach can meet these needs of their clients. Proficiency in working with the chosen therapeutic approach is vital, and it is imperative to prioritize familiarity and competence in utilizing the selected approach when working with refugees. Most of the psychotherapists in this study were working with psychoanalytic approach with their clients. This approach requires long-term therapy for refugee clients, and thus therapists should evaluate their patients' ability to commit to extended sessions and assessing the urgency of their therapeutic needs. Psychoanalytic therapy, with its focus on understanding unconscious processes, examining early life experiences, and exploring the therapeutic relationship, presents a comprehensive approach to working with refugee clients (Varvin, 1998).

Central to psychoanalytic therapy is the establishment of a strong therapeutic alliance between the therapist and the client. With refugees, who may have experienced significant trust violations and attachment disruptions, building this relationship requires sensitivity and cultural competence. The therapist must actively engage in creating a safe and non-judgmental space, fostering trust, and demonstrating empathy and understanding for the client's unique cultural and social context. Also, psychoanalytic therapy acknowledges the importance of transference and countertransference in understanding the client's internal world and relational patterns. Transference may be manifested as a reenactment of past traumas within the

therapeutic relationship (De Micco, 2018). The therapist must navigate this therapeutic terrain by carefully attending to countertransference reactions and utilizing them as a valuable source of information for understanding the client's experiences and emotions.

Moreover, working with refugee clients necessitates cultural sensitivity and awareness on the part of the psychotherapist. Recognizing the influence of cultural beliefs, norms, and values on the client's experience can help the therapist develop a deeper understanding of the individual's unique context. Furthermore, therapists should engage in ongoing cultural competency training and self-reflection to minimize the potential for cultural misunderstandings and ensure the effectiveness of therapy. Collaborating with multidisciplinary teams, including cultural consultants and interpreters, is also crucial to ensure comprehensive and culturally sensitive care.

Another favorable approach in refugee mental health work is cognitive behavioral therapy (CBT) approach. CBT in the context of refugee therapy primarily aims to identify and address maladaptive thought patterns, emotions, and behaviors that may be hindering the client's adjustment and well-being. The therapist collaboratively examines the client's thoughts and beliefs surrounding their traumatic experiences, helping them challenge and reframe negative, irrational, or distorted thinking (Hinton, et al.2012). This process empowers the client to develop more adaptive coping strategies and attain a more accurate and balanced perspective on their experiences.

Additionally, therapists incorporate exposure techniques within the CBT framework when working with refugees who have experienced trauma. Gradual exposure to distressing memories or situations assists clients in overcoming avoidance behaviors and reducing anxiety. This approach allows individuals to develop skills to manage distress and rebuild a sense of control over their lives. Considering the cultural and sociopolitical context, CBT interventions with refugees may also involve integrating elements of psychoeducation and mindfulness practices. Psychoeducation helps individuals develop a deeper understanding of the impact of trauma on their mental well-being, while mindfulness techniques provide a means to cultivate awareness, self-compassion, and emotional regulation.

One of the most common therapy approaches that is utilized in therapies with refugees is schema therapy. According to the participants in the current study, the implementation of schema therapy techniques has been observed to produce positive outcomes when working with refugees. This suggests that schema therapy may be particularly beneficial for refugees as it focuses on investigating and modifying maladaptive schemas and coping mechanisms that might have emerged due to traumatic events. By identifying these schemas and their associated emotional triggers, the therapist and client can collaboratively work to develop adaptive coping strategies and promote healing. In schema therapy, techniques such as imagery rescripting, chair work, and cognitive restructuring are often utilized. Imagery rescripting helps the client to revisit traumatic memories and gradually rewrite them with a more adaptive narrative, promoting healing and resolving emotional distress associated with these experiences. Chair work involves using role-play to address conflicts between different aspects of the self and develop compassionate dialogues, which can be especially valuable for refugees who may have conflicting cultural identities and experiences of marginalization (Barbieri et al., 2022). Moreover, schema therapy recognizes the importance of addressing unmet core emotional needs that may have been compromised due to the refugee experience. By empathetically exploring and repairing these unmet needs, the therapist can help the client develop a stronger sense of self, improve self-esteem, and enhance their ability to form meaningful relationships.

The present study revealed that participants, like many other professionals in this field, have also acknowledged the utilization of supportive therapy techniques when working with refugees. This therapy method is commonly employed due to its efficacy in addressing the needs of this specific population. A psychotherapist utilizing a supportive therapy approach with a refugee client aims to provide comprehensive and empathetic care, addressing the specific needs and challenges often encountered by individuals who have experienced forced displacement (Kaptanoğlu, 2018). The supportive therapist must demonstrate cultural competence and sensitivity, recognizing that refugees may present with different values, beliefs, and experiences. This entails cultivating an open-minded attitude, actively listening, and showing respect for the client's cultural background and perspective. It is crucial to avoid

making assumptions or imposing one's own worldview during therapy sessions. Establishing a safe therapeutic space allows the client to feel heard and validated, encouraging open expression of emotions, experiences, and concerns. Active listening, without interruption or judgment, is key in providing a supportive atmosphere where the client feels safe to share their vulnerabilities and seek guidance. It is important for the therapist to acknowledge and validate the challenges faced by refugees, such as experiences of trauma, loss, or uncertainty. Validation fosters self-acceptance and helps the client feel understood and supported in their journey towards healing. Coping strategies and skills-building exercises are essential components of supportive therapy with refugees. The therapist can collaborate with the client to identify and strengthen existing resilience factors. This may involve assisting in developing adaptive coping mechanisms, such as mindfulness techniques or stress management strategies tailored to the client's cultural background and resources. Lastly, it is important to explore and mobilize social support networks that can enhance the client's well-being. This may involve connecting the individual with community resources, support groups, or cultural organizations that can provide additional support and opportunities for integration and peer support.

As can be seen, there are several therapeutic approaches available for psychotherapists when working with refugee clients. However, it is crucial for therapists to carefully consider the selection of an approach based on the specific needs of the client. This requires therapists to possess adequate training and expertise, enabling them to choose the most suitable approach for addressing the unique challenges and experiences faced by refugees.

In addition to specific therapy approaches, Atkinson (2013) has proposed a trauma-informed services and care model that is designed to address trauma and its effects. They prioritize understanding trauma and its impacts, and modify their service delivery to accommodate the needs of individuals affected by trauma (Harris, 2004). These services are informed by trauma experts and feedback from service providers and clients (Bloom, 2011; Guarino et al., 2009).

The first principle of trauma-informed services is to understand trauma and its impact on individuals, families, and communities. This involves implementing trauma-informed policies and providing ongoing training to staff members (Atkinson, 2013). Creating a safe environment is another principle, which includes physical and emotional safety measures. Cultural competence is also essential, as cultural backgrounds influences how individuals manage trauma (Guarino et al., 2009). Supporting client control involves empowering individuals to regain control over their lives and actively participate in their healing process. Sharing power and governance within the organization and integrating care are additional principles of trauma-informed services. Lastly, building supportive relationships and enabling recovery are crucial for healing and recovery (Atkinson, 2013).

Atkinson's(2013) trauma-specific care goes beyond trauma-informed services to specifically address the consequences of trauma and facilitate healing. It focuses on understanding and responding to psychobiological and social reactions to trauma (Briere & Scott, 2006; van der Kolk, 2007). Cultural factors should also be considered in trauma-specific care, as culture influences trauma experiences and effective care (Guarino et al., 2009). Indigenous approaches, such as Yorgum, demonstrate promising practices by incorporating ideas from Aboriginal philosophies to mental health work and techniques from various therapeutic approaches (Atkinson, 2013). *We Al-li* is another example of trauma-specific care, providing workshops that incorporate Indigenous Australian cultural practices and therapeutic skills (Atkinson, 2001). We Al-li was evaluated in a 1995 doctoral study by Atkinson. The evaluation included feedback from program participants, including Aboriginal workers from various fields. The evaluation found strong support for the program's focus on cultural tools for healing, such as storytelling, art, music, theatre, and dance. These tools were centered around the trauma stories of individuals and their communities, connecting social groups across history and country, and reflecting cultural identity (Atkinson, 1995). These kinds of tools can be developed for the field of refugee work too, to provide the necessary support for clinicians.

4.5. Policy Implications

The findings of the study revealed there are important healthcare policy implications that needs to be implemented by the healthcare policy makers and commissioners who first must notice the complex needs of mental health professionals in order to provide enhanced resources for quality and equitable service provision. First of all, it is revealed that mental health staff members working in refugee aid struggle with high workloads and caseloads. To address this issue, politicians and managers should consider increasing the number of professionals in these social services and reducing the number of clients assigned to each employee. By doing so, high-quality services can be ensured for clients, while simultaneously boosting staff motivation. Frustration arising from a perceived inability to adequately care for clients can be mitigated. To improve the working conditions of therapists, additional financial resources should be allocated to these growing sectors, and bureaucratic obstacles need to be minimized.

To establish better supportive systems for mental health workers in refugee contexts, managers should involve psychologists and other staff members in decision-making processes. Regular meetings, inclusive of clinical and organizational supervision, should be conducted to enable necessary adjustments. Training should also be provided at all levels to reduce both organizational and job-related stress. Reducing organizational stress is crucial, as it can significantly impact mental health professionals. Organizational stress refers to environmental demands that disrupt an individual's physiological or psychological state and alter their normal functioning (Schuler, 1980). Such demands may include time pressures, increased workloads, and limited organizational resources. High levels of stress can lead to decreased job satisfaction, increased turnover, higher absenteeism, and reduced productivity among staff. While stress has been linked to burnout and dissatisfaction among staff, the relationship between staff stress and client engagement is complex and requires further investigation. Therefore, additional research on organizational stress and mental health work with refugees is essential in gaining a deeper understanding of this matter.

To provide more support for mental health professionals working with refugees, partnerships between refugee agencies and academic institutions can be facilitated.

With their help, sufficient supervision and theoretical information can be provided for psychotherapists. Also, with this collaboration, learning from experienced and well equipped counsellors can be easy for new counsellors.

The participants in this study emphasized the substantial workload they carry due to inadequate staffing, resulting in high levels of organizational stress. This issue extends even to the largest NGOs in Turkey, which lack an adequate number of social workers, psychologists, and psychiatrists for fieldwork. As a consequence, psychologists and therapists are burdened with tasks beyond psychotherapy, such as social work and legal duties. This situation limits their ability to provide an adequate length of therapy and high-quality care to all clients on the waiting list. Health providers should allocate sufficient time for appointments with refugees and asylum seekers, allowing for trust-building, effective communication, and cultural understanding. Adequate resources should be allocated to enable health professionals to follow best practice guidelines.

Another important implication for mental health professionals working with refugees is the need for more interpreters and improved collaboration between therapists and interpreters to facilitate effective communication with clients. Policymakers should establish infrastructure to ensure timely provision of trained interpreters for refugee appointments. Whenever possible, trained interpreters should be available for both face-to-face and remote interactions, depending on client preferences.

Based on the study's findings, organizations must develop a work environment that promotes staff retention and commitment, enhances employee well-being, and optimizes the delivery of care. It is crucial for organizations to acknowledge their influence on staff well-being and the potential they have to enrich personal and professional experiences.

Furthermore, social service organizations should provide ongoing training opportunities, and therapists should take advantage of these offerings. The training should encompass areas of cultural competence, asylum policies and processes, and health conditions. It is recommended to develop specific clinical guidelines for providing care to refugees, drawing on the best available evidence. Additionally,

professional support should be provided to those working with clients who present complex psychological and social difficulties. Health professionals should have access to up-to-date information regarding the needs of current waves of refugees and asylum seekers, as well as available referral services and opportunities for collaboration.

Moreover, training should cover the prevention and management of violent incidents involving clients, as well as self-care and meditation techniques for mental health workers (Crowder & Sears, 2017; Gregory, 2015). One common challenge faced by mental health workers in refugee aid work is becoming emotionally invested in their clients, thereby increasing the risk of burn-out (Miller et al., 1995). Therefore, guidance on maintaining boundaries with clients and striking a balance between work and personal life would be valuable.

On another note, the excessive involvement of psychotherapists with their clients may have political implications, apart from empathy. This aspect can be explored through attentive supervision and examination. Some studies suggest that emotions need to be critically analyzed within the power dynamics of the Turkish refugee regime and mainstream psychosocial service provision (Zembylas, 2014, 2008). Mental health professionals working with refugees in Turkey find themselves caught in a double-bind relationship. They are employed to provide psychosocial care services while simultaneously witnessing the distress and vulnerability of refugees who are involuntarily confined within the country due to European treaties. The literature discusses various logics of refugee detention, such as lager camps, open shelters, or segregated areas, referring to it as carceral humanitarianism (Oliver, 2017). Ticktin (2011) suggests that empathy, along with other sentiments like compassion, pity, and sympathy, form the basis of humanitarian antipolitics. These sentiments contribute to the professional depoliticization of moral agency within the neoliberal framework of international aid and development (Pedwell, 2012), as seen in the Turkish refugee regime. Empathy is considered an individualized professional skill exercised through therapeutic training sessions (Kirtsoglou & Anastasopoulos, 2018).

Many mental health practitioners who work with refugees may find themselves in a delicate position, unaware of certain dynamics. On one hand, they have the privilege

of professionally managing their empathetic feelings towards the refugee recipients of their services, with the intention of helping them. However, it is important to acknowledge that their actions may contribute to the confinement of these individuals in a country where they would rather not be. Instead of recognizing and fostering the resilience and positive responses to trauma exhibited by these clients, practitioners often rely on mainstream pathological and deficit discourses surrounding refugee trauma. This approach fails to engage with the unique stories of these individuals and reinforces a narrative of victimhood rather than strength.

Kirtsoglou & Anastasopoulos (2018), propose an alternative conceptualization of empathy as a sociopolitical relation. They argue that empathy, while arising within these hierarchies and relations of power, also has the potential to challenge and reshape them. This perspective aligns with recent practices of supervision that emphasize solidarity and social justice, as advocated by Kahn & Monk (2017) and Reynolds (2013).

Therefore, it is crucial to critically and emotionally reflect on the implications of managing empathy and how supervision practices sustain this approach. Academics, institutional actors, and professionals working with refugees must address the question of the most effective settings, arrangements, and practices of supervision that best serve the needs of both professionals and refugees within a social justice and multicultural framework. The Turkish refugee regime should develop a comprehensive set of policy recommendations for its professionals and volunteers, establishing a care protocol that includes best practices of supervision and self-care. This protocol would seek to uphold their support for refugees in the long term, with an empowering and developmental focus.

This small qualitative study provides valuable insights into the challenges faced when working therapeutically and rehabilitatively with highly traumatized and displaced individuals and families. The social context in which these individuals reside exacerbates the mental health impacts of their traumatic experiences, both from their home country and during their resettlement journey. Furthermore, the policies and practices concerning refugees, particularly asylum seekers, often hinder efforts to

improve the mental health of these clients. It is akin to ambulance workers heroically rescuing car crash victims without addressing the underlying issue of road safety. Respondents in this study expressed a dilemma where agencies are funded by the same body that develops and implements refugee and asylum seeker policies. This dynamic reinforces a focus on the victim rather than addressing the actions of the perpetrator. It would be beneficial for future studies to explore this matter further.

4.5. Research Implications

The findings of this study demonstrate the vulnerability of mental health professionals working with refugees to negative mental health consequences, including secondary traumatization and burn-out. It is evident that urgent support is needed to address the mental health challenges faced by these professionals, particularly in relation to secondary traumatization, burn-out, and organizational stress. Moreover, due to the limited research available on mental health workers specifically working with refugees in Turkey, further studies focusing on the psychological impact they experience, such as secondary traumatization, burn-out, and organizational stress, are crucial.

The primary aim of this qualitative study was to gain an understanding of the subjective experiences of mental health workers, particularly psychologists, working with refugees. However, conducting a quantitative study could provide a diagnostic perspective on their psychological issues. Therefore, collaborating with other mental health professionals, such as psychiatrists, psychiatric nurses, social workers, and interpreters, who also work with refugees would enhance our comprehension of the psychological effects of this line of work. Large-scale surveys and other quantitative measures could be implemented to reach a broader sample of mental health professionals and better explore their experiences. Comparative studies involving professionals from different fields or cultures could also provide a clearer depiction of working with refugees in Turkey.

Furthermore, while there are guidelines available for interventions published by national and international non-governmental organizations, it is essential to validate their effectiveness and practicality. Intervention and prevention studies that assess the

efficacy of supervision, education, and manualized interventions are necessary to mitigate the risk of secondary traumatization and protect service providers' personal competence. As indicated by this study, a significant number of mental health workers are inclined to leave their positions or struggle to remain in this field for extended periods. The high staff turnover in refugee aid work highlights the need for research on effective strategies to prevent and address the mental health difficulties experienced by psychologists and other staff members at these institutions. Therefore, a comprehensive approach encompassing risk assessment and interventions for occupational stressors, personal trauma exposure, staff inequality, and common psychological difficulties appears to be crucial.

It is evident that additional research is necessary to explore the intricate domain of refugees and clinical interventions, specifically in terms of offering psychotherapy. This objective can be accomplished by establishing formal collaborations between refugee agencies and academic institutions. A noteworthy aspect of the present study is that a majority of the participants possessed substantial experience in the clinical field, which greatly assisted them in dealing with the various therapeutic difficulties encountered while working with refugees. Subsequent research endeavors should concentrate on comprehending the specific factors associated with being an experienced professional that enhance effectiveness and well-being. Moreover, it is imperative to consider how such knowledge can be utilized to support novice counselors and therapists in their practice.

4.6. Conclusion

This study sheds light on the challenges faced by mental health workers, particularly psychologists, working with Syrian refugees in Turkey. The findings of this research align closely with the existing literature, emphasizing the impact of contextual and cultural factors on psychotherapy with refugees, as well as the coping mechanisms employed by mental health workers in their challenging work environments. Additionally, this study contributes to the field of clinical psychology and migration literature by addressing the difficulties faced by mental health workers and highlighting the need for interventions tailored to their specific needs.

The results suggest that mental health workers encounter various challenges in their work, encompassing personal, organizational, interpersonal, and client-related aspects. It is evident that their difficulties extend beyond burn-out and secondary traumatization, which have been emphasized in previous literature. Organizational and systemic issues, along with social and interpersonal relationships, also contribute to their experiences. Furthermore, working with refugees not only involves trauma and burn-out but also personal and professional growth, appreciation of life, and personal development. As this study suggests, mental health workers in these fields have also good-enough personal and job resources at their disposal and reported good job satisfaction. It needs to be further investigated how these resources can be strengthened and how job demands can be reduced by effective workplace health interventions.

A growing body of research now focuses on the experiences of mental health workers, and this study provides valuable insights into the personal and contextual factors that influence their work. The main message conveyed by this study is the importance of moving beyond the dominant framework in clinical psychology and migration literature to gain a deeper understanding of mental health workers' experiences. In addition to addressing burn-out and secondary traumatization, it is crucial to consider the broader social and multidimensional context when researching and working with mental health workers, as well as designing interventions to improve their work conditions. Furthermore, these experiences should be interpreted within the socio-political environment in which mental health workers operate.

Mental health professionals, managers, and policymakers are urged to consider all facets of the refugee work experience when designing support systems and making policy decisions. By integrating a comprehensive understanding of mental health workers' experiences, their needs can be better met, ultimately leading to improved mental health outcomes for both the workers themselves and the individuals they serve.

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APPENDICES

A. INFORMED CONSENT FORM

BİLGİLENDİRİLMİ. ONAY FORMU

Bu çalışma(Mültecilerle Çalışan Ruh Sağlığı Uzmanlarıyla Bir Yorumlayıcı Fenomenolojik Analiz Çalışması), Orta Doğu Teknik Üniversitesi Klinik Psikoloji doktora öğrencisi Uzman Psikolog Ayten Deniz Tepeli tarafından, *doktora* tez çalışması kapsamında Doç. Dr. Deniz Canel Çınarbaş'ın danışmanlığında yürütülmektedir. Çalışma mültecilerle çalışan 25-50 yaş arası ruh sağlığı uzmanlarının, mültecilerle çalışma deneyimlerini ve yaşantılarını anlamak amacıyla yapılmaktadır.

Araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. Çalışmaya katılmamayı tercih edebilirsiniz. Bu çalışma kapsamında yapılacak görüşmede sizi duygusal açıdan sizi üzen deneyimler hakkında konuşmanız istenebilir. Görüşmede sorulan sorulardan dolayı kendinizi herhangi bir nedenden ötürü rahatsız hissettiğiniz takdirde soruları cevaplamayabilir ve istediğiniz an görüşmeyi sonlandırıp araştırmaya katılmamayı tercih edebilirsiniz. Çalışma sorularına yanıt verirken duyduğunuz rahatsızlığı anlatmak isterseniz, görüşme sonlandırıldıktan ya da tamamlandıktan sonra araştırmacı olan uzman psikolog sizi dinlemek, yaşadıklarınız hakkında psikolojik bilgilendirme yapmak ve sorularınızı cevaplamak konusunda size yardımcı olacaktır. Ayrıca ihtiyaç duyulması halinde psikolojik destek alabilmek için başvurabileceğiniz kişi ve yerlerin bilgisi sizinle paylaşılacaktır.

Bu görüşmenin yaklaşık bir saat sürmesi öngörülmektedir. Sorular cevaplanırken ek süreye ihtiyaç duyulduğu takdirde bu süre uzatılabilir. Çalışmada sizden kimliğinizi belirleyici bilgiler istenmemektedir. Bu sebeple kimliğinizle ilgili hiçbir bilgi vermenize gerek yoktur.

Görüşme size genel kişisel bilgileriniz sorularak başlayacaktır. Daha sonrasında sizden mültecilerle çalışmadan önce ve çalışmaya başladıktan sonra nasıl çalışma deneyimlerinizin olduğu, bunların sizi bireysel olarak da nasıl etkilediği, sosyal ilişkilerinize, düşüncelerinize ve duygularınıza nasıl yansıdığı gibi durumlara ilişkin soruları cevaplamanız istenecektir. Görüşme esnasında ses kaydı alınacak, bu ses kayıtları görüşmeci tarafından yazıya dökülecek, sonrasında her biri için numara atandıktan sonra araştırmacının bilgisayarında şifreli bir dosya içinde saklanacaktır. Araştırmadan elde edilen bilgiler yalnızca bilimsel amaçlarla kullanılacak ve kişisel bilgileriniz gizli tutulacaktır. Çalışmadan elde edilen bulgular bilimsel kongre ve/veya makalelerde kullanılabilecektir.

Çalışma hakkında daha fazla bilgi almak isterseniz, mülakattan hemen sonra Ayten Deniz Tepeli'ye sorunuzu iletebilirsiniz. Daha sonra sormak istediğiniz sorular için kendisiyle telefon yoluyla da iletişime geçebilirsiniz.

Bu çalışma hakkında bilgilendirildiğinizi ve çalışmaya tamamen gönüllü olarak katıldığınızı, herhangi bir rahatsızlık duyduğunuzda istediğiniz zaman çalışmayı yarıda kesebileceğinizi ve verdiğiniz bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorsanız, ses kayıt cihazını açtıktan sonra onaylıyorum demeniz yeterlidir.

Gösterdiğiniz ilgi, yardım ve işbirliği için şimdiden teşekkür ederim.

B. DEMOGRAPHIC INFORMATION FORM

Demografik Sorular

1. Cinsiyet:
2. Yaş:
3. Etnik Köken:
4. Eğitim Durumu:
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:

C. INTERVIEW QUESTIONS

Suriyeli Mültecilerle Çalışan Ruh Sağlığı Uzmanlarıyla Bir Yorumlayıcı Fenomenolojik Analiz (IPA) Çalışması Görüşme Soruları

I. Çalışma başlangıcı süreci soruları:

1) Ne zamandır Suriyeli mültecilerle çalışıyorsunuz? Bu süre içinde hep aynı kurumda mı çalıştınız?
2) Daha önce başka ülkelerden gelen mültecilerle de çalıştınız mı? Çalıştınız ise, ne kadar süre, nerede?
3) Şu anki işyerinizde göreviniz nedir?
4) Çalışmaya başlamadan önce Suriyeli mültecilerle ilgili nelerin konuşulduğunu duyuyordunuz?
5) Çalışmaya başlamadan önce Suriyeli mültecilerle ilgili neler düşünüyordunuz? Nasıl hissediyordunuz?
6) Çalışmaya başlarken bu işte nelerle karşılaşacağınızı düşünüyordunuz?
7) Mültecilerle çalışmaya başlamadan önce nasıl biriydiniz? Çalışmaya başladıktan sonra kendinizle ilgili farklılıklar hissettiniz mi?

II. Çalışma süreci soruları:

8) Suriyeli mültecilerle çalışmanın olumlu tarafları nelerdir?
9) Suriyeli mültecilerle çalışmanın olumsuz tarafları nelerdir?
10) Suriyeli mültecilerle aranızdaki kültürel farklılıklar ile ilgili nasıl bir deneyim yaşadınız?

(Yardımcı sorular: Bu farklılıklara adapte olma süreciniz nasıl gelişti? Bu konuda destek aldınız mı? Aldınız ise nasıl bir destek aldınız?)

11) Danışanlarınızla aranızdaki dil ile ilgili farklılığıyla ilgili deneyiminiz nasıldır?

(Yardımcı sorular: Tercümanlarla çalışmak sizin için nasıl bir deneyim oldu? Olumlu-olumsuz yanları nelerdir?)

12) Danışanlarınızla terapi veya danışmanlık yapmakla ilgili neler yaşadınız? (Yardımcı sorular: Terapi veya danışmanlık yaparken zorluklar yaşadınız mı? Yaşadınızsa nasıl zorluklar oldu bunlar? Onlara yaklaşımınızda çalışmaya başladığınızdan beri değişiklikler oldu mu? Bu değişikliklerin seanslara nasıl bir etkisi olduğunu düşünüyorsunuz?)

III. Kişisel yaşantılar ile ilgili sorular:

13) Danışanlarınızın yaşadıkları zorlukların sizin üzerinizde nasıl bir etkisi oldu? (Yardımcı sorular: Bedensel olarak, duygusal olarak, bilişsel olarak nasıl etkiler yaşadınız?)

14) Seanslardaki zorluklarla nasıl başa çıkıyorsunuz? (Yardımcı sorular: En çok kimden, nereden ve nasıl destek alıyorsunuz? Destek almıyorsanız, neden almıyorsunuz?)

15) Sizin göç deneyiminiz var mı? Varsa mültecilerle çalışmanız üzerinde nasıl bir etkisi olduğunu düşünüyorsunuz?

16) Mültecilerle çalışmanın yarattığı etkilerle nasıl başa çıkıyorsunuz? (Yardımcı sorular: İşe başladığınızdan beri günlük hayat düzenlerinizde -yemek, uyku, dikkat, enerji, güvenlik duygusu vb.- değişiklikler oldu mu? Kendi ruh sağlığınızı korumak için neler yapıyorsunuz? Yaşadıklarınızla başa çıkma gücünüzü, kaynaklarınızı nasıl görüyorsunuz?)

17) Mültecilerle çalışmak hayata veya sosyal ilişkilere olan bakışınızı nasıl etkiledi? (Yardımcı sorular: Aile, arkadaşlık, evlilik ilişkilerinizde mültecilerle çalışmanızın etkileri oldu mu? Maddi olarak zorluk yaşadınız mı?)

18) Mültecilerle çalışmak gibi süreçler insanlara yeni şeyler öğretebilir, siz böyle bir şey yaşadınız mı?

IV. Çalıştıkları kurum ile ilgili sorular:

19) Çalıştığınız kurumda nasıl bir iş deneyimi yaşıyorsunuz? (Yardımcı sorular: İşinizi yapmakla ilgili zorluklar yaşıyor musunuz? Nasıl zorluklar yaşıyorsunuz? (Çalışma koşulları, kaynaklar, alınan karşılık, ücret, iş ilişkileri, vb. konularda ne gibi zorluklar yaşıyorsunuz?) Bu karşılaştığınız zorluklardan sizce en önemlisi nedir? Bu konuda ne yapılmasını bekliyorsunuz?)

20) Çalıştığınız kurum bu karşılaştığınız zorluklarla ilgili size bir destek sağlıyor mu? Sağlıyorsa, nasıl?

(Yardımcı sorular: Sizce bu desteğin geliştirilmesi gerekir mi? Nasıl geliştirilebileceğini düşünüyorsunuz?)

21) Çalışmaya başlamadan önceki işe bakışınızla şimdiki arasında farklar var mı?

22) İşinizi sürdürmekle ilgili ne düşünüyorsunuz?

V. Mültecilerle ilgili Türkiye'deki genel durum üzerine sorular:

23) Türkiye'de mültecilerin genel durumu ile ilgili neler düşünüyorsunuz?

(Yardımcı sorular: Sizce şu anda yaşadıkları en önemli sosyal, kültürel, ekonomik, politik, maddi zorluklar nelerdir? Suriyeli mülteciler ile farklı ülkelerden gelen mülteciler arasında bu açıdan yaşanılan farklar görüyor musunuz?

24) Suriyeli mültecilere karşı yerellerin tutumları ile ilgili neler düşünüyorsunuz?

25) Mültecilerle ilgili yürütülen Türkiye politikaları ile ilgili neler düşünüyorsunuz?

(Yardımcı sorular: Bunlarda değişiklik yapılması gerektiğini düşünüyor musunuz? Evetse, en acil olarak nasıl değişiklikler yapılması gerektiğini düşünüyorsunuz?)

VI. Gelecek ile ilgili sorular:

26) İşinizle ilgili gelecekten neler bekliyorsunuz?

(Yardımcı sorular: Buradaki hayatınıza ve işinize dair gelecek planlarınız var mı? Siz başka ülkeye gitmeyi düşünüyor musunuz? Düşünüyorsanız, neden?)

27) Bugünkü görüşme size nasıl geldi?

(Yardımcı sorular: Burada konuşmakla ilgili size iyi gelen noktalar oldu mu? Neleri konuşmak sizi zorladı?)

28) Bu görüşmeden sonra sizce bir araştırmacı olarak edindiğim bilgilerle neler yapmam anlamlı olur?

29) Benim sormadığım, ancak sizin belirtmek istediğiniz başka bir şey var mı?

D. ORIGINAL QUOTES IN TURKISH

3.1.1. Strong Emotional Reactions

M: During challenging times, I find myself struggling to maintain a sense of organization. My ability to plan and manage my schedule seems to disappear, both at work and in my daily life. It's almost as if my skills in organization and time management become paralyzed when faced with weighty situations. Oh, and let's not forget about the decrease in energy levels. It's like my enthusiasm takes a vacation, leaving me with sleep issues and an inability to rouse from bed due to that pesky lack of energy.

A: Böyle ağır olan dönemlerde organize olmakta zorlanıyorum, biraz böyle kendi planımı programımı yapamıyorum. İş yerinde de yapamıyorum, dışardaki hayatımda da yapamıyorum; biraz böyle hani organizasyon, zaman yönetimi falan, böyle o becerilerim bir felce uğruyor sanki, sekteye uğruyor çok böyle zorlu dönemlerde, çok tükenmişlik hissettiğim, çok ağır vakaların geldiği dönemlerde… bu arada benim dönem dönem böyle şey, çok ağır vakaların geldiği böyle dönemlerde gerçekten problem yaşıyorum, işte iştahım kesilebiliyor falan, böyle daha enerjisiz oluyorum, keyfim bir yerlere kaçmış gibi oluyor tamamen. Uyku problemi mesela çok oluyor, çok uyuyorum falan böyle o enerjisizlikten, yataktan kalkamıyorum hiç.

E: ...I found myself experiencing similar emotions as my patients, carrying a heavy emotional burden. Even when I tried to have fun or enjoy myself, guilt would creep in. It felt like I couldn't fully indulge in the simple pleasures of life. In addition to being psychologists, we also had other responsibilities. I remember one week, I went out to distribute basic necessities to people in need before coming home to find my parents had cooked a feast for me. The guilt was overwhelming. It shattered any belief I had in a just world, in justice itself.

E: …çok fazla mesela, bu danışanların semptomlarını, duygusal sıkıntılarının benzerliğini çok hissetmeye, ya da kendi yaşantımda daha çok görülebildiğini fark etmek. Eğlenmek benim için bir suçluluktu. İşte eğlenmeye çıkacağım; ama yok yani, suçluluk içindeyim, ağzımdan bir lokma inmiyor yani. Tabii biz orada sadece psikologluk yapmıyorduk, başka işler de yapıyorduk. İşte, daha o hafta ben insanların, işte en temel ihtiyaçları ile ilgili koli dağıtmaya çıkmışım, sonra eve geliyorum işte. Bizimkiler bana bir sürü yemek yapmış falan. Çok suçlu hissediyordum, diyebilirim. Adil dünya inancı diye bir şey kalmadı, adalet diye. Böyle bir makale okumuştum, böyle işte adaletinizi onarmak için içinizde, mahkemeleri takip edin diye… Sonra ben gide gide Pınar Selek'in mahkemesine gittim; gittim, gittim valla; hiçbir şekilde onarılamadım(gülüyor). Dedim ki bir dakika, burası Türkiye. Bitmiyor mahkemesi de, adalet hiçbir zaman yaratılamıyor. Böyle olmaz bu. Sonra ama çok içime kapanmıştım; onu söyleyebilirim.

3.1.2. Intrusive Images

C: ...and then I found myself overcome with tears and frustration, exclaiming, "Why did I have to know all of this?" It's like I have a mental library filled with countless tragic stories, dozens of bodies—names, relationships, severed limbs, decapitations, countless acts of harassment, rape, torture, disappearances, separations, bombings... the list goes on. It's as if these stories have taken up residence in my mind, etched in vivid detail—where they occurred, how they unfolded. Sometimes, I even catch myself feeling like I have personal connections to the stories, as if they happened in Syria, Afghanistan, Iran, Iraq, Pakistan, and beyond. When I step back and survey it all, the weight of humanity's suffering makes me crumble. No one should bear witness to such atrocities. It infuriates me, and I don't think I'll ever fully comprehend how such horrors can exist in our world.

C: …kafamda onlarca ceset var, ve bu cesetlerin isimlerini biliyorum, hikayelerini biliyorum, ilişkilerini biliyorum, kopmuş bacaklar, koparılmış kesilmiş kafalar, onlarca taciz, onlarca tecavüz, onlarca işkence, onlarca kayıp, onlarca ayrı düşmüş insanlar, onlarca bomba, ve onlarca aslında şey, böyle, nasıl diyeyim, hikaye. Bunlar benim zihnimde ayrıntılarıyla var, hani nerede, nasıl, ne şekilde gibi. Ve böyle bazen böyle düşündüğüm oluyor gerçekten de, hani, eee, Afganistan'da bazı hikayeler var zihnimde, İran'da, işte Irak'ta, Pakistan'da, Suriye'de, falan filan, Mısır'da; böyle bakınca insan olarak kendime üzülüyorum. Ve şuna da üzülüyorum, bir insanın bunu yaşamaması gerekiyor, böyle şeyleri kimsenin yaşamaması gerekiyor, nokta. Ve bir insanın bunları duymaması gerekiyor, çünkü böyle şeylerin olmaması gerekiyor, nokta demek istiyorum.

S: Sometimes my mind wanders down a troubling path, bringing back memories of my patients and the heart-wrenching stories they've shared with me. It's like a heavy load suddenly weighing me down, leaving me feeling perplexed and overwhelmed by the depth of what I've witnessed. These stories are always filled with immense difficulty and trauma. As time goes on, it becomes increasingly challenging to find any sense of normality in them. How can one normalize a narrative where someone speaks of carrying their brother's severed head separate from his body? It's sickening to even contemplate such a notion. Yet, I've been exposed to countless stories like this... And when these stories start to lose their shock value, when they begin to sound ordinary, it strips away a piece of my humanity, dehumanize me. But perhaps, in order to cope, I need to detach myself momentarily. That's why this profession is so demanding, incredibly tough.

S: Bazen zihnime çat diye bir anı, bir hasta düşüyor, bir yüz, bir ifade düşüyor, danışanımın kalbimi parçalayan bir anısı geliyor; bu beni çok yüklü hissettiren bir şey, omuzlarımda çok ciddi bir yük var. Ama terapistlik çok zor bence; hikayeler çok zor, çok travmatik, senin onu kaldırabilmen gerekiyor. Bir süre sonra onun normalleşmesi de çok zor geliyor; mesela "abi kardeşimin kafasını taşıdım" diyor, "vücudundan ayrı taşıdım" diyor, abi yani böyle bir şey… nasıl, artık bunun normalleştirmiş olmak benim midemi bulandırıyor… O hikayeden uzaklaşınca benim onu sıradan bir şeymiş gibi dinliyor olmam kendimi insanlıktan çıkmış gibi hissettiriyor. Ama belki biraz çıkmak da gerekiyor. O yüzden zor yani, çok zor.

3.1.3. Shattered assumptions

A: I witnessed firsthand how easily individuals we perceive as kind and moral can become perpetrators in certain situations. It's astonishing to see how quickly these supposedly "good" people can turn racist or hostile, even resorting to hurling insults at refugees they come across on the street. It's truly unbelievable... This shattered my idealistic view of the world. I no longer hold onto the hope that a brighter future awaits us all, especially considering the escalating refugee crisis. The fact that even child refugees are not given the care and attention they deserve leaves me wondering—what could these innocent children have done to be forced to flee their own country? It's disheartening and deeply troubling.

A: Nazik ve ahlaklı olarak algıladığımız kişilerin bazı durumlarda ne kadar kolay fail haline gelebildiklerini gördüm mesela. Bu sözümona "iyi" insanların ne kadar çabuk ırkçı ya da düşmanca davranabildiklerini, hatta sokakta karşılaştıkları mültecilere hakaretler yağdırabildiklerini görmek gerçekten çok şaşırtıcıydı. Bu gerçekten inanılmaz... Artık idealist dünya görüşüm falan kalmadı, dünyaya dair idealleştirdiğim tüm hayallerimi paramparça etti bunlar. Artık böyle hepimizi daha parlak bir geleceğin beklediği umudunu taşımıyorum, özellikle de gitgide sertleşen mülteci krizini göz önünde bulundurduğumda. Yani insanlar çocuk mültecilere bile hak ettikleri ilgi ve özeni göstermiyorlar, bu çocukların ne suçu var yani, bu masum çocuklar kendi ülkelerinden kaçmak zorunda kalmak için ne yapmış olabilirler? Tüm bunlar çesaretini kırıyor insanın ve acayip rahatsız edici.

C: You know, there is such a thing as depressive realism, life has a way of knocking down our idealistic beliefs and smacking us with harsh realities. I used to think that the world was a fair place, but now I think, it's not even remotely close, there is no such thing. It's not even close to fair, not even in the slightest. This realization has left me feeling a bit pessimistic and anxious, I must admit. It has also ignited a fire within me, made me very angry, a fiery anger towards the injustices I see around me. I mean, they have been through very bad things, they come here, and then they are subjected to discrimination here, and so on and so forth... I mean, how can we just stand by and do nothing while people suffer? It's infuriating! Sometimes I find myself wondering, how can we live with this knowledge? If more people truly understood the extent of these injustices, I don't think any of us would be able to sit comfortably at home. We would be out there, go to Taksim Square, shout, raise our voices, demand change. Because let me tell you, the weight of this injustice feels unbearable to me.

C: Bu böyle depresif realizm diye bir şey vardır ya, yani orada galiba çok okeyim, yani evet, hayat biraz öyle. Bir şekilde dünyanın, hayatın daha adil bir yer olduğunu düşünüyordum öncesinde; şimdi şöyle düşünüyorum, uzaktan yakından hiç alakası yok yani, böyle bir şey asla yok. Dolayısıyla o beni böyle biraz şey de yaptı, belki biraz karamsar ve daha kaygılı biri haline getirmiştir. Aynı zamanda beni bir de çok öfke, çok öfkeli olduğum oldu. Yani acı çekiyorsunuz, ya da çok kötü şeyler yaşamışsınız, acı çekiyorsunuz, buraya geliyorsunuz, burada ayrımcılığa maruz kalıyorsunuz falan filan… İnsanlar yardım etmek için veya destek olmak için, ya da, bunları da geçtim hadi, zarar da vermemek için bir şey yapmıyorlar, çabalamıyorlar ve bu beni çok öfkelendirmişti. Yani nasıl böyle bir şey olabilir? Nasıl buna böyle gözümüzü kapatabiliriz? Bu arada yani şey demek istemiyorum, bu insanları ötekileştirmek

istemiyorum çünkü yani benim de bir tarafım öyle yani. İşte ben belki bu grupla çalıştığım için onları daha yakından tanıyorum ediyorum ama, dolayısıyla başka gruplar var, başka insanlar, başka ötekileştirilmeler, ayrımcılıklar, adaletsizlikler falan var ve bazen şöyle dediğim oluyor "bütün bunları bilerek yaşamak nasıl mümkün?". Bazen şöyle hissettiğim oluyordu, bunun bir kısmını bile anlayabilsek hiçbirimiz şu anda evde oturamayız. Taksim meydanına çıkar ve avazımız çıktığı kadar bağırırız.

3.1.4. Hopelessness

C: …you know, sometimes I find myself lost in this hypothetical scenario, pondering what would happen if a war were to break out tomorrow. It's like a strange fantasy that plays in my mind - who would call each other, who would reach out to whom, who would offer support and solidarity, or would everyone just fend for themselves? It's disheartening to think that even in times of crisis, relationships can become strained and fractured. People often criticize refugees for fleeing their countries instead of fighting for them, but I can't help but wonder if they would do the same if faced with such a situation. It's easy to judge from a distance, but when faced with the harsh reality, I can't say for sure how anyone would react. This uncertainty has eroded my faith in humanity, leaving me with a sense of disillusionment.

C: Şu soru mesela hep gelir aklıma, yarın öbür gün bir savaş olsa, böyle bir fantezim hep oluyor benim, kim kimi ne kadar arayacak, mesela kaçarken kimleri arayacağız, kim ne diyecek, beraber mi kaçacağız, yoksa herkes tek başına mı kaçacak" gibi düşüncelerim olmuştu. Ve savaş ve kriz durumlarında kalan insanların yakın ilişkilerinde de böyle bazı çıtırdamalar olduğunu hep anlatırlardı. İnsanlar niye kaçıyorlar savaşmıyorlar diye mültecileri sürekli eleştiriyorlar, ama yani… Ve sonra o savaş durumunda herkes kendi canının peşine düşmüşken ötekini duymak, ötekine alan açmak falan daha zor olduğu için, ara sıra aklıma gelir tabii böyle. Uzaktan yargulamak kolaydır tabii. Çok insani bir şey, bunu kabul ediyorum tabii ki, ilk önce kendini kurtarırsın tabii ki. Bu belirsizlik durumu da biraz insana olan inancımı böyle bir tık etkilemiş durumda olabilir, hayal kırıklığına uğruyorum yani…

C: ...this feeling of injustice is just so overwhelming, it's like carrying a mountain on my shoulders. And I can't help but feel anger bubbling up inside me. But you know what? I've also come to realize that some things are just so deeply ingrained, so stubbornly resistant to change, that even if we do manage to make a difference, it's going to be an uphill battle. It's like trying to push a boulder up a hill alone. So, as time goes by, this inertia starts weighing on me - that nagging voice in my head asking, "What if I try, and nothing changes?" It's a tough pill to swallow.

C: "Çünkü o şey gibi böyle, bana çok katlanılmaz bir şeymiş gibi geliyor yani o adaletsizlik hissi. Dolayısıyla öyle biraz öfke yaratmıştı bende, ama aynı zamanda şunu da söylemek isterim sanırım, bende biraz bazın şeylerin değişemeyeceği, değişse de çok zor değişeceği ve kendi doğal ritmi içinde değişeceği ve dolayısıyla bireysel veya birtakım küçük grupların sesini çıkartmalarının o kadar da bir etkisinin olmadığı ve dolayısıyla da yıllar geçtikçe "ya yapsam ne olacak" gibi bir ataletin de üzerimde biriktiğini hissettiğim de çok olmuştur.

3.1.5. Identification with Refugees

S: You know, I am actually a person who already felt myself as a refugee in this country. And from childhood onwards, instead of perceiving this as a richness, speaking Arabic was like a forbidden act, something frowned upon even in school or hospitals. I remember how complaining about a teacher speaking Arabic was almost seen as a crime. It's no wonder I can empathize so deeply with the struggles of refugees who face oppression for speaking different languages here. If a war were to break out, I can't say I wouldn't flee just like them. I'm not someone who supports war, and I believe that Syrians have every right to escape. And you know what? We're actually more alike than we think. We all worry about unemployment and having enough resources. But the issue, at least in my perspective, isn't about someone taking away my rights; it's about an unfair system managed by those in power. It shouldn't be "someone took my share" it should be "we all have rights, and some are taking more than their fair share." So, this injustice isn't just about refugees, it's about a wider problem. And honestly, it makes me really sad. It's unjust that people are judged, excluded, and denied their rights based on where they were born. It's a sad reality that we need to address.

S: Ben aslında zaten kendimi bu ülkede mülteci olarak hissetmiş bir insanım. Çünkü hakikaten çok çocukluktan itibaren, işte bu bir zenginlik olarak algılanmak yerine, Arapça konuşmak yasak, konuşamazsın, okulda, hastanede konuşamazsın, bir yerde konuşamazsın. Hatta böyle, ben şeyi hatırlıyorum okulda çocukken "öğretmenim şu Arapça konuşuyor" gibi şikayet edilecek, suçmuş gibi bir şeydi. Bu ülkede her zaman baskı var farklı dil konuşanlara yönelik, o yüzden bu aşina bir şey benim için, çok da hissedebildiğim bir şey. Çok savaş yanlısı bir insan da değilimdir, savaş beni ürküten bir şeydir her zaman; o yüzden ülkede savaş çıksa kaçarım diye düşünüyorum her zaman, o yüzden kaçanları çok haklı bulduğum bir nokta da vardır. Başka ne söyleyebilirim… Ama garip de şey, kaygılar hepimizin kaygısı, hani işsiz kalmak, yeterli kaynağa sahip olamamak. Bu ülkenin kaynakları zaten sınırlı, bunları paylaşmak konusunda her zaman çatışma var; ama benim algım hep şey tarafında, yani bunları aslında insanlarla paylaşmak değil, bunları yönetenlerin bu paylaşımın adil olmamasına yol açması gibi bir derdim var. Yani "birisi geldi benim hakkımı aldı", değil, "benim hakkım zaten alınıyor, bu dünya üzerinde hepimizin hakkı var ve birileri daha fazla yiyor" olması lazım. Dolayısıyla bu adaletsizlik sadece mültecilerle alakalı bir konu gibi gelmiyor bana. Yani böyle mültecilere yönelik bir aşinalığım da var, tanıdık olduğum, kendi duygularımla özdeşleştirdiğim meseleler de var. Ve açıkçası çok da üzülüyorum. İnsanların dünya üzerinde bir yerlerde doğdukları yerden kaynaklı olarak yargılanmaları, dışlanmaları, haklarına ulaşamamaları bana çok üzücü geliyor, adaletsiz geliyor, diyebilirim.

C: ...sometimes I even imagined myself as a refugee in a therapy room in Bulgaria, speaking Bulgarian, but with a Turkish interpreter, because there are no guarantees in life, for everyone. This shifted my perspective a bit, as I had always held onto the idea of a predictable and secure life, you know, the classic 80-85 years of life, following the traditional path of work, acquiring things, and so on. But now, that certainty was replaced with a sense of uncertainty, a realization that anything can happen at any time: "who knows?", that is, anything can happen at any time. It doesn't always have to be a war; there are countless unforeseen events that can upend our lives. However, amidst

this uncertainty, I also witnessed the incredible resilience of human beings. I marveled at how someone could still have breakfast, still find the energy to chase after a cup of coffee, despite the hardships they faced, I mean oh my God. Working with refugees allowed me to connect with the refugee within myself, that part of me that has experienced exile from home in its own way. In a strange way, it provided solace for my own feelings of loneliness and isolation. Sometimes, I felt guilty for seeking answers and understanding from those I was helping, even though I knew there was no crime in doing so. It was as if I wanted to hear their stories to find guidance on how to endure pain, survive in solitude, cope with sadness, and manage anger. I wanted to ask them: How could you really endure this pain? How could you really survive so alone? How could you handle all these sadness? In that process, I also discovered a deeper understanding of myself. That's why I believe that the loneliness within me found some companionship in that journey.

C: Dolayısıyla bu kendimde şöyle fantezilere bile sebep olmuştu: Kendimi bazen Bulgaristan'da, Bulgarca konuşan, ama Türkçe tercümanın olduğu, bir terapi odasında bir mülteci olarak bile hayal etmiştim; çünkü hayatta hiçbir şeyin garantisi yok yani, herkes için. Daha düşük olasılıklar, yüksek olasılıklar falan diyemiyorum. Bu beni biraz değiştirmişti, çünkü benim daha safe bir hayat görüşüm vardı, hani o klasik 80-85 yıllık bir ömür, işte belli aşamalardan geçersiniz, çalışırsınız ve işte hayatınız olur, belli şeyler, edinmek için çabalarsınız edersiniz falan. Bu klasik geleneksel hayat bende bir anda şöyle oldu: "who knows?", yani her an her şey olabilir" Bir bu oldu, tabii bunlar çok negatif gibi de duyuluyor; bir taraftan da şunu düşündüm, aynı zamanda, yani her zaman böyle bir şey olabilir, ve olabilme potansiyeli içerir. Yani tabii her zaman böyle savaş mavaş olması da gerekmez, insanın kendi kişisel hayatında da her an birçok şey başına gelebilir, tahmin edemeyeceği, aklının ucuna bile gelemeyeceği. Ama bir taraftan da insanın o dirençli, dirayetli, savaşan, tırnak içinde güçlü olan tarafının da çok olduğunu gördüm. Yani bazen şöyle dediğim oluyordu, içimden değil, "aman tanrım, hala nasıl kahvaltı edebilir ki, hala nasıl bir kahvenin peşinden koşabilir ki?" Ama oluyor, yani oluyormuş. Dolayısıyla o bana şöyle bir his vermişti, "a tamam, dünya böyle bir yer; ama böyle bir tarafı da var, yani güçlü olan bir tarafı da var" diye hissetmiştim. mültecilerle çalışırken de hayat sizi bazı şeyleri sorgulamaya itiyor ve bazı şeylerle yüzleştiriyor gerçekten; ve dolayısıyla oralarda bir yerlerde kendi içimdeki mülteci ile karşılaştığım için, ve o aslında hani mülteciyi şöyle tanımlarız ya, tırnak içinde ana vatanından sürgün edilmiş, yani bir anlamda da o sürgün benim kendi içimdeki sürgün edilmiş tarafla çok temas ettiği için, bir tarafıyla benim kendi kişisel yalnızlığıma, izolasyonuma iyi gelen bir tarafı da vardı, dürüst olmak gerekirse. Dolayısıyla aslında şey gibi, bazen bunun suçluluğunu çok hissettiğim olmuştur, böyle bir suç olmadığını bilsem de; orada otururken kendim için de bir şey duymak istiyorum aslında: Gerçekten nasıl dayanabildiniz bu acıya? Gerçekten bu kadar yalnız nasıl hayatta kalabildiniz? Bu hüznü nasıl kaldırabildiniz, bu öfkeyle nasıl başa çıkabildiniz gibi gibi, aslında benim kendi içimdeki o tarafla karşılaştığım bir yer de oldu burası. O yüzden şey diyebilirim, o yalnızlığa, benim içimdeki yalnızlığa, biraz yol arkadaşlığı etmiş olabilir bu böyle kendi içimdeki taraf.

3.1.6. Burn-out

L: At first I was more like this: I was explaining, explaining, listening; now I don't listen at all. It takes you away from the patient a little bit; sadly, one needs that distance

sometimes. I needed to shut down once in a while. It's like I'm caught between wanting to be there for my patients, listening and supporting them, and feeling this overwhelming exhaustion pulling me in the opposite direction. It's like a tug-of-war between empathy and self-preservation. There are moments when I just want to hit the pause button, step away from it all, and recharge my own emotional batteries. I guess you could say I have these little fantasies of quitting, especially when it feels like my capacity to absorb any more stories is maxed out. I even want to quit in the middle of a session which happens really often lately, I sometimes think I don't have any space left in me to hear a new story of a patient…

L: "Başlarda daha şeydim, anlatıyordum, açıklıyordum, dinliyordum, artık böyle hiç dinlemiyorum (gülüyor). İnsanı biraz uzaklaştırıyor. Bir yandan danışanlarımın dinlemek istiyorum, onlara yardımcı olmak istiyorum; ama bir yandan da tam tersini isteyen, tamamen uzak olmak isteyen bir tarafım da oluyor artık aşırı bitkin olduğum için. Empati mi yapmalıyım daha çok, kendimi mi korumalıyım karışıyor artık. Bazen pause'a basmak istiyorum sadece, pilim bitmiş gibi oluyor çünkü, şarj olmak için bırakmam gerekiyor gibi geliyor. Bazen bırakma hayalleri kuruyorum işimi, özellikle de daha fazlasını kaldıramayacağımı hissettiğim, içimin şiştiği anlarda. Hatta bazen seansın ortasında çıkmak istiyorum, özellikle de son zamanlarda; sanki böyle yeni bir şey dinleyecek halim kalmamış gibi oluyor."

D: I have vivid memories of countless moments when I found myself utterly drained and burnt out. I would come home, completely exhausted, and collapse onto the couch for hours. Despite desperately needing rest, I lacked even the energy to crawl into bed. As time slipped away, I eventually succumbed to sleep at absurdly late hours. It felt as if I was forbidden from enjoying myself with friends or venturing outside of my home. After all, they appeared to be suffering every moment, the simple act of going home filling them with stress and hardships. How could I possibly indulge in anything else? Then there was this one incident, I experienced intense stomach or abdominal pain and rushed to the doctor. To my surprise, the doctor asked, "What kind of job do you have? What have you done to yourself?" I was caught off guard and confused, questioning what they meant. That encounter compelled me to take a leave of absence, and in that moment, tears welled up as I pondered the damage I had unknowingly inflicted upon myself.

D: "Şeyi hatırlıyorum, tükenmişlik yaşadığım çok oldu; eve gidip çok yorgunken, koltukta durup durup şu halde, aslında yatmak istiyorum, aslında dinlenmek istiyorum, ama, gerçekten ona bile halim olmayıp, sonra gene saat 12-01.00 olup, saçma sapan bir saatte yatıp, hani böyle zamanlarımı hatırlıyorum. Sanki eğlenmem, arkadaşlarımla olmam, evde olmamam yasak gibi hissediyordum; yani sonuçta karşımda an be an acı çeken, eve gittiğinde sürekli yine stresle ve ekmek alamamak gibi zorluklarla karşılaşan insanlarlayım, nasıl daha farklı olabilirim ki? Gibi oluyordu. Bir kere mesela şey olmuştu, ne olmuştu ya, mide ağrısı mı, karın ağrısı mı ne, bir şey oldu, doktora gittim; doktor şey dedi "Ya, sen nasıl bir işte çalışıyorsun, ne yapmışsın sen kendine" bana. Ben böyle "ne?" oldum. Sonra gittim izin almak için, ve böyle ağlamaya falan başladım, nasıl yani, ne yaptım kendime diye…

3.1.7. Cognitive Difficulties

C: I had a moment of realization when I noticed myself making mistakes like forgetting sessions, feeling relieved when a session was cancelled, and mixing up people and appointments. It hit me that these were not just minor slip-ups, but red flags waving high. And when these slip-ups started seeping into my personal life, I knew deep down that things were not improving; I said to myself, "this is not getting better".

C: …bu içimdeki savaşla, içimdeki mağdur olan tarafla, ve aynı zamanda fail de olan tarafla, tüm bunlarla yüzleşmenin çok ağır geldiğini fark ettiğim anda, ve bazen bazı hatalar yapmaya başladığımı fark ettiğim anda, bunu da şöyle açıklayabilirim: işte seansları unutmak, seans gelmediğinde buna aşırı sevinmek, sonra kişileri karıştırmaya başlamak derken randevuları karıştırmak gibi. Böyle böyle şeyler olmaya başladığında dedim ki, bunlar iyi alarmlar değil. Bu sonunda benim iş dışındaki hayatımı da etkilemeye başladığımda dedim ki, "Bu böyle iyiye doğru gitmiyor".

S: ...in my personal life, forgetfulness seems to be a recurring theme. It's like living in a comedy sketch, with moments that make me chuckle. Like that time when I would constantly question if I had turned off the stove or not. I'd even go back home just to double-check! And oh, the relief that washed over me when I touched the power socket and confirmed that I did indeed switch it off. These little reminders became a regular occurrence because, let's face it, I have a knack for forgetting things. In fact, there was this one time when I completely forgot to attend my own therapy session! Talk about absent-mindedness at its finest. I've become lost in my own thoughts, unintentionally daydreaming for what feels like an eternity, leaving behind little gaps in my memory.

S: …kendi özel yaşamımda çok unutkanlıklar oluyor; mesela bir dönem hatta "şu kahve makinesinin fişini çektim mi kapattım mı", "tekrar eve git bak, ütünün fişini çekmiş miydim", gibi, kendi kendime şey yöntemleri geliştirmiştim, hani "prize dokunayım, aa, evet çekmişim", kendime hatırlatıyorum öyle çıkıyorum evden falan gibi. Ve çok şey unuttuğum oluyordu; bir kere kendi terapime gitmeyi unuttum mesela! Ay ben gerçekten aptal gibiyim. Bu çalışmayla mı oldu, mesleki bir şey mi bilmiyorum ama; dalgınım ve leyla gibiyim yani. Ben ilk başlarda özellikle elimi yanağıma koyup böyle uzun uzun düşler kurduğum şeyler o zamanlardan, boşluklar var sanki böyle.

3.1.8. Developing inefficient coping mechanisms

M: …For instance, when you've absorbed so much trauma, it's crucial to take a break from the news. I simply don't want to hear anything negative at that moment. I prefer to create a safe distance and shield myself from any additional exposure. There's already enough swirling around in my mind – an overflow of distressing news and harrowing scenes. I yearn for a respite from it all. It's not just about self-preservation; it's a means of protecting my sanity too.

M: Olumsuz tarafları şöyle oldu; mesela çok fazla travma dinleyince böyle çok haberlerden uzak kalmak, bazen çok önemli bir şey oluyor ve ben o anlamda duymuyorum. O kadar uzak kalmak, maruz kalmamak istemek. Yani böyle orada var zaten, ben şimdilik başka bir şey almayayım, şimdilik yeter gibi bir şey. Bir yandan da

korumak kendin, aklımı korumaya çalışmak gibi. Bir yandan da böyle travma dışında başka şey düşünmemek izlememek haline geldi; yani böyle farkında olmadan okuduğum izlediğim şeyler travma ile ilgili oluyor, göçle ilgili şeyler hatta direkt. Çok rasgele seçmiş oluyorum ama bir yandan onu seçme nedenim o oluyor aslında."

M: …For example, in the past, I used to be quite active, engaging in activities like yoga and various sports. However, lately, all I feel like doing is staying at home and lounging around. My energy levels have taken a dip, perhaps due to my reduced appetite, which easily leads to exhaustion. On top of that, I've noticed myself relying more heavily on coffee since I quit smoking, which was positive, but this time I started to drink a lot of coffee. Additionally, my alcohol consumption has increased during certain periods. Probably what I drink for a week, I can say that it has doubled in comparison with before. It's not necessarily positive changes; quitting smoking may be a good thing, but the rest isn't so great. I've been drinking more as a way to cope, to distract myself, and momentarily forget about all the heavy things I come across throughout the day...

M: Mesela önceden daha hareketliydim; yoga yapıyordum, spor yapıyordum. Şimdi evde kalmak, sadece yatmak istiyorum, genel bir enerjimde düşüklük var. Böyle yememde azalma var, bazen tek öğün yiyorum sadece. Zaten önceden de kahvaltı yapmıyordum, böyle bir alışkanlığım yoktu ama, 5'te uyandığım halde yapmıyordum. Bazen 2'de 3'te ilk öğünümü yiyorum. Çok kahve içme bir de; bu süreçte sigarayı bıraktım, bu olumlu oldu ama bu sefer de kahve çok içmeye başladım. Bir de alkol tüketimim, alkolde artış olabiliyor bazı dönemlerde. İyi anlamda değişiklikler değil de, belki sigarayı bırakmak iyi olabilir tabii, diğer şeyler pek iyi gelmeyen şeyler.

L: ...loss and death have become these predominant themes that seem to overshadow the joy of life itself. It's almost as if I have unintentionally developed this habit of seeking out stories, movies, and books filled with death and trauma. It's like my mind subconsciously gravitates towards these darker narratives. Take pregnancy, for instance. Instead of embracing the beauty and miracle of life, my thoughts veer towards the painful aspects - the loss of children, the heartbreak of losing babies during pregnancy. It's as if a cloud of darkness hovers over my perception, making it hard to see the bright moments of children being born and growing up. Instead, my mind fixates on the tragic possibility of their lives being cut short.

L: …özellikle şey kısmında, kayıp. Çok fazla bunu duyduğumda, çok fazla geliyor; o yüzden kayıp, ölüm yaşamın çok daha fazla gördüğüm bir parçası haline geldi canlılığa göre. Ölüm canlılığa göre daha fazla gördüğüm bir şey haline dönüştü artık. Şey üzerinden de, mesela, hamilelik, çok fazla çocuk kaybı, bebek kaybı, işte gebelikte kayıplar falan, o yüzden mesela zihnimde daha çok şey gibi oldu bir ara, hani çocuk doğuyor, büyüyor kısmını daha az görebiliyor olduğumu fark ettim.

3.1.9. Failed Professional Idealism

S: At first, I had this idealistic view of my job, wearing rose-colored glasses, thinking that I would make a big difference in people's lives through human rights work. But as time went on, I began to realize that my efforts didn't always align with the true needs of the people I was trying to help. It became clear to me that what they needed most

was financial support, simply put, money. My idealism shattered in those moments. I remember encountering a woman at work who appeared emaciated, and I couldn't help but wonder if she had an eating disorder. When I asked her, she revealed that she could only afford to eat one meal a day because there wasn't enough food at home for her and her eight children. It was a humbling moment for me, as I realized that my work wasn't directly addressing the urgent need for basic sustenance. Feeding her should have been the priority before anything else, as it's impossible for someone to focus on anything when they're hungry.

S: Başta zihnimdeki şey işte daha pembe, gideceğim insanlara yardım edeceğim, gibi. Bir noktada anladığım şey şu oldu, yaptığım iş pek de bir yere denk düşmüyor, bu insanlara maddi destek, yani para lazım. Benim işimle ilgili idealizmin çat kırıldı yani bir noktada. Çünkü işte bir kadın geliyor, ne kadar zayıf olduğunu görüyorsun, işte hastalığını anlamaya çalışıyorum, yeme bozukluğu mu var falan; kadın diyor ki "günde bir öğün yiyebiliyorum, çünkü evde o kadar yemek var, 8n çocuğum var". Çok genç, benden de çok genç bir kadın ama 8 çocuğu var; şimdi ben o kadına ne diyebilirim. Bir süre sonra şey yapmaya başladım, ailemi arayıp, işte para toplayıp, işte bir hayırsever varmış, bir dernek veriyormuş, gibi şeylerle merkezden olduğumu söylemeyip kocasına iş buluyorum ama ben yokum, bilinmiyorum. Bir de benim işimin orada çok yerinin olmadığı anlar oluyordu çok başlarda. O kadının önce doymaya ihtiyacı var yani, sonra anlatabilir, açken yapamaz gibi düşünüyordum.

3.1.10. Helplessness

S: I went through some very challenging periods where I felt overwhelmed and powerless. The weight of the problems faced by the people I was trying to help seemed insurmountable at times. It's difficult when you want to be the solution to every issue, for example, I want the patient to have money, I want her child to go to school, I want her husband not to beat her anymore.. There were moments when the feeling of helplessness became overwhelming, and I questioned the purpose of our therapy sessions, considering ending them prematurely. In those moments, I felt useless, burdened by a sense of guilt, felt very depressed, and even angry at myself for being part of a society that perpetuates discrimination., It's a complex mix of emotions, as I am also a citizen of this country, even though I am from a minority, benefiting from certain privileges while recognizing the inequalities faced by those I try to assist. I also felt sometimes angry with the patient when I couldn't find a solution to their problems, I found myself thinking, "so let them return, they would be happier there at least", etc.

S: Ben bir kere çok depresif dönemlerden geçtim, çok yetersiz hissettiğim dönemlerden geçtim; ama işte bu da tümgüçlülüğün karşısındaydı, çünkü yetersiz hissediyorum, çünkü hastanın her derdine deva olmak istiyorum. İstiyorum ki parası olsun, istiyorum ki çocuğu okula gitsin, istiyorum ki kocası artık onu dövmesin… Böyle hem işe yaramaz, hem böyle depresif, hem de böyle fail gibi hissettiğim zamanlar çok oluyordu. Bir de ben buralıyım, bu ülkedenim, her ne kadar bu ülkede bir azınlık da olsam bu ülkeden ve bu ülkenin belli koşullarından vatandaşı olarak yararlanabiliyorum. Aslında konuştuğu kişi onun faili yani, yani ona ayrımcılık yapan kişi benim, yani benimkiler. O karşılaşmada da hani, "Türkler ayrımcı" derken, çok korkuyorlardı ama ben o karşılaşmada "belki evet, öyle olur" falan dediğimde çok rahatlıyor.

D: …You know, we always use terms like "undocumented migrant" or "illegal migrant" to describe someone without proper documentation. But these labels reduce them to being "illegal" and strip them of their rights. It's a constant feeling of helplessness, knowing that at any moment they can be deported or face other consequences just for existing. It's frustrating when I can't provide the answers or solutions they need, especially when absurd bureaucratic rules get in the way like "because he/she is in such and such refugee status, blah blah blah, that's why he/she cannot do that". Because, at the end of the day, we are human beings connecting with Ali İhsan, Ahmet, Ayşe, not just labels on paper. Trying to navigate this system and find support becomes an uphill battle. It's disheartening to witness this overwhelming sense of helplessness.

D: Bazen şeyi zorluyor, hani böyle politikalar falan var diyoruz ya hep, yani hep kayıtsız göçmen, yasadışı göçmen diye bir ifade var, yaşa dışı insan yani, ne biçim bir şeyse o. Hiçbir hakkının olmaması, senin hiçbir şey yapamaman, çok çaresiz hissetmen; her an bir şey olabilir, her an yollanabilir, işte sınırlar falan, oraya yollanabilir. İşte burada olması bir suç yani, var olması bir suç yani gibi. İşte bütün bunlarla mücadele etmek, yani, kalacak yerim yok diyen kişiye, bazen bir şey diyememek; çünkü şöyle saçma sapan cevaplar oluyor ya, "şu şu şu şu statüde olduğu için, bilmem ne bilmem ne, o yüzden bunu yapamaz". Çünkü siz insan olarak temas ediyorsunuz, işte Ali İhsan, Ahmet, Ayşe olarak temas ediyorsunuz; ama o sınırlılıkların ötesine geçip bir destek, bir muhatap bulmaya çalıştığınızda karşılaştıklarımız Ayşe olarak görmüyorlar ya onu, o kadar zor ki bunu anlatmak. Çok zor. Bu sistemde çok zor, bu sistem zorlaştırıyor. Bence o çaresizlik duygusu çok zorlayıcı hakikaten. Ve yani ona tanıklık etmek çok zorlayıcı.

3.2. Post-Traumatic Growth

3.2.1. New possibilities

C: …For example, I had made up my mind to avoid discussing any controversial topics with my family, thinking it would only lead to arguments and tension. But then, one day, I caught sight of my mother passionately advocating for human rights among her group of friends. In that moment, it struck me like "oh my God, change is possible, yes, it can be done, opinions can be shifted".

C: Örneğin ailemle hiçbir şekilde tartışmamaya karar vermiştim, gerilim ve kavga dışında bir yere varamıyorduk çünkü. Ama bir gün annemi bir arkadaş grubu içerisinde annemin orada bayağı hak savunuculuğu falan yaptığını gördüğümde böyle şey demiştim" Aman tanrım, evet oluyormuş, değişiliyormuş" dediğim de olmuştu bu arada.

D: You know, it's truly mind-boggling to witness people coming from unimaginably tough circumstances and fighting tooth and nail to survive. I find it so fascinating, like a whole new world unfolding before my eyes. It's like I couldn't see it any other way until I met a refugee and heard their story firsthand. You'd be amazed at what drives them to keep going, despite all the obstacles they face. They have this incredible resilience, you know? Plus, the way they patiently explain their struggles to those who try to bring them down is just awe-inspiring. Sometimes, I even get this hopeful

feeling, like maybe, just maybe, even the most stubborn and inflexible folks out there will eventually understand them. Who knows, things might change in the long run, and that's a pretty darn good thought, don't you think?
B:

3.2.2. Appreciation of Life

S: …in my life, on the brighter side, getting to know refugees and working with them has opened my eyes to the true value of what I have. Whether it's my relationships or the possessions I hold dear, I now understand that they can be lost in an instant. It has made me appreciate the preciousness of existence and life itself. We should all have the freedom to live wherever we desire, and this conviction has grown stronger thanks to my experiences with Syrians and witnessing their resilience in the face of adversity. They have shown me that life can be seen from a completely different perspective, one that I had never considered before. The way they navigate their daily lives and how they express themselves has given me a newfound appreciation for the diverse ways in which we experience the world. I'm not saying that they find solace in their hardships, but rather that the human mind can endure and learn from any situation it encounters. This work has kept my curiosity alive and has revealed the endless possibilities of thinking and living in different ways.

S:

D: ...you know, it's like this funny thing we were discussing with my friends-it felt like people who are more connected to nature have a unique way of dealing with things. It's like they have this special knack for facing challenges head-on. Don't get me wrong, they still go through tough times, they don't enjoy it or anything, but it's like they have a different perspective on life and death, sickness and all that jazz. And honestly, it kind of makes me realize how much I fear those things compared to them. I mean, yeah, it's tough for them too, no doubt about it, but in the grand scheme of things, nature has its own rhythm - plants, animals, and even us humans, we all go through these ups and downs. It's just the way the world works, you know? I think they have this amazing ability to accept and embrace their natural surroundings without feeling detached from it.

D: Hani o şey, ya ben öyle yorumluyorum, ya da arkadaşlarla öyle konuşuyorduk; daha doğanın içerisinde, daha doğanın içinde yaşayan kişiler, yani kopmamış, kendi doğasına yabancılaşmamış kişilerin daha farklıydı sanki baş etme mekanizmaları. Yani şu manada, tabii ki acısını çekiyorlar, ama ölüm, kalım, hastalık falan, sanki ben daha çok korkuyorum böyle şeylerden onlara kıyasla. Hala herhalde daha çok korkuyorum. Tabii ki onların için de zor, tabii ki tercih etmezler, etmiyorlar da; ama, bir yandan doğada da böyle, bitkiler de hayvanlar da işte ölüyor, hastalanıyor, biz de ölüyoruz, onları öldürüyoruz, dünya böyle yani, hayat böyle. Daha kabul eden, kendi doğasından kopmamış bir tarafları vardı bence.

3.2.3. Activism

E: ...and you know, I have to give credit where credit is due - activism has truly been a lifesaver for me. It's like a breath of fresh air, a way to channel all my emotions and

frustrations into something productive. Whether it's supporting feminism or embracing the queer community, engaging in these causes has expanded my capacity to collaborate with others and amplified my voice. From sharing posts to joining protests, I've had countless debates and discussions with people who may not always see eye to eye with me. But that's what makes it exhilarating - being able to stand up for what I believe in, standing in solidarity with refugees and speaking out against injustices. As a psychologist, I've encountered numerous refugees with their own unique stories, and it's crucial for us to find an outlet, something that can transform those experiences. And if there's one thing I've learned, it's that turning problems into art, activism, action, and politics is a powerful remedy. These endeavors have brought me immense joy and fulfillment. I couldn't let this opportunity pass without mentioning it. You see, as I share this journey, I feel alive.

E: Kesinlikle, bir de şey, ben aktivizme başladım tabi. Beni aktivizm bence kurtardı, valla nefes aldım, hissettiğim onca şeyle bir şeyler yapabildiğimi hissedebildim.. Ve yani işte feminizm, işte queer... Onların hepsine bir, zaten şey üzerinden de yani, Kürtlük üzerinden de bir sürü şey, zaten bütün ötekilerle birlikte çalışabilme kapasiten de artıyor; ve bütün o öfkemi yani süblime edilebilecek bir alan bulunuyor. Yani bir şeyler paylaşmak, eylemlere gidebilmek, bir sürü normalde hiç konuşmadığım kişiyle bir şeyler yartışmak, işte başka alanlarda da göçmenlerle dayanışabilmek, yani sesini çıkarabilmek haksızlıklara karşı; özellikle psikologlar biz doluyoruz içimizde, hikayeler atılıyor bırakılıyor bize ve gidiliyor ya, hani onu bir yere çıkarmak, dönüştürmek lazım. Ve gerçek bir sorun varsa bunu tek başına sanata çevirmek, aktivizme çevirmek, eyleme çevirmek, politikaya çevirmek de bir yol. Bunlar bana çok iyi geldi. Bunu söylemeyi unutsam çok üzülürdüm. Bak canlandım anlatırken…

3.2.4. Personal strength

S: People's stories have a weight that took me by surprise. I never pondered whether I could endure it all, but rather started from a place of determination. And as time went by, I marveled at myself and my ability to handle the burdens. Over the years, I think that my capacity to hold and cope with these stories has grown tremendously, leaving me feeling stronger and more resilient than ever.

S: İnsanların öyküleri gerçekten çok ağır. Bunları bu kadar biriktirebileceğimi, bu kadar dayanabileceğimi düşünür müydüm; yapabilirim diye daha adanmış bir şekilde başlamıştım ama bunu hiç düşünmemiştim, yani buna dayanıp dayanabileceğimi düşünmemiştim. Dayanır mıyım, dayanamam mı gibi değil de, “acaba dayanabilir mıyım” sorusu hiç aklıma gelmemişti, daha motivasyonlu bir yerden başlamıştım. Zamanla da ne kadar bunları kaldırabildiğime bayağı şaşırdım. Sanırım yıllar geçtikçe kapasitem de arttı, artık ne duyarsam dayanabiliyorum başa çıkabiliyorum hani gibi oldu, bu da sanırım bana daha güçlü gibi, daha dayanıklı hissettiriyor gerçekten.

3.3. Challenges for clinicians

3.3.1. Patient related challenges

C: While conducting psychotherapy sessions, I've realized that there were peculiar things that felt like coded within me; and when I encountered with a problem about

them, I would give an error.. When I asked if changing the session time to Friday at 14.00 would be convenient, and received the response "inshallah," I mistakenly interpreted it as a positive confirmation. Thinking that it was indeed convenient, I would say, "Great, so you'll be there, right?" only to hear "inshallah" once again. This repeated pattern baffled me because in Turkey, "inshallah" is commonly used to mean "we will come." However, in their case, it simply conveys a hopeful response without certainty. No matter what I tried, they never gave me a definite answer...

C: Daha önceden bana kodlanmış olan bazı şeyler var, ve onlarla karşılaştığımda bir error verdiğim oluyordu. Örneğin, işte mesela "seans saatini cuma günü saat 14.00'e alalım, uygun mudur sizin için" diye sorulduğunda, "inşallah" diye cevap verildiğinde ben şöyle anlıyorum: "Eh heh heh, uygun mu yani?" gene cevap "inşallah" dendiğinde ben de yani "uygun herhalde, geleceksiniz değil mi?", "inşallah". Sonra niye hep "inşallah" deniyor ki, nedenini tam olarak anlayamıyordum, Türkiye'de hani "geliriz" gibi bir kullanımı olduğu için. Sonra tabii konuştuktan, anladıktan sonra onun aslında bir onay cümlesi olduğunu, öyle dendiğini şey yaptığım için okey olmuştum."

S: …Interacting with an interpreter can be quite a challenge, let me tell you! It's like walking on a tightrope, except it's 99% negative for me. Picture this: a patient comes in with a genuine concern, pouring their heart out about their cheating husband, and what does the interpreter do? They shout "goooaall!" instead of relaying the information accurately. I mean, seriously? We had a proper chat before, where I specifically asked for a machine-like translation devoid of any emotion, but alas, my pleas fell on deaf ears. The patient ends up feeling utterly misunderstood, while the interpreter goes off on tangents like "don't you know the bus leaves from there?"and not translating me. It's madness, I tell you! And then there's this one interpreter who had their own emotional baggage. Whenever a patient shared their struggles, this interpreter would burst into tears and want to pack up and leave the session. Talk about awkward! Plus, some interpreters just aren't cut out for this gig. They show up when they feel like it, disappear without warning, and expect us to accommodate their whims. I try to establish a routine, telling them "be here every week at this time," but nope, they vanish into thin air.

S: Tercümanla çalışmak benim için %99 olumsuz, ben böyle bıkmışım. Bunları çok yaşadım, lütfen bunları yaz. Hasta geliyor mesela, anlatıyor, "kocam beni anlatıyormuş" falan gibi, tercüman da diyor ki "goool!"! Ben böyle kalıyorum, öncesinde konuşmuşuz tercümanla, ona anlatmışım, işte "sen böyle bir makine gibi, hiç duygu katmadan bana çevir lütfen" falan diye; hiç öyle olmuyordu, asla öyle olmuyordu, ben hep şok. Hasta hiç anlaşılmadığını hissediyor, bağırıyor danışana böyle "o otobüs şuradan kalkıyor bilmiyor musun" gibi şeyler söylüyor, beni çevirmiyor, muhabbete kapılıp gitmiş! Diyorum ki ne dediğini ben de duymak istiyorum, bana söylemiyor! Böyle bir adam vardı, kendi psikolojik sorunları vardı yani. Ya da onlar da tetikleniyor sonuçta, onların da hikayesi; gözü dolan seanstan çıkan, "ben çıkabilir miyim" diyen. Ya da böyle çerçeveli çalışmaya hiç alışık değil, Suriyelilerle çalışma çerçevesi diye bir şey yok; istedikleri zaman işi terk ediyorlar, geri geliyorlar. Ben diyorum ki "her hafta şu saatte seans var, burada olun"; tercüman yok o saatte, falan. Telefon çalıyor, bakabilir miyim diyor. Danışan var, tercüman yok, arıyorum, bekletiyorum, başka bir güne seans veriyorum, yine gelmiyor, yani çok çalışıyor işler. Berbat bir şey gerçekten. Ya da işte mesela çok yaşlı bir tercümanımız

var, o da böyle şeydi, “Ohaa” falan diyordu, “yalan atıyor hocam” falan diyordu bana. Ya böyle şeyler oluyor işte.

S: In the group we work with, there are moments when unexpected situations arise, which is why having a third person present becomes crucial for security purposes. For instance, in a crisis scenario within the room, having an additional individual ensures that there is a reliable witness to the events that unfold. This becomes particularly significant when dealing with a person diagnosed with bipolar disorder experiencing a manic episode, as they might contact you and make false claims afterwards. With a third person present, such as an interpreter, their presence acts as a guarantee. Even if an investigation were to be initiated regarding the matter, you have the reassurance that the interpreter was there, bearing witness to what truly unfolded. Furthermore, a translator can also provide valuable support by acknowledging the challenges faced during a difficult session and offering comfort afterwards.

S: Yani mesela bu etik meselelerden sonuçta, bizim çalıştığımız grupta bazen şey olabiliyor, mesela şöyle ifade edeyim, güvenlik açısından orada üçüncü kişinin varlığı önemli belki de, mesela odada kriz anında. Ya da şöyle anlatayım, bu çok nadir rastlanan bir şey ama, başıma geldiği için söyleyeyim: Mesela bipolar tanısı olan manik dönemde bir kadın seninle temas kurup sonra temasla ilgili şeyde bulunabiliyor, asılsız beyanlarda bulunabiliyor; orada üçüncü kişinin varlığı seni garantiye alıyor yani. Bu konuyla ilgili soruşturma da açılsa da biliyorsun ki tercüman orada, yani tanıklık etti, gördü. Bu da belki aklıma gelen olumlu taraflarından bir tanesi.

S: ...For instance, imagine a 7-year-old boy who has never set foot in Syria but speaks Arabic fluently. Despite being born and raised in Turkey, he is denied a Turkish identity card simply because he is Syrian. They want to exclude him from attending a Turkish school. So, where is this child actually from? It raises important questions about this child's origins and who will advocate for his rights. If the opportunity arises for him to return to Syria one day, would he be returning from a country where he has lived his entire life as a refugee to a country where he has never experienced living asa citizen? These thought-provoking and morally complex questions truly challenge our conscience.

S: Mesela karşına bir çocuk geliyor, 7 yaşında, Suriye’nin bir gününü bile görmemiş, ama Arapça konuşuyor, ama Türkiye kimliği yok, oysa Türkiye’de doğmuş büyümüş, ama Türkiye kimliği yok, Suriyeli olduğu için. Şimdi bu çocuk nereli? Bu çocuğun haklarını kim konuşabilir? Bunları sormak gerekiyor, yarın bir gün dönme imkanları olursa hayatının her gününü yaşadığı bir ülkeden mülteci olarak hiç yaşamadığı bir ülkeye vatandaş olarak mı dönecek? Bunlar işte gerçekten zihin bulandırıcı, çok tartışmalı, insanın vicdanını çok kaşıyan sorular, diyebilirim.

L: For instance, imagine the struggle to enroll a child in school. It's not just me, but the entire organization and team working together to convince the family. Imagine that the family is finally persuaded; but then, the school principal blocks the enrollment, citing missing documents or lack of identification. Similarly, when the child needs medical attention, the doctor's attitude is appalling, refusing to examine or treat them. These frustrating situations not only leave the patients angry, but I also bear the weight of their anger.

L: bahsettiğim işte, mesela şeylerde, bir çocuk okula kaydı yapılacak, zar zor uğraşılıyor, ikna ediliyor ailedeki herkes, bu arada sadece ben ikna etmeye çalışmıyorum, tüm kurum olarak, ekip olarak uğraşıyor herkes. Sonra mesela okuldaki müdür bilmem ne yapıyor; yok hastaneye gitmesi, kimliği yok gidemeyecek diye bir sürü şey zar zor yapılıyor, oradaki doktorun tavrı felaket, muayene etmiyor. Böyle hep bir engellenme durumlarında danışanın öfkesini ben de çok fazla alıyorum, ben de taşıyorum yani. Bir de onun dışında işte komşunun yaptıkları, patronların yaptıkları, falan gibi durumlarda da öyle bir nefret ve öfke çıkıyor içimden.

A: When it comes to cultural differences, it's quite an interesting mix of familiarity and uniqueness. Religious themes frequently emerge during interviews, which initially posed some challenges for me. Thankfully, with proper supervision and open discussions, we've been able to navigate through them. Patients often inquire about my religious practices, asking if I fast or if I am Muslim. It was definitely a bit daunting at first, but now I'm able to address these topics with confidence.
In addition to that, there are other aspects of cultural differences that come into play. For instance, encountering Syrian men who have multiple wives or discussing the sensitive topic of child marriages can be quite tricky during therapy sessions; it is difficult to handle the conversation at the session when a patient says they are wedding their 14-year-old daughter. However, it's important to approach these conversations with sensitivity and understanding.

A: Kültürel farklılıklarla ilgili, aslında bayağı şeydi; hem bayağı ortaklık hissediyorum, hem farklılık hissediyorum normal olarak. Yani böyle dini temalar çok fazla geliyor görüşmelerde, onlarla ilgili özellikle zorlanıyordum, neyse ki süpervizyon vardı da konuşuyorduk; işte şey gibi "oruçlu musun, Müslüman mısın" bunları sormaları, yani bu ilk başta zorlayıcıydı. Ama şimdi böyle bunu çalışabiliyorum; o yeni başladığım dönemde çok zorlanıyordum bununla ilgili. Onun dışında kültürel farklılıklarla ilgili şey var yani, işte mesela birden fazla eşi olan adamlar, Suriyeli erkekler var, bunlarla karşılaşabiliyoruz. Bunlarla bu durumda çalışmak zor. Bir hasta 14 yaşındaki kızıyla evlendiğini söylediğinde seansta bu konuşmanın üstesinden gelmek bayağı zor oluyor yani. Ancak bu durumlara hep bir dikkat ve anlayışla yaklaşmak da gerekiyor.

E: Navigating the realm of religious beliefs and encountering their accompanying obsessions can be quite a perplexing endeavor. It is crucial to exercise discernment in differentiating between these obsessions and confronting them appropriately, taking into account the cultural context. Whenever the topic of suicide arises, one must reflect on these intricate matters with utmost care, considering the multitude of experiences that have shaped our understanding. Indeed, I have had my fair share of peculiar encounters along this journey...

E: Dini, yani mesela dini obsesyonlarla inanç, onları ayrıştırabilmek, onlarla karşılaşmak, oradaki kültüre göre bir müdahaleyi, yani intiharla ilgili bir şey sorarken bütün bunları 2 katı düşünerek; mesela çok şey oldu bana, yani birkaç level şey gelmişti o zamanki deneyimimle bir sürü böyle karmaşık durumla karşılaşmak.

E: You know, it's quite a whirlwind for them to keep up with their sessions because their lives are constantly changing. One Monday they're available at 3, the next

Monday they're busy with work, the following Monday they have a completely different schedule. Their lives are so unpredictable, it's impossible to establish a fixed routine... And let's not forget the heartbreaking aspect of dealing with loss... I've experienced the unfortunate event of losing a patient early on in my career. Sometimes the work we've started is abruptly interrupted; there are instances when a client might be sent back to their home country. Seeing some progress and receiving validation for the work we put in is crucial in every case, even if it's just a small step forward. But these interruptions prevent that from happening... And then there's the waiting list; we want to book an appointment, but a whole year goes by until the next available slot. By then, the child we wanted to help has grown older, was 4, now 5, missing out on important developmental stages. The challenges are endless...

E: kendi hayatlarındaki hızlı değişimler meselesini söylerken, bir yandan bu değişimlerden kaynaklı psikolojik danışmanlık almayan alamayan, bir seans gelip bir daha gelmeyen, bir gelip 3 ay sonra bir daha gelip, 3 ay sonra tekrar bir daha gelip, işte bu kısır döngüleri yaşadığımız çok fazla örnek oluyor. Ya da mesela çok fazla iş değiştirmek, sabit gelirli sabit çalışma zamanlı işlerde değil de, daha geçici işlerde günübirlik çalışan... Mesela seans veriyorsunuz pazartesi 3, öbür pazartesi çalışıyor oluyor danışan, öbür pazartesi "ben işi bıraktım", öbür pazartesi "ben akşamları çalışıyorum, o saatte uyuyor oluyorum" diyor; yani hayatları çok değişken, bunu asla sabitleyemiyorsunuz. Bir de ölüm görmek… Çok yine mesleğimin, yine çok erken zamanında hasta kaybım oldu mesela. Hem göçmen, hem trans, hem zaten ekonomik zorlukları var derken, mesela hasta kaybım da oldu, bu benim için çok olumsuzdu. Ve onunla seansa gidiyordum mesela, onun seansına doğru yola çıkıyordum haber geldiğinde falan. Daha çok hasta kaybetmek gibi öyle olumsuz tarafları var, zor tarafları var. Çalışmaların çoğu yarıda kesiliyor; öyle zor ve yine olumsuz tarafları var. Çünkü biraz da çalıştığın şeyi karşılığını görmek önemli oluyor yani her vakada; ama o kadar acının içinde biraz ilerleme olsun, bir kere de gülerken göreyim, gibi. Bir de acayip bir bekleme listesi sorunu var, sıra var; yani bir görüşmeye koyacağız, bir sonrakine kadar bir sene geçiyor aradan; çocuğun yaşı büyüyor, daha alamamışız görüşmeye çocuk olmuş 5 yaşında, 4 yaşında. Biz daha tiriyaj yapıyoruz alacağız da, göreceğiz de…

3.3.2. System-Related Challenges:

M: I believe it's time to move away from a number-oriented approach in psychological counseling. The mindset that success hinges solely on targets and numerical data needs to be challenged. Additionally, there is a pressing need to provide more stable and consistent psychological support services for refugees. Constant changes in these services erode trust and discourage individuals from seeking help. Take the strengthened psychological health centers, for instance; psychologists who work as Ministry of Health personnel can provide extended support through projects lasting 2 years, 3 years, 5 years, or even longer. Perhaps we can adopt a similar model within NGOs, offering more enduring and established programs with assigned psychologists. Or once there was a requirement imposed that we could only provide sessions to individuals with a temporary protection ID. However, I strongly believed in the importance of reaching out to those in need, and I continued to see patients regardless of their documentation status.

M: Bence hedefler kalkmalı, yani sayı odaklı çalışmanın, psikolojik danışmanlıkta sayı odaklı çalışmanın bence bitmesi gerekiyor. Bu böyle Avrupa ülkelerinin donörlerinin daha çok değişmesi gereken bir nokta var, ama çok güç. Hedef olmazsa, sayı olmazsa, sayısal veriler olmazsa bu projelerin hiçbiri yürümez gibi bir noktaları var. Bu bakış açısını değiştirmeye ihtiyaç var. Onun dışında, bence mültecilere sağlanan psikolojik destek hizmetlerinin biraz daha sabitlenebilmesi. Şimdi mesela güçlendirilmiş psikolojik sağlık merkezleri var, duydunuz mu bilmiyorum, Sağlık Bakanlığı personeli olarak çalışıyor psikologlar, orada daha böyle 2 senelik, 3 senelik, 5 senelik projeler, orada daha uzun süreli destekler verilebiliyor. Bence mesela bu STK'larda psikologların görevlendirilmesi biraz daha buna dönüşebilir, yani daha sabit daha uzun süreli çalışmalara dönüştürülebilir."

A: In my opinion, refugees face incredibly limited opportunities both within our institution and in society at large. Take, for instance, the overwhelming challenge of securing a child psychiatrist appointment at a public hospital. This restriction imposes a sense of confinement and frustration upon individuals. When patients seek medical help, will they have access to an interpreter? Will they be truly heard and understood by the doctor? Or will they be brushed off without the necessary information? It's disheartening to see that although Arabic interpreters exist within hospitals, their availability is scarce due to the overwhelming demand. Additionally, schools in the client's district often struggle to accommodate and accept refugee children and adolescents. Sometimes, even the parents themselves may not be eager to enroll their children in school.

A: bahsettiğim işte, mesela şeylerde, bir çocuk okula kaydı yapılacak, zar zor uğraşılıyor, ikna ediliyor ailedeki herkes, bu arada sadece ben ikna etmeye çalışmıyorum, tüm kurum olarak, ekip olarak uğraşıyor herkes. Sonra mesela okuldaki müdür bilmem ne yapıyor; yok hastaneye gitmesi, kimliği yok gidemeyecek diye bir sürü şey zar zor yapılıyor, oradaki doktorun tavrı felaket, muayene etmiyor. Böyle hep bir engellenme durumlarında danışanın öfkesini ben de çok fazla alıyorum, ben de taşıyorum yani. Bir de onun dışında işte komşunun yaptıkları, patronların yaptıkları, falan gibi durumlarda da öyle bir nefret ve öfke çıkıyor içimden.

3.3.3. Organization-related Challenges

S: Sometimes the administrators can be a bit unpredictable with their expectations. They'll say to focus only on therapy and seminars one day, and then the next day they'll ask us to do everything - see patients, make home visits, and conduct group work, and then ask us to implement new methods. It can be challenging to keep up with these constant changes. Additionally, there are times when they come up with events like mother tongue days or suicide prevention day. While it's important to raise awareness, we need to be cautious because these events can be triggering for our patients. We have to carefully consider the potential impact and make sure it aligns with their needs and well-being.

S: Yöneticiler de bir alem, bir öyle bir böyle diyorlar sürekli. Bir gün terapilere odaklanın seminer verin diyorlar, ertesi gün her şeyi yapına getiriyorlar, terapi de yapın, evlere de gidin, gruplar yapın, yeni metotlar uygulayın işte bilim yapı. Bütün bu değişiklikleriyle uğraşmak çok zor yani, sürekli laf anlatmak… Bir de mesela anadil

günleri, böylesi günler, intiharı önleme günü mesela ki WHO böylesi bir günde bir şey yapmamızı istiyor; ama çok riskli bir grup, böyle bir günde tetikleyici bir şey olabilir, gibi bir sürü şey var. Çok düşünmek gerekiyor yaptığımız şeyleri danışanlara iyi gelecek mi gelmeyecek mi…

C: One more thing, the manager in the organization I worked for in the first year was a bit challenging. They didn't seem to fully understand our job description or what we do as therapists and sometimes confused things. There was a time when the manager expected us, not the secretaries, to schedule everyone's appointments and answer all the phone calls. Sometimes there are tensions among employees, like when someone feels they are working harder in a project but getting paid less than others. I think it would be helpful if the manager intervened in these situations, but that doesn't really happen...

C: Bir de ilk yıl çalıştığım kurumdaki yönetici biraz zorlu biriydi, tam olarak bizim ne iş yaptığımızı bilmemekle beraber, bazen karıştırıyordu galiba, bazen de bir terapistin görev tanımıyla ilgili bir kafa karışıklığı vardı ve bu beni zorluyordu. Ama ben şöyle bir yerdeyimdir hep: Böyle işte hiçbir zaman öfkeli, yüksek sesli bir yerden değil de, daha sessiz sakin bir yerden, ama o sınırı da bir şekilde koyarım öyle ya da böyle. Ama çok zor oluyor yani, bir keresinde arayıp sekreterler değil psikologlar yazsın herkesin randevularını dedi, telefonlara da baksın psikologlar bir yandan dedi, yani… Bazen de çalışanlar arasında da gerginlik oluyor işte klasik, o daha çok çalışıyor ama daha az kazanıyor gibi. Aslında böyle durumlarda yöneticiler araya girip sorunları çözebilir, ama bu de yani pek olan bir şey değil tabii.

S: Financially, our institution is quite dishonest. Although they receive funds in dollars and foreign currency, they do not compensate us accordingly. Instead, the state steps in and claims the money for itself, leaving us with inadequate pay. Considering the workload and stress we endure, it is clear that we should be compensated more fairly. We should have access to therapy coverage and proper supervision, both of which we have had to seek out on our own.

S: Maddi olarak mesela aslında bizim kurumumuz çok şerefsiz, çünkü aslında kuruma gelen kaynak dolarla dövizle, ama bize maaşı öyle vermiyorlar, çünkü bil bakalım kim işin içinde? Devlet işin içine girince, parayı kendi alıyor, psikolog parası veriyor. O yüzden aslında bana vizyonsuz olduğum için yeterli gelen ama aslında çok da yeterli olmayan bir maaşım var. Ama bence yine de bana yetiyordu başlarda, çünkü ben ailemle yaşıyordum, kira vermiyordum evlenene kadar falan. Ama o iş yüküne, o strese bakılınca, yıpranmışlık tazminatının bile verilmesi gerektiğini düşünüyorum. Ya da mesela aldığım terapiyi karşılamalarını isteyebilirdim. Süpervizyon bile vermediler. Kendi kendimizi destekliyoruz hep.

S: The physical conditions of our workspace are also insufficient, with cramped rooms and a lack of waiting areas. Often, multiple psychologists are trying to manage patients simultaneously, resulting in chaos and disruptions during sessions. To make matters worse, some employees in similar positions receive lower salaries, causing constant frustrations and tensions among the staff. It is important to note that we are not responsible for this disparity; the institution should allocate its budget fairly among its employees.

S: Odanın fiziki koşulları da, oda içinde oda; bekleme salonu yok, bekleyen de diğer 3 psikologla bekliyor. Aynı anda böyle bir sürü kişi seansları düzenlemeye çalışmak zorunda kalıyor, tam bir kaos yani, ve seans yapacak kafa kalmıyor. Bir de maaş eşitsizliği var, benzer pozisyonda çalışan bazı kişiler arasında, bu da çalışanlar arasında gerginlik ve soruna sebep oluyor yani. Oysa bunlar hiç bizim sorunumuz değil yani, kurum bütçesini doğru kullansa hiçbir sorun kalmaz yani… Çocuk böyle ağlıyor, ağlıyor, anne içeride seansta, dışarıdaki psikologlar çocuğu eğliyor, çocuk dayanamayıp sonunda içeri giriyor, anne çocuğu emzirirken ben seans yapmaya çalışıyorum falan, böyle şeyler çok oluyor. Ama artık buradaki işin de doğası gibi gelmeye başladı.

C: Sometimes there are unrealistic demands, such as requests from outside organizations like UNHCR, asking us to determine if someone is telling the truth or lying, which feels outdated and unreasonable. There are also managers who insist on joining therapy sessions, without understanding the impossibility of it. Some managers view therapy as unnecessary or believe we have too many sessions, leading them to interfere by suggesting what we should say to patients. I've also worked with managers who expect us to see everyone, constantly scheduling new appointments and making it difficult for us to maintain weekly sessions. Additionally, there are instances in team meetings where certain employees are belittled or hostility is created by saying things like "psychologists don't actually do any work.

C: Bazen olmayacak talepler oluyor, mesela kurum dışı talepler oluyor, mesela UNHCR'dan talepler geliyordu, bu kişi doğru mu söylüyor, yalan mı söylüyor, kontrol edin gibi, 1950'lerden kalma şeyler de, beklentiler de olduğu oluyor. Bunun imkansızlığını anlamadan terapi seanslarına katılmakta ısrar eden yöneticiler de var. Bazı yöneticiler terapiyi gereksiz görüyor ya da çok fazla seans yaptığımıza inanıyor, bu yüzden gelip çok uzatıyoruz diye hastalara ne söylememiz gerektiğini önererek müdahale etmeye çalışıyorlar falan. Ayrıca herkesi görmemizi bekleyen, sürekli yeni randevular planlayan ve haftalık seansları sürdürmemizi zorlaştıran yöneticilerle de çalıştım. Bazen de toplantılarda bütün oradaki ekibin öfkesi genelde psikoloğa yansıtılıyor, aktarılıyor ve herkes bir şekilde psikologla kavga ediyor. İşte sosyal çalışmacılar "psikologlar az çalışıyor" diyor falan.

E: For a period of time, I found myself struggling to remember my patients and differentiate between them, no matter how many interviews I conducted in a day. This issue extended to the translators as well. When we had only one translator available, they were overwhelmed with back-to-back sessions, leaving all of us exhausted. One example that stands out is when I mistakenly interviewed the wrong person because they had the same name as the intended client. The mix-up occurred due to a communication error, and it was frustrating for both parties involved. Moreover, there were instances where psychologists found themselves at odds with management, who claimed that psychologists were not working enough. These conflicts and tensions permeated various teams within the organization. To make matters worse, even the patients themselves expressed concerns about confidentiality, as they suspected that their conversations with translators were not kept private. There were instances where the same translator would also attend social worker interviews, leading patients to question the need to repeat information. It is crucial for the administration to address

and rectify these issues by closely monitoring and effectively separating responsibilities.

E: Bir ara hastalarımı hatırlamakta gerçekten zorlanmaya başlamıştım, günde artık kaç seans yapıyordum fark etmiyordu, unutuyordum. Çevirmenler de üst üste seans yapmaktan bizim gibi çok tükeniyorlardı, özellikle de bir ara tek bir çevirmenimiz vardı sadece, Ben yanlış kişiyle görüşme yeni ilk görüşme yaptığımı biliyorum; ismi aynı, her şey aynı falan, bulmuşlar birini getirmişler karşıma, ben görüşme yapıyorum, aşağıda biri bekliyor, oymuş asıl görüşeceğim kişi. Yani sen kimsin karşımdaki, falan diye, kahretsin. Ve orada psikologlar genelde diğerlerinin de hakları için uğraşırken, orada kazanılamayanlar psikologlar tarafından kavga ederek ya da inatla durulsa da yine şey oluyor; çünkü biz çok çalışıyoruz, biz de psikolog gibi olmalıyız" denmiyor, psikologlar az çalışıyora dönüşüyor o. Her ekibin her bölümüyle kavga ve tartışma, küslük olabiliyor. Bu en yakın çalıştığım durum, böyle kümülatif olarak yani koordinasyona kadar gidiyor olay. Ya da kurum içi ilişkiler ve mesleki sınırlar, yani bu iş, bir tık daha dışarda yapılmalı yani, Biraz daha kurumun birebir içinde değil de, belki farklı bir merkez olabilir. Çok hayali bunlar ama, biraz daha ayırmak lazım bence. Çünkü aynı yerde, işte danışan diyor ki "ben çıkıyorum bu çevirmen bunlarla neler konuşuyor, allah bilir" diyor. Aynı çevirmen sosyal çalışmacı görüşmesine giriyor; o çevirmen için diyor ki danışan, "e o zaten biliyor ben bir daha niye anlatacağım"…

E: Or, imagine this: for "security reasons," they've decided to install cameras everywhere, even in the psychologist's office! They even wanted to film the therapy sessions! Talk about a bizarre fantasy. We tried explaining to the staff that the client had already suffered enough - they'd been sexually abused - and we couldn't allow more people to intrude on their session. The room was already crowded with a translator and others present. Adding another person would make the client feel like they were being interrogated or tortured all over again. On one hand, we're trying to protect confidentiality, but they insist on us reporting every single detail, demanding doctor's examinations and whatnot. Nothing remains confidential; it's absurd!

E: Ya da ne oldu bak, "güvenlik nedeniyle" her yere, hatta psikoloğun ofisine bile kamera yerleştirmeye karar verdiler bir keresinde' Terapi seanslarını bile filme almak istediler; çok acayip, tuhaf bir fantezi bu yani. Personele, bunun mümkün olmadığını, danışanlar yani zaten yeterince acı çekiyorlar, cinsel istismara uğrayanlar falan, zaten korkuyorlar hala, seanslarına daha fazla insanın girmesine izin veremeyiz yani, bunu anlatmaya çalıştık o zaman. Oda zaten bir çevirmen ve diğerleriyle yeterince kalabalıktı. Bir kişi daha eklemek, danışanın kendisini yeniden sorgulanıyormuş ya da işkence görüyormuş gibi hissetmesine neden olurdu yani. Bir yandan da gizliliği korumaya çalışıyoruz, ama onlar da her ayrıntıyı bildirmemiz konusunda ısrar ediyor, doktor muayenesine kadar falan talep ediyorlar. Gizli hiçbir şey istemiyorlar; çok saçma yani!

L: The never-ending waiting list is like a weight on our shoulders, impossible to tackle alone. It's not about my own inadequacy, it's simply too much for one person to handle. But nothing is being done about it. I feel invisible, unheard. And to make matters worse, psychologists in the office are being assigned tasks meant for social workers.

We're suffocating, drowning in a sea of responsibilities, making it nearly impossible to think straight.

L: Dediğim gibi o bekleme listesi mesela kocaman bir yük ve hep karşılamamız da mümkün değil yani, bu benim yetersizliğimle ilgili bir şey de değil yani, bir insan yetemez ona yani. Ama bu noktada da hiçbir şey yapılmıyor, hem orada da yalnız hissediyorum, hem duyulmamış, hem görülmemiş gibi, hiçbir şey yapılmıyor. Öyle, en çok o yükle ilgili… Bir de mesela şey gibi, bizim ofis biraz daha farklı, mesela başka ofislerde psikolog pozisyonundakiler başka görevlerde de görevlendiriliyor, mesela bir sosyal çalışmacının yapması gereken göreve verilebiliyor. Biz direndik, hiç yapmadık böyle şeyleri bizim ofiste, ama kurumda yapılıyor yani; orada da hiç görülmemek duyulmamak, bu ayrımın yapılması falan onlar da bizim için sinir bozucu oluyor; çok bunaltıcı bunlar, insan düşünemiyor doğru dürüst.

D: In my previous role, I found myself taking on multiple roles such as being the head, supervisor, and even the project manager of the mental health team. It was an overwhelming workload that left me exhausted. There were moments when I would suddenly burst into tears during sessions or meetings. Fortunately, someone came forward to offer support during a crisis, and it was a turning point for me. From that point on, my position changed and I solely focused on being the project manager while the therapy responsibilities were separated. This change proved to be beneficial for me.

D: İşe ilk gittiğim pozisyonda, ruh sağlığı ekibinin hem başı hem süpervizörü olarak gitmiştim, ama proje yöneticisi yoktu ve ben yurtdışından gelen tek kişiydim. Dolayısıyla iş yükü çok yormuştu. Yine o zaman işte böyle durup dururken ağlamalar… Galiba daha çok öyle oluyor bende, işte bir sabah işe gidiyorum, aa, bir bakıyorum, akıyor. Sonra işte yüz yüze desteğe gelmişti birisi, çünkü bir kriz yaşanmıştı; o zaman da işte orada görüştüm o kişiyle. Ve sonrasında hem o görüşmeler destek vermiş oldu bana, hem de pozisyonum değişti ve proje yöneticisi oldum ve ayrıştırıldı onlar, terapiler. Sadece proje yöneticisi oldum ve başkası ruh sağlığı ekibinin başına geçti, o bana iyi geldi.

3.3.4. Interpersonal Challenges

M: I don't meet with anyone, I prefer to be alone. Actually, meeting someone, hanging out with friends used to be something that made me feel good; but lately, I realized that I haven't been doing that. Most of the time, I spend it alone outside of work; sometimes, it feels like something I desire more. Drinking alcohol and having a social experience used to be enjoyable, but now it's more pleasurable to drink alone. Sometimes, I even find myself not wanting to see my spouse, even though we live in the same house. I just want to drink alone...

M: Kimseyle görüşmüyorum, kendi kendime kalıyorum. Aslında şey, normalde birileriyle görüşmek, arkadaşlarla görüşmek, bir şeyler yapmak iyi gelen bir şeydi; ama onu da yapmadığımı fark ettim son zamanlarda. Baş etmekle ilgili galiba çok düşünmüyorum, kendime nasıl baktığımla ilgili. Genelde iş dışında yalnız geçirmek gibi oluyor; bu daha çok arzulanan bir şey gibi oluyor bazı dönemlerde. Alkol almak

daha sosyal bir şeyken, tek başına içmek daha keyifli oluyor. Hatta şey, evliyim ben, eşimi bile görmek istemiyorum bazen aynı evde, tek başıma içmek istiyorum.

S: But after connecting with Syrians and gaining awareness about their experiences, I found myself confronting instances of racism and discrimination. I have made the conscious decision to distance myself from individuals who display such attitudes, even if they are people I once considered close. For instance, I unfollowed Ezgi Mola on social media when I noticed any racist posts regarding Syrians or Afghans. I take immediate action, whether it's unlike a post, unfollow, or remove someone from my life. I no longer have the curiosity to tolerate such behavior. Even among my friends, if they are not very close, I have unfollowed some without explicitly stating my reasons. However, for those who are closer to me, I prefer discussing the issue in person when we have the opportunity.

S: Ama işte Suriyelilerle temas, tüm bunları bilmek, işte insanları durdurup "bu ırkçılık" falan dememi, ayrımcılıklarıyla yüzleştirmemi sağladı. Hayatımdan kimilerini çıkarıyorum; bakıyorum ırkçılık yapıyor, Ezgi Mola'yı unfollow ettim mesela. Öyle şeyler yapıyorum hemen, unfollow etmek gibi, Suriyeliler veya Afganlarla ilgili ırkçı bir paylaşım, bir like görmek yetiyor, hemen yapıyorum, çıkarıyorum direkt, merak da etmiyorum artık böyle şeyleri tolere etmiyorum. Arkadaşlarımı da; bazısını çok yakın değilse hiç yazmadan çıkardım, yakınsa yani karşılaştığımızda söylerim."

S: I'm so exhausted by the constant negativity on social media. I don't want to engage with the hostile comments and arguments anymore. It feels like a broken record, always hearing the same questions: "When will they go back?" or "The country is being overrun by Arabs." It's frustrating because no matter how much I explain that refugees can't return due to safety concerns, people still cling to their prejudiced beliefs. And then there are those locals who criticize us for supporting refugees, accusing us of handing out money like it's nothing. But it's not like that at all. I try to patiently explain how the support system actually works, but it feels like I'm talking to a brick wall. It's disheartening to hear stories from desperate individuals who are struggling to feed their families, while others claim the government gives refugees lavish salaries. These constant misconceptions and accusations are wearing me down. It's becoming so difficult to find the energy to fight against them.

S: Artık hakikaten sosyal medyaya girmek istemiyorum, bıktım oradaki bitmeyen negatiflikten, düşmanlıktan, saçmasapan tartışmalardan. Sürekli bozuk plak gibi aynı soruyu duymaktan da bıktım, "ne zaman dönecekler", "ülkeyi işgal etti Araplar" falan. Ne kadar anlatırsam anlatayım dertlerinin ülkeyi işgal değil güvenlik kaygıları olduğunu, güvensiz olduğundan orası dönemediklerini, insanlar hala aynı önyargılarında ısrar ediyorlar. Bir de hah, mültecilere yönelik destek sağlıyor olmaktan kaynaklı yerel halktan tepki görüyoruz, o var… İşte "zaten sizin yüzünüzden bu kadar kaldılar, siz onlara konfor sağlıyorsunuz, para dağıtıyorsunuzdur kesin", işte "şuna niye vermiyorsunuz, buna niye vermiyorsunuz" gibi şeyler çok oluyor buralarda işte. Tahammülüm biraz var hala, sırayla açıklıyorum onlara verilen destekler şöyle şöyle, öyle sandığınız gibi çuvalla para dağıtılmıyor, boşa dağıtılmıyor, işte gerçekten falan derken, yani bir kadın gelip "ya benim 2 çocuğum var, ekmek götüremiyorum, şu yardımı da alamıyorum 2 çocuğum olduğu için, destek olsanız" diyor, öbür yanda

insanlar işte “devletimiz bunlara maaş dağıtıyor, ben her ay görüyorum, gidip bankamatikten binlerce lira para çekiyorlar”. İşte bu kadın gelip sana “kişi başı 300 lirayı alamıyoruz, açız, üstümüzü örtecek bir şeyimiz yok” diye ağlarken diğer tarafta insanlar binlerce liranın dağıtıldığına inanıyor. Şey çok büyük, yelpazenin uçları çok geniş, bunu anlatmak çok güç oluyor, anlamıyor da insanlar. Anlıyorlar da öfkeli oldukları şeyler var o öfkeyi doğru noktaya yöneltmek, tek başına bir kişinin yapabileceği bir şey olmuyor. Ben zaman zaman hani bunun için çok çabalıyorum, ama bazen de açıkçası, ya bunu biraz daha bakmam lazım, daha öğreneceğin şeyler var” diyerek kesip atabiliyorum; hakikaten bir yerde tahammül bitiyor ya da güç bir yerde bitiyor sürekli aynı şeyi anlatmak da çok yoruyor insanı.”

C: When we come face to face with a refugee, we are actually confronted with the harsh realities of life - injustice, uncertainty, and insecurity. So it seems that the part of us that turns away from seeing these things is actually refusing to acknowledge just how brutal life can be. That's why the cry of "let the refugees return home" emerges, as if to banish this cruelty, this unease, this lack of safety from our sight, and shield ourselves from being reminded. Because, well, let's be honest, it's incredibly challenging for anyone to constantly hear and confront such hardships.

C: Aslında bir mülteciyle karşılaştığımızda, aslında hayatın o gerçekliğiyle de karşılaşıyoruz yani işte, adaletsizliği, tekinsizliği, güvensizliği gibi. Dolayısıyla bence bunları görmek istemeyen tarafımız onları görmek istemiyor yani, hayatın bu kadar acımasız olduğunu görmek istemiyor yani. Dolayısıyla “mülteciler evlerine gitsin” yani, o acımasızlık, o tekinsizlik, o güvensizlik, o buradan çıksın, o sokakta görünmesin, bu bize hatırlatılmasın. Çünkü şey yani, herkes için çok zor onu duymak sürekli.

D: I had a profound realization during my time working in a project. Initially, I believed that interpreters should only attend therapy sessions and shouldn't have any contact outside of that. However, one day, I received a call from a fellow interpreter who was also a refugee. We met and had a great conversation, and I discovered that she was in contact with our former patients, providing them with much-needed support. It made me question whether our efforts to maintain strict boundaries prevented the development of this valuable social support network. I still struggle to fully understand how therapists handle these situations and if there is a need to approach therapy differently. The idea of limiting friendships by upholding therapy boundaries troubles me as if we might be taking something away from those in need.

D: … ben o projede çalışıyorken ve tercümanlar hep böyle sadece terapi seansına giren kişiler olsun, dışarıda hiç görüşmesin, hiç karşılaşmasınlar, hiç yalnız kalmasınlar, olabildiğince az temas olsun, zorda kalmasınlar, bir şeyler onlara yük olmasın, diye ince ince düşünürken bir gün şey oldu, İstanbul’da ilk çalıştığım projeden bir tercüman arkadaşımız beni aradı, ve kendisi de mülteciydi, ve yıllardır başka bir ülkeye gitmeyi bekliyordu, Gine’liydi. Ondan sonra aradı beni ve dedi ki “Ben gidiyorum”. Çağırdı beni buluşalım diye, tabii arada çok kısa bir süre var, ben de hemen gittim, buluştuk, çok çok hoştu; sonra onunla konuşurken şeyi fark ettim, bizim eski danışanların hepsiyle teması devam ediyor, çünkü o da o topluluktan ve çok destek olmuşlar birbirlerine. Yani biz yoktuk, onlar vardı yani. Bizim o proje kapandı mesela, oradaki her şey, işte biz yoktuk onlar vardı; kocaman da bir grup olmuşlar birbirine destek

olan. Gideceği ülkede de bizim daha önce danışanımız olan kişiler var, onlarla temastalar; böyle bir toplumsal, bir sosyal destek ağı var artık.

S: I often find myself grappling with questions about deserving the life I have and the privileges I enjoy. It's a constant internal debate, especially when I see others struggling in difficult circumstances. It makes me reflect on how I live my own life, how I utilize the resources available to me, and whether I am truly making the most of them or pushing them away. These thoughts and emotions are challenging to put into words; they weigh heavily on me, reminding me of the stark disparities that exist in the world.

S: Valla kendimi sık sık hayatımı ve keyfini çıkardığım ayrıcalıkları hak edip etmediğime dair sorularla boğuşurken buluyorum. Bu bitmeyen böyle bir iç tartışma, hani özellikle de başkalarının ne zor koşullarda hayatları için mücadele ettiğini gördüğümde… Kendi hayatımı nasıl yaşıyorum, elimdeki kaynakları kullanabiliyor muyum, ya da gerçekten en iyi şekilde kullanabiliyor muyum yoksa bunu da mı yapamıyorum da onları elimin tersiyle mi itiyorum falan diye düşünmeme neden oluyor, çok bayıyor bu beni... Bu düşünce ve duyguları kelimelere dökmek de zor; tüm bunlar böyle bana dünyada var olan keskin eşitsizlikleri hatırlatıyorlar, üzerimde ağır bir yük oluşturuyorlar.

3.3.5. The Effects of Personal Migration

S: For example, refugees often find my Arabic amusing because it is similar to the old Turkish spoken by Turkmens from Syria. It brings a smile to their faces. I use old-fashioned words like "grandmother" and "grandfather," which my patients find enjoyable. Although I don't actively speak Arabic now, when I worked as a social worker, they would say things like, "Oh, how sweet, my grandmother used to say that, no one uses this expression anymore." I would tell them, "You will hear these words again when your grandchild's grandchild speaks like me." It creates a sense of familiarity and connection, as if we have shared a temporal and historical bond from the past. However, there is also a feeling of never truly belonging anywhere. I speak the language of a country where I have never lived, and while I may know some street expressions and games, it's still questionable whether I truly belong to either country.

S: …kendini mülteci hissetmek, dünyada mülteci olmak. Bir yandan çok büyük bir yakınlık. Şu ifadeyi birkaç defa kullandığım oldu: Mesela benim Arapçamla bazen eğlenir mülteciler, bilmiyorum hiç rastladınız mı, mesela Suriye'den gelen Türkmenlerin Türkçe konuşması gibi bir şeydir, hani böyle çok eski bir Türkçe konuşur onlar. Bize biraz tatlı gelir, gerçekten gülümsetir insanı benim Arapçam da. Şimdi de böyle arada çalışma arkadaşlarım içerisinde Suriyeliler oldukça, arada böyle şeyler oluyor "aa, ne tatlı kullandın, işte babaannem de söylerdi, artık kimse kullanmaz bu ifadeyi" falan. Bunlara şey diyorum, "şu an benim kullandığım dili ne zaman göreceksiniz biliyor musun, senin torununun torunu benim gibi konuşacak". Ya da işte, hani o tanıdıklık aşinalık, ama sanki ben onlardan daha eskide yaşamışım gibi bir şey var. Benim, bilmiyorum kaçıncı neslim yerleşmiş buraya ama ben…. Hani az önce şey dedim ya bir gününü bile yaşamadığın ülkenin dilini konuşuyorsun, hakikaten orada yaşamanın ne olduğunu bilmiyorsun, ama orada sokakta konuşulan ifadeler,

küfürler, sokak oyunları, bunlar bana gelmiş bir şekilde. Dolayısıyla ben bu ülkeye ait miyim, tartışmalı. O ülkeye ait miyim, tartışmalı…

S: I feel like a refugee in my own country because growing up, speaking Arabic was forbidden and those who spoke it were discriminated against. The oppression faced by people who speak different languages in Turkey is something I can relate to. It's unfair that people are excluded and denied their rights based on where they were born or raised. I believe that the issue of resources and unfair sharing is a problem for everyone, not just refugees. It should be about equal rights for all, rather than blaming refugees for taking what's rightfully ours. It saddens me that people are judged and denied their rights simply because of their place of birth.

S: Ben aslında zaten kendimi bu ülkede mülteci olarak hissetmiş bir insanım. Çünkü hakikaten çok çocukluktan itibaren, Arapça konuşmak yasak, konuşamazsın, okulda, hastanede konuşamazsın. Hatta böyle, ben şeyi hatırlıyorum okulda çocukken "öğretmenim şu Arapça konuşuyor" gibi şikayet edilecek, suçmuş gibi bir şeydi. Bu ülkede her zaman baskı var farklı dil konuşanlara yönelik, ya da doğdukları yetiştikleri yer yüzünden insanların yargılanmaları, o yüzden bu aşina bir şey benim için, çok da hissedebildiğim bir şey. Ama garip de şey, kaygılar hepimizin kaygısı, hani işsiz kalmak, yeterli kaynağa sahip olamamak. Bu ülkenin kaynakları zaten sınırlı, bunları paylaşmak konusunda her zaman çatışma var; ama benim algım hep şey tarafında, yani bunları aslında insanlarla paylaşmak değil, bunları yönetenlerin bu paylaşımın adil olmamasına yol açması gibi bir derdim var. Yani "birisi geldi benim hakkımı aldı", değil, "benim hakkım zaten alınıyor, bu dünya üzerinde hepimizin hakkı var ve birileri daha fazla yiyor" olması lazım. Dolayısıyla bu adaletsizlik sadece mültecilerle alakalı bir konu gibi gelmiyor bana. İnsanların dünya üzerinde bir yerlerde doğdukları yerden kaynaklı olarak yargılanmaları, dışlanmaları, haklarına ulaşamamaları bana çok üzücü geliyor, adaletsiz geliyor, diyebilirim.

S: For instance, during my time working with migrants, I had an eye-opening realization about my own family's Westernized tendencies. My sister would make comments like "they took over Cihangir" when discussing refugees, which made me see my family as somewhat elitist. After attending university, I started speaking with a dialect, and my family jokingly asked if they had sent me there or to Hakkari. This experience made me yearn for a stronger connection with the Kurdish community and embrace my dual identity. Working with refugees further solidified this understanding. I feel a deep sense of belonging both here and there, and I long to be accepted in both places. I have encountered children with similar dual identities, who migrated at a very young age and have been living here for ten years. Some of them no longer speak Arabic, yet their names reflect their heritage. Hearing their stories has profoundly impacted me and opened my mind to new perspectives.

S: Göçmenlerle çalışırken biraz şey oldu, benim ailem mesela böyle şey, biraz Batılılaşmış çok, ablam işte "ay işte Cihangir'i kapladılar" falan diyor ya; ama ben işte kendimi biraz şey hissediyorum, ailemin en küçüğü olmama rağmen en çok böyle kimliğe, mücadelenin içinden falan ama, çok elitistler yani. Göçmenlerle çalışmanın şöyle bir tarafı olduğunu düşünüyorum, ben o tarafını biraz fazla kucakladım; mesela ben ODTÜ'den döndükten sonra ailem bana şey dedi, "biz seni ODTÜ'ye mi yolladık, Hakkari'ye mi", çünkü ben böyle şiveli döndüm, şiveli konuşmaya başlamıştım.

Suriyelilerle çalışmaya da hemen adapte olabildim o yüzden. Bir de böyle Kürtlerle takılmak istiyordum ODTÜ'ye gidince, işte böyle tam çift kimlikli olmak. Hem buralıyım, hem oralıyım, hem burada hem orada kabul edilmek istiyorum. Tam böyle çift kimlikli çocuklar, tam göçmüş, gelmiş bebekken 1-2 yaşında, ama bana gelirken artık olmuş ilkokul çocuğu, ortaokul çocuğu, 10 yıldır burada, bir tarafı Arapça bilmiyor artık, ama ismi Arapça falan; böyle hikayeler çok bana değdi, beni açtığını düşünüyorum falan."

C: My family migrated from the Balkans, and most of them came to Turkey, facing language barriers and adaptation problems. My grandmother, even at a later age, learned Turkish and occasionally spoke her own language at home. She shared with me the challenges they faced during the migration journey and their struggles with language. My grandmother's experiences as a migrant always reminded me of the universal longing for homeland and the pursuit of fulfillment. This connection to migration and yearning for a sense of belonging might have influenced my decision to work with refugees. I also believe that my own anxieties may stem from this collective experience.

C: benim bütün ailem şeyden göç etmiş, Balkanlardan göç etmiş. Ve orada da şöyle bir şey var: Çoğu Pomak olduğu için, bir etnik köken, Türkiye'ye geldikleri için bir adaptasyon sorunu da yaşıyorlar, konuştukları dil gereği, Türkçe bilmiyorlar yani. Hatta ananem ve ananemin eşi olan dedem, onların ana dilleri de Pomakça, 10 yaşından sonra öğrenmişler Türkçeyi. Evde ananem falan ara sıra Pomakça falan konuşurdu o dili bilenlerle. Bir de ananem bana bazen o göç deneyimi ile ilgili zorlu şeyleri de anlatırdı, o yolun nasıl olduğu, nasıl karşılandıkları, Türkçe bilmedikleri için işte nasıl zorlandıklarını falan anlatırlardı. O açıdan aile hikayemde böyle bir taraf var. Aslında bunun, ilk aklıma ananemin geliyor olmasının şöyle bir sebebi var sanıyorum: Anneden ayrılmak, anavatanından ayrılmak, hep bir mülteci olmak, hani herkes için işte adına ne dersek diyelim, işte object petite a, işte o eksik olanı, arzunun peşinden koşmak falan filan; her zaman o, hani, şey gibi, bir şekilde mülteciyi çağrıştırıyor bana, yani, herkes bir şekilde öyle, oradan sürülmüş ve o anavatanını arıyor gibi falan filan, hatta belki de cennet tam da onun fantezisi, her şeyin olduğu, mutlak doyumun olduğu bir yer falan filan. Dolayısıyla ben aslında her zaman bunun etkisiyle bir şey olduğunu düşünmüşümdür, o çalışmaya karar verişimin ardında bilinçdışı böyle bir şeyin olduğunu düşünmüşümdür. Bu ortak deneyimin de benim kendi kaygılarımı şekillendirdiğini düşünmüşümdür.

3.4. Rewards for Clinicians

3.4.1. Witnessing Patient Stength

D: I was truly amazed by the incredible resilience and quick recoveries I witnessed among the refugees I worked with. It made me realize that despite the injustices they faced, they had an inner strength that propelled them forward. When I support them in reclaiming what they deserve, it's not about me helping them, but rather enabling them to regain what was unjustly taken away. It's a reminder that although humans can inflict unimaginable harm on each other, witnessing their ability to heal and move forward fills me with surprise and joy.

D: Acayip hayran oluyorum onlara ne kadar güçlü toparlandıklarını gördüğümde, ne kadar dayanıklı olduklarını, ne kadar hızlı toparlandıklarını gördüğümde… Ne kadar büyük haksızlıklarla karşılaşsalar da devam edebiliyorlar, içlerinde bazılarında öyle bir güç var yani, hakkı olanı aslında bir şekilde, hakkı olan şeye erişmesine yardımcı olduğumuzda, zaten o yolunu buluyor. Böyle, hak üzerinden galiba daha, dilim biraz öyle dönüştü galiba. Şimdi mesela bir şey dendiğinde, "Aa, siz yardımcı oluyorsunuz" falan gibi, şeyi mutlaka söylüyorum, vurgulama ihtiyacı hissediyorum aslında, hani zaten hakkı olan bir şeyi, dünyadaki çeşitli adaletsizlikler sebebiyle elinden hakkı alınmış bir şeyi, geri almasına belki aracı oluyorum sadece, bu onun hakkı kısmını daha fazla vurguluyorum galiba eskisine kıyasla. İnsanların birbirlerine akıl almaz zararlar verebilmelerine rağmen, yine de iyileşebilme ve ilerleme yeteneklerine tanık olmak beni her defasında şaşkınlık ve sevinçle dolduruyor gerçekten…

S: Apart from our regular sessions, we formed a truly unique and delightful community. We created a knitting group where women would gather, chat, and share their problems while enjoying some biscuits and tea. It was such a heartwarming experience to witness them opening up about their troubles while knitting away. These women not only provided emotional support but also helped each other find employment opportunities, ultimately becoming the best of friends. Their strength was already apparent, but it grew exponentially through these connections. I remember one beautiful moment when I saw one woman comforting another by gently placing her arm around her shoulder. It was truly heartening. We formed a few more groups like this, and even their husbands became close friends. This kind of bond is rare and incredibly gratifying, something that only a few lucky women get to experience

S: Seansların dışında, böyle biz bir grup yaptık, örgü grubu, ve dertleşme grubu gibi; işte böyle her hafta kadınlar, bisküvi, çay falan, aynı zamanda herkes örgü örüyor dert anlatıyor. O dertleri böyle anlata anlata, öre öre falan, çok güzel oldu. Sadece birbirlerine grupta destek olmadılar, birbirlerine iş buldular, birbirleriyle kanka oldular. Görmüştüm dışarıda biri diğerinin omzuna kolunu atmış falan, benim için müthiş bir şeydi. Zaten güçlü oldukları belliydi, iyice güçlendiler bu gruplarla. Öyle 2-3 tane grup yaptık, kocaları da ahbap olmuş falan, çok hoşuma gitti; bu mesela çok tatmin edici bir şey yani, çok az işte bunu yaşayabilir yani. Çocuklarının gelişimini görmek falan da.

3.4.2. Receiving Positive Feedback

M: Sometimes my patients express their gratitude for our support, mentioning that no one else wants to listen or help them, but we do. I must admit, it brings me immense comfort to hear this. It's easy for people to feel helpless and overwhelmed, thinking they can't make a difference in someone else's life. However, when a client tells me, "I see your efforts and how you genuinely care for us in this city where nobody else does. So, even though it's difficult, I make sure to come and seek help," I feel a sense of accomplishment knowing that I can provide them with the strength to hold on, even if it's just a little bit.

M: Bazen hastalar desteğimiz için minnettarlıklarını dile getiriyor, başka kimsenin onları dinlemek ya da yardım etmek istemediğini, ama bizim bunu yaptığımızı falan söylüyorlar. İtiraf edeyim, bunu duymak beni çok rahatlatıyor. Çünkü insanların kendilerini çaresiz ve bunalmış hissetmeleri, başka birinin hayatında bir fark yaratamayacaklarını düşünmeleri çok kolay, hele ki bu yaşanılanlardan sonra. Ancak bir danışanım bana mesela, "Çabaladığınızı ve kimsenin bizimle ilgilenmediği bu şehirde bizimle gerçekten nasıl ilgilendiğinizi görüyorum. Bu yüzden, zor olsa da geliyorum size, yardım isteyebilyorum" falan dediğinde, onlara bir nebze de olsa dayanma gücü sağlayabildiğimi bilmek böyle iyi bir şey başardığımı hissettiriyor.

3.4.3. Job Satisfaction

A: Working in this field brings me immense professional satisfaction. Witnessing the progress and positive changes in the lives of the patients I work with, establishing meaningful relationships, and being able to provide support truly fills me with joy. It's rewarding to be directly involved in their lives, seeing firsthand the impact of our work. It has also been beneficial for my own personal growth. Seeing patients improve and increase their functionality, despite facing extremely challenging circumstances, boosts both their satisfaction and mine from the therapies. This reinforces the belief that I am making a difference in their lives and motivates me to continue my work with utmost dedication.

A: Bu alanda çalışmak bana bayağı bir mesleki tatmin sağlıyor, böyle birlikte çalıştığım hastaların hayatlarındaki ilerlemeye, işte olumlu değişikliklere tanık olmak, onlarla anlamlı ilişkiler kurmak ve destek sağlayabilmek beni gerçekten mutlu ediyor. Onların hayatlarına doğrudan dahil olmak çok güzel bir şey, çalışmalarımızın etkisini böyle direkt olarak, ilk elden görmek ödüllendirici bir şey. Aynı zamanda kendi kişisel gelişimim için de faydalı oldu diyebilirim böyle çalışmam. Son derece zorlu koşullarla karşı karşıya olmalarına rağmen yine de hastaların iyileştiğini görmek, işlevselliklerini artırdığını görmek, hem onların hem de benim terapilerden duyduğum memnuniyeti artırıyor bayağı. Gerçekten harika bir şey bu. Nasıl anlatayım, böyle onların hayatlarında bir fark yarattığıma olan inancımı pekişiyor gibi oluyor bunları gördükçe, bu da beni daha özverili çalışmak için bayağı beni motive ediyor.

M: For instance, since incorporating regular supervision into my practice, I have noticed a significant improvement in the progress of my patients. This has greatly boosted my professional satisfaction and reignited my passion for the field. The consistent support from supervision has enhanced my self-confidence, allowing me to deliver better results and feel more connected to my work.

M: …süpervizyon aldığımda, çalışmaya başladığımda, ondan sonra işte böyle şey görmeye başladım, insanlarda bir şeyler görmeye başladım onlarla ilişki kurduğumda, onlarla ilişki kurduğumda gördüğümde falan, daha iyi olduklarını görmeye başladım. Böyle görüşmeler düzenli şekilde devam ettikçe benim böyle mesleki doyumum arttı. Ve biraz böyle şey de oldu, hani böyle alana daha da bağlanmış hissettim falan, beni böyle mesleki olarak devamlı geliştirdiğini de düşünüyorum yani çalıştığım vakaların.

3.4.4. Professional and Personal Development

E: In my professional journey, I've gained invaluable knowledge and experience. Meeting countless individuals and navigating through challenging situations has opened my eyes to the simplicity of what once seemed daunting. I've encountered rare psychiatric cases, worked with diverse cultures, and mastered the art of working with translators (talk about a skill in itself!). Through extensive reading, I've absorbed theories and techniques that were previously unfamiliar to me. Furthermore, I've discovered unconventional methods of helping my patients, like engaging in activities together such as planting flowers. This unique approach has allowed me to foster genuine connections and build meaningful relationships with those around me. I've witnessed firsthand the healing power of a simple flower, how it can breathe life and restore vitality to both parties involved. While complete restoration may not always be feasible, especially within short timeframes, I have observed the profound healing potential that exists within human connections amidst a world filled with so much darkness.

E: Mesleki olarak da çok şey öğrendim; mesela mesleki çalışma yılım ve yaşımı da düşününce birçok kişiden o yaşta çok daha fazla kişiyle karşılaşma ve mesleki pratik yapma olanağı buldum. Yani işte o çok nadir görülen psikiyatrik sıkıntıları da gördüm; hani tedavi etmesi falan, onu geçiyorum, ondan bahsetmiyorum ama, işte beni mesleki açıdan çok geliştirdi diyebilirim herhalde. Bunlar geliyor aklıma. Ve bir de şey ya, bir insanı onarmak ve bir insanla birlikte onarılmak, galiba bunu da, daha çok göçmenlerle çalışmalarımla öğrendim. Mesela normalde yapılmayacak şeyleri bile aslında yapıyor olarak bulmak; birlikte çiçek ekmekten tut, işte bambaşka bir bağ kurmayı, ve gerçekle hakiki bir ilişki kurmayı öğrendim diyebilirim. Yani işte iyileşmenin bir çiçekle ne kadar olabileceği, yani işte o canlılığın tekrar her iki tarafa da, kendim için de, yani çok fazla çiçeklerim oluyordu, mesela o kadar geçici çalışıyorduk ki, kalıcı bir şeylere çok ihtiyaç oluyordu diyebilirim. Her şey tamamen onarılmasa bile, ki bunun çok mümkün olduğunu sanmıyorum açıkçası, o kadar kısa sürelerde özellikle; yine de o kadar kötülüğün içinde insanın insanla o kurduğu bağın çok iyileştirici olduğunu da gördüm diyebilirim.

D: Perhaps the most valuable lesson I learned from working with them is the art of waiting. Witnessing their hopes and needs for progress, whether fulfilled or not, taught me the importance of accompanying them throughout their journey. It's about carrying the weight of human helplessness, but not allowing it to consume you entirely. This experience has truly shaped my understanding of being a therapist. Despite the moments when it feels impossible to provide assistance or intervene, finding solace in the belief that even a small act can make a difference is a profound revelation.

D: Biraz onlardan belki çok şey öğrendim. Yani beklemekle ilgili bir şeyleri. İnsanın çaresizliğini biraz taşımakla, ama onun içinde çok boğulmamakla ilgili. Böyle terapistlikle ilgili böyle şeyler öğretiyor bence. Çünkü birçok şeyde yardım edemediğini hissediyorsun, bir şey yapamadığını müdahale edemediğini hissediyorsun. o durumda bile bir şeyler yapabileceğini hissetmek; farklı bir şey, yani ufak da olsa. Biraz böyle şeyler öğretiyor herhalde.”

D: Working with refugees has truly broadened my perspective on humanity and the world. It has shown me that issues can be seen in completely different ways, and that there are various ways to cope with them. Everyday lives and expressions are lived in such different ways in this world. Additionally, it has taught me what the human mind can go through, what experiences it can endure, and what we are capable of handling. It has been an experience that keeps curiosity alive, exposing me to different ways of thinking and living. Their unique dreams, songs, and paths make conversations with them so vibrant, ultimately revitalizing the world.

D: …mültecilerle çalışmanın insana ve dünyaya bakışımı gerçekten çok genişleten bir tarafı var. Çünkü o kadar başka bakılabiliyor ki meselelere, ya da belki ben hiç öyle bakmamışım, ya da belki bakmanın patolojik olduğunu düşünmüşüm; ya da böyle çok basit, gündelik hayatla da ilgili olabilir, hani giyim kuşamları sözel olarak kendilerini ifade edişleri de olabilir… Şey gibi söylemiyorum ama bunu, hani vardır ya, yaşadıkları kötü olayları kendine bir iyi olma payı olarak almak, öyle bir şey değil; insan zihni neler yaşıyor, neler deneyimliyor… Merak, merakı çok canlı tutan bir deneyim oldu, ve farklı farklı düşünme şekillerini, yaşayış şekillerini gösteren bir tarafı var. Farklı hayalleri, farklı şarkıları, yani, o kadar canlı bir şey ki, dolayısıyla aslında, dünyayı canlandıran bir tarafı var. Söylediğim gibi, o güç…

S: Since stepping into this field, I've come to believe that a significant portion of the world is plagued by victimization. As a result, my outlook on the world has become more pessimistic. I find it difficult to feel hopeful when positive things occur, and now I view the world as a bleaker and more troubled place. However, this perspective has also made me less surprised and more resilient when faced with adversity. It's a peculiar situation, neither entirely positive nor negative in its impact.

S: Bu alana adım attığımdan beri dünyanın önemli bir kısmının mağduriyetlerle boğuştuğuna inanmaya başladım. Sonuç olarak, dünyaya bakış açım daha karamsar hale geldi yani... Olumlu şeyler olduğunda bile böyle umutlu hissetmekte zorlanıyorum, yani artık dünyayı daha kasvetli ve sorunlu bir yer olarak görüyorum. Ancak bu bir yandan faydalı da oluyor, mesela zorluklarla karşılaştığımda daha az şaşırmamı ve daha dayanıklı olmamı sağlıyor yani. Bu tuhaf bir durum, etkisi ne tamamen olumlu ne de tamamen olumsuz diyebilirim.

C: I discovered that loneliness may have an antidote. I can't recall who said it, but I believe Milan Kundera mentioned in one of his books: "Loneliness can only be healed by sharing it." ....Working with refugees has made me question certain aspects of life and confront certain truths. Somewhere along the way, I encountered the refugee within myself. Their experience of exile resonated deeply with my own sense of displacement. This aspect of my work has also been beneficial in alleviating my personal feelings of loneliness and isolation. When I sit with them, I find myself seeking answers not only for them, but also for myself. How do they endure such pain? How do they survive the depths of solitude? In a way, it becomes a companion to my own loneliness.

C: Kim diyordu bilmiyorum, ya Milan Kundera diyordu, ya da kim diyordu hiç bilmiyorum, ya Milan Kundera'nın kitabında geçiyordu: "Yalnızlık ancak, yalnızlığın paylaşılmasıyla giderilebilir". Aslında galiba o grupla, mültecilerle çalışırken de hayat sizi bazı şeyleri sorgulamaya itiyor ve bazı şeylerle yüzleştiriyor gerçekten; ve dolayısıyla oralarda bir yerlerde kendi içimdeki mülteci ile karşılaştığım için, ve o aslında hani mülteciyi şöyle tanımlarız ya, tırnak içinde ana vatanından sürgün edilmiş, yani bir anlamda da o sürgün benim kendi içimdeki sürgün edilmiş tarafla çok temas ettiği için, bir tarafıyla benim kendi kişisel yalnızlığıma, izolasyonuma iyi gelen bir tarafı da vardı, dürüst olmak gerekirse. Dolayısıyla aslında şey gibi, bazen bunun suçluluğunu çok hissettiğim olmuştur, böyle bir suç olmadığını bilsem de; orada otururken kendim için de bir şey duymak istiyorum aslında: Gerçekten nasıl dayanabildiniz bu acıya? Gerçekten bu kadar yalnız nasıl hayatta kalabildiniz? Bu hüznü nasıl kaldırabildiniz, bu öfkeyle nasıl başa çıkabildiniz gibi gibi, aslında benim kendi içimdeki o tarafla karşılaştığım bir yer de oldu burası. O yüzden şey diyebilirim, o yalnızlığa, benim içimdeki yalnızlığa, biraz yol arkadaşlığı etmiş olabilir bu böyle kendi içimdeki taraf.

3.5. Coping Strategies and Resources

3.5.1.Organizational Coping Strategies and Resources

D: During the course of our work with refugees, an interesting case arose that challenged my understanding and required careful consideration. One particular individual, who resisted accepting any form of spiritual leadership, confided in me, stating, "They come at night and torture me." This disclosure presented a unique situation that was not easily categorized as pathological. It required a nuanced approach to address effectively. With the guidance of our supervisor and the assistance of knowledgeable translators familiar with the cultural context, we were able to navigate this complex issue. As a result, what initially seemed like a potential problem transformed into a manageable situation, thanks to the collective support and expertise of the team.

D: Mesela bir kere çalışırken şöyle ilginç bir şey oldu, bazı konular çok kafa karıştırıcı oluyor ve çok dikkatli düşünmek gerekiyor ya hani, böyle biri geldi işte. Mesela şöyle bir şey dedi, ruhani liderliği kabul etmediği için galiba, bana diyor ki "Gece gelip bana işkence ediyorlar". Orada başka bir şey var, bunu direkt patoloji diye etiketlemek olmaz gibi; oralar biraz bocalatmıştı. Ama hem süpervizörümüzün desteğiyle, hem oraları bilen tercümanların desteğiyle, sanki şey oldu, sorun haline gelmedi çok benim için diye düşünüyorum."

S: For instance, our supervisors have a strong psychoanalytic background. This has been incredibly supportive for us as working psychologists, as it deepens our understanding of both our patients and ourselves. It shapes the way we listen to narratives and influences our perspective, ultimately leading to more accurate interventions. However, since my own practice differs from the way I receive supervision, it can sometimes create confusion. Nevertheless, I firmly believe that I cannot continue working without supervision. It provides me with a safe space to discuss these issues and seek support whenever I feel confused or helpless.

S: Mesela süpervizörlerimiz, bundan hiç şikayetçi değilim, çok analitik bir yerden gidiyor. Bu çalışan kişiyi çok destekliyor, psikologları çok destekliyor, çünkü hakikaten güçlendiriyor bizi. Hem bakış açımızı, hem danışanların hikayelerini duyma biçimimizi çok etkiliyor; dolayısıyla müdahalemizi daha doğru bir yerde yapmamıza katkı sağlıyor. Ama bir yandan süpervizyonu aldığım biçimde uygulamayı yapmıyor olmam, başka bir ekolde yapıyor olmam da kafa karışıklığına yol açıyor. Yani ortalık karışık. Yine de süpervizyonsuz devam edemeyeceğimi düşünüyorum; süpervizyon ne zaman böyle çaresiz hissetsem orada olan bir şey, bana güvende olduğumu hissettiriyor, destek oluyor her şekilde.

A: Having someone to talk to about my concerns, listening to their own struggles, and supporting each other has been incredibly beneficial. This sense of togetherness and solidarity is invaluable. We all witness and carry the weight of heavy experiences, trying our best to bear the helplessness, anger, and sadness of others. However, it's disheartening to realize that we can't always do enough. We also face the constant challenge of defending refugees and confronting prejudices outside of work. Knowing that we are not alone and being able to have open conversations about these challenges brings comfort and reassurance.

A: Endişelerim hakkında konuşabileceğim, onların da yaşadıklarını dinleyebileceğim, mücadelelerini dinleyebileceğim ve bir yandan birbirimize destek olabileceğimiz birilerinin olması inanılmaz iyi gelen bir şey. Gerçekten çok iyi geliyor, yani bu birliktelik ve dayanışma duygusu paha biçilemez. Hepimiz çok ağır deneyimlere tanıklık ediyoruz yani, çok ağır deneyimleri taşıyoruz, başkalarının çaresizliğine, öfkesine, üzüntüsüne katlanmak için elimizden gelenin en iyisini yapmaya çalışıyoruz bu işte yani. Ancak, her zaman elimizden gelenin yetmediğini veya gerekeni yapamadığımızı fark etmek bayağı cesaret kırıcı. Bir yandan da iş dışında mültecileri savunmak, önyargılarla yüzleşmek gibi sürekli bir zorluk da yaşıyoruz. En azından yalnız olmadığımızı bilmek, böyle bu zorluklar hakkında açık konuşmalar yapabilmek bana oldukça rahatlık ve güvence sağlıyor yani.

C: The institution I work in may not be my ideal workplace, but I consider myself extremely fortunate to have amazing colleagues. It is thanks to them that I have been able to continue in this job. I have wonderful friends who are always there to support me. There hasn't been any conflicts or competition among us; instead, I feel a strong sense of camaraderie and support. Being able to talk to them and share my experiences with them is truly uplifting. They understand the challenges we face and can empathize with me, which provides great comfort.

C: benim çalıştığım kurum, açıkçası, sevdiğim bir kurum değil bir işyeri olarak, ama çalışma arkadaşlarım açısından inanılmaz şanslı biriyim. Çok iyi arkadaşlarım var ve çok destekleyici arkadaşlarım var, meslektaşlarım da öyle; hiçbir zaman orada böyle bir çatışma, rekabet falan bilmem ne gibi bir şey

yaşamadım, aksine çok desteklendiğimi hissediyorum ve yanımda hissettiğim kişiler var; dolayısıyla onlarla konuşmak, anlatmak her şeyden önce bana çok
iyi geliyor, çünkü bu yükü orada paylaşabilirim diyebiliyorum, çünkü onlar da benzer bir deneyimin içinden geçiyorlar ve bu bana çok iyi hissettiriyor.

D: Despite numerous articles highlighting the initial strain and emotional toll of therapy sessions, it seems that institutions struggle to grasp the significance of this matter. As a result, we find ourselves continuously advocating for our needs, emphasizing the urgency of seeking therapy to prevent burnout and maintain our effectiveness in fulfilling our responsibilities. Through perseverance, we have managed to secure budget allocations for these requirements, with our organization now offering coverage for therapy sessions and providing regular supervision. It is my fervent wish that every institution would adopt similar practices. Seeing many of my colleagues deprived of these resources evokes a mixture of gratitude and shame within me.

D: Yani mesela terapi seanslarının ilk başlarda ne kadar gergin olduğunu ve ne kadar ağır bir duygusal bedelinin olduğunu vurgulayan o kadar makaleye falan rağmen, kurumların bu konunun önemini kavrayamıyor gibi görünüyorlar. Biz de sonuç olarak, kendimizi sürekli olarak ihtiyaçlarımızı savunurken buluyoruz, işte tükenmişliği önlemek ve sorumluluklarımızı yerine getirirken işe yaralı da kalabilmek için kendi terapimizi almanın aciliyetini vurgulayıp duruyoruz. Biz şeyi başarabildik mesela, azimle çalışarak bu ihtiyaçlarımız için kurumun bütçe tahsis etmesini sağladık ve kurumumuz artık terapi seanslarını karşılıyor ve düzenli gözetim sağlıyor. Keşke her kurum benzer uygulamaları benimsese, çok samimi söylüyorum, keşke herkes bunu yapsa… Birçok meslektaşımın bu kaynaklardan mahrum kaldığını görmek bende böyle bir minnettarlık ve utanç duygularının bir karışımını yaratıyor yani.

S: In my experience, the organization I worked for had a wonderful work environment characterized by a horizontal hierarchy model. Each individual had their own responsibilities and were given autonomy in their respective areas. The managers fostered a positive and collaborative atmosphere, never making me feel inferior or belittled. Instead, they were open to learning from us and valued our input. It was empowering to see that our suggestions were taken seriously and implemented, making us feel important and valued. This type of relationship with the managers eliminated any status pressure or tension among colleagues, resulting in equal and supportive treatment for everyone.

S: Yani benim şöyle bir avantajım oldu; çalıştığım kurum yatay hiyerarşi modeli ile çalışan bir kurumdu. Dikey hiyerarşi olmadığını için, bir de hani alan, herkesin kendi alanları vardı; bu alanın inisiyatifini bize bırakıyorlardı. Hani böyle tabiri caizse günlük raporlama sürekli işte emir komuta, öyle bir şey hiçbir zaman olmadı; dolayısıyla çok rahat bir şekilde bir aidiyet uzun vadede kurabildim. Yani zaten özellikle bu konuda sana sertifika da veriyorlar. Karar mercii sen oluyorsun, bu alanda sen olduğun sürece bu alanı en iyi bilen sensin, gibi hareket ediyor. O şekilde.

3.5.2. Personal Coping Strategies and Resources

K: You know, I've definitely splurged on shoes before. I mean, I've spent way more than I should have on a single pair. But those shoes brought me so much joy, they were very pleasant things for me. Of course, the guilt creeps in sometimes. Like, I have money and all, but there are these money issues that keep popping up left and right during the sessions, and this is a very difficult subject. But here's the thing: the money I've spent on a fancy dinner or a night out, sometimes equals to or is more than the money my patient needs. Sometimes I felt guilty, but I always reminded myself: it's not really my fault, you know? And this is the way it should be. It's not my responsibility to fix everything. The culprit here is someone else. Let the government or the EU or whoever deal with it. Meanwhile, I've definitely had my fair share of extravagant spending – clothes, food, avoiding public transport... the whole shebang. Maybe it's just my way of reminding myself that I'm not in a terrible situation, that I can still enjoy life and all, after all, I'm not a refugee, I can continue living and enjoying…

K: Ayakkabıya çok fazla para harcadığımı biliyorum, bir ayakkabıya olması gerekenden çok daha fazla para verdiğim olmuştu; çok seviyordum ayakkabı almayı, bunlar benim çok hoşuma gidiyordu. Haaa, bir de şu; şöyle: Para harcamayı seviyorum, herkes sever zaten, ama bazen şöyle olduğu oluyordu, eeemm… İnsanı suçlu hissettiren bir tarafı oluyor tabii, hani, benim param var ve, eee, şöyle… Şimdi seansta parayla ilgili sıkıntılar çok fazla geliyor ve çok çok çok çok fena bir konu. Ama mesela orada ihtiyaç duyulan para benim bazen bir akşam yemeğine veya bir gece dışarı çıktığımda bir içkiye verdiğim para olabiliyordu. Bazen kendimi böyle bir suçlu hissettiğim oluyordu, ama her zaman kendime şunları hatırlatıyordum: "K, buradaki suç asla senin değil, ve bu olması gereken zaten; bu zaten herkesin olması gereken bir hakkı. Buradaki suçlu başka yani, gitsin devlet bir şey yapsın, işte AB bir şey yapsın, kim yapıyorsa yapsın, ama bunun sorumlusu asla ve asla ben değilim" falan gibi düşündüğüm oluyordu. Ama bazen şöyle yaptığım olmuştur, inanılmaz çok para harcadığım ve lüks şeyler yaptığım olmuştu, giyim kuşama çok çok para harcamak, yemeğe inanılmaz para veriyordum, falan… İşte toplu taşımaya binmemek gibi gibi… Sonra da şeyi düşünmüştüm, belki de kendime şunu hatırlatıyordum, "hayır, arada bir fark var ve ben mülteci değilim, o kadar kötü durumda değilim", gibi bir şey hatırlatma gereği duyuyormuşum kendime, çünkü orada farklı olan bir şey vardı, parayı harcamada farklı olan bir şey vardı. Yani bu arada yani parayı herkes harcamayı sever de, bu çok "It's Ok" bir şey; ama o dönemde biraz daha farklı olduğunu söyleyebilirim…

S: When I distanced myself from that narrative, the realization that I had become desensitized to it made me feel less human. It's definitely a challenging situation. Thankfully, I started undergoing psychoanalysis after taking up this job. While I used to discuss my experiences with friends and supervisors during meetings, I soon realized it wasn't enough. The beauty of therapy and analysis is that they provide us with the opportunity to delve deeper into our emotions and experiences. I vividly remember shedding tears for hours during one of my sessions. Those moments allowed me to process and alleviate some of the burdens I was carrying. Without them, this line of work would be truly unbearable...

S: O hikayeden uzaklaşınca benim onu sıradan bir şeymiş gibi dinliyor olmam kendimi insanlıktan çıkmış gibi hissettiriyor. O yüzden zor yani, çok zor. Allahtan ben analize gitmeye başladım bu işten sonra. İşte ne yaşıyorum falan arkadaşlarımla da yazışıyordum, böyle toplantılarda da süpervizyonda da konuşuyordum; ama yine de bunlar yetmiyordu. O yüzden terapinin güzelliğini anladım, ne yaşıyorsak ne hissediyorsak derinlerine gidebilme fırsatını veriyor yani terapi de analiz de. Bir keresinde hatta bir seansta ağlamaya başlayıp saatlerce duramamıştım. İşte böyle şeyler sayesinde taşıdığım yükleri anlamlandırabiliyorum anca; yoksa zaten bu iş biçimine kimse dayanamaz yani…

C: In addition to that, I find myself writing a ton. I just keep writing and writing and writing during this journey. It's therapeutic for me to pour out my thoughts and emotions onto paper, to listen to my own voice through my words. And of course, painting is another outlet for me. Sometimes, I notice these very things reflected in my artwork. It's like when we transform our experiences into little pieces of art, it brings about a positive effect on us.

C: Onun dışında ben yazı yazarım çok. Çalışmaya başladıktan sonra hep yazdım da yazdım. Ondan sonra, o yazılara hani duygularımı ve düşüncelerimi dökmek, bunları duymak iyi geliyordu bana. Tabii bir de resim de yapıyorum ben, o resimlerde de bazen gördüğüm oluyordu böyle bu tarz şeyleri. Yani aslında o klasik şeyler işte, biraz süblime edince insana iyi geliyor tabii ki, bir şeyleri sanata çevirince yani.

E: Guess what? Once I started working with refugees, I felt this newfound passion for music. I decided to learn how to play musical instruments, and let me tell you, it's been a journey full of emotions. It's almost like channeling the heartbreaking stories of past genocides, like the Second World War, where countless sad masterpieces were created in response. The melodies I play always seem to carry that deep sense of sadness. But you know what? Expressing myself through music is cathartic. It's like lifting a weight off my shoulders, making that emotional burden a little lighter.

E: Aa, ama müzik aleti öğrenmeye başladım. Müzik tabii, müzikle ilgilenmeye başladım. Evet öyle bir şey oldu. Biraz yani göçmenlerle tam zamanlı olarak kurumda çalışmayı bırakmamdan hemen sonra oldu. Bir de müzik aleti öğrenmek, acıklı ya tam bir soykırım şeyi gibi, ikinci dünya savaşı… Çaldığım parçalar da zaten, hep böyle daha hüzünlü şeyler... Bir de şeyi belki diyebilirim ya..

M: It's really beneficial to express my thoughts and have meaningful conversations about refugees with others. Sharing information, discussing their lives and the resources available to them, like the funds from the UN, helps create awareness and understanding. It feels good to have a safe space to talk about these issues and engage in dialogue. Additionally, on a personal level, it's important for me to open up about the challenges I face. When my loved ones see that I'm going through a tough time, it enables them to empathize, offer support, and remind me that I'm not alone. This kind of connection and support makes it easier to navigate the complexities of advocating for refugees and dealing with my own difficulties.

M: Tüm bunları anlatacak bir alanının olması, birileriyle bunlarla ilgili konuşmak iyi geliyor. Sadece bu arada şey değil, yani böyle atıyorum böyle ailemle akrabalarımla

falan, sadece geldiğimde, işte şey anlatıyorum, hani "mültecilerin burada böyle böyle hayatları var, bunlara bunlara erişiyorlar, bu eriştikleri şeyler, atıyorum fonlar BM'den, falan; o aktivist tarafımın dışında da onlara da şeyi anlatıyorum, yani işte "bu ara çok zorlanıyorum falan" diyorum onlara. Böyle sevdiğim kişiler de zor bir dönemden geçtiğimi anladıklarında ben de paylaştıkça bunları benimle empati yapmaya çalışıyorlar, görüyorum bunu, bayağı destek olmaya çalışıyorlar, yalnız olmadığımı hatırlıyorum böyle yani. Böyle destekler, böyle bağlılıklar sayesinde zaten mültecilerin haklarını savunmak, sürekli zor şeylerle, kendi zorluklarımda da uğraşmak daha kolay oluyor yani…

S: After some time, I realized that simply providing therapy was not enough for me. I found myself going above and beyond by reaching out to my family, collecting funds, and discreetly assisting my client with financial support. I would often come up with excuses like 'there's a generous benefactor' or 'an organization is offering assistance' to avoid revealing my involvement from the center. In certain situations, it felt like my therapeutic role wasn't as relevant, and I felt compelled to address immediate needs, such as finding employment for her husband or ensuring she had enough to eat. I firmly believed that nourishing her physical well-being was essential before diving into deeper conversations. After all, it's difficult to discuss matters when hunger prevails.

S: Bir süre sonra sadece terapi yapmanın bana hiç yetemediğini anladım. Ve şey yapmaya başladım, ailemi arayıp, işte para toplayıp, işte bir hayırsever varmış, bir dernek veriyormuş, gibi şeylerle merkezden olduğumu söylemeyip kocasına iş buluyorum ama ben yokum, bilinmiyorum. Bir de benim işimin orada çok yerinin olmadığı anlar oluyordu çok başlarda. Önce o kadının kocasının iş bulması gerek, o kadının önce doymaya ihtiyacı var yani, ancak sonra anlatabilir, açken, fiziksel olarak iyi durumda değilken yapamaz gibi düşünüyordum. Yani açlık çeken biriyle nasıl bir şeyleri konuşabilirsin ki…

C: For the past 2 years, I have chosen not to follow current events. It reached a point where I felt overwhelmed and there was no space left within me to handle such heavy information. I simply cannot bear to hear about certain things anymore. In fact, I have lost interest in politics altogether. I have intentionally created a small life for myself, centered around specific practices. I do my best to keep politics at bay and protect my own well-being. Of course, it's impossible to completely block it out, but as a coping mechanism, I pretend to maintain that illusion.

C: Yani şöyle, 2 yıldır hiç olan biteni takip etmiyorum. Çünkü, o şeyi doldurmuş gibi hissediyorum. Öyle bir şey duymaya tahammülüm yok. Bu arada ben genel olarak politik hiçbir şeyle ilgilenmiyorum, hiç ilgilenmiyorum, böyle bayağı küçücük bir hayatım var, belli pratikler üzerine kurulu. Politikayı bunun dışında tutmaya çalışıyorum, tabii ki de tutamazsın tamamen ama illüzyon olarak diyeyim, tutmuş gibi yapıyorum. Ama tabii mümkün değil, olmaması da. Ama beni yoruyor bu. Mesela kendi hayatımda bunu şey yapabiliyorum biraz, kontrol edebiliyorum; ama mesela annemlere gittiğimde, işte daha aileyle ilişkiler kurduğumda onlar çok konuşuyorlar böyle şeyleri, politikayı falan ve duyup bunları böyle, "Allahıımm" falan olduğum oluyor.

E. APPROVAL OF THE METU HUMAN SUBJECTS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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15 ŞUBAT 2022

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Deniz Canel ÇINARBAŞ

Danışmanlığını yürüttüğünüz Ayten Deniz TEPELİ'nin "Suriyeli Mültecilerle Çalışan Ruh Sağlığı Uzmanlarıyla Bir Yorumlayıcı Fenomenolojik Analiz Çalışması" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **0097-ODTUİAEK-2022** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
İAEK Başkan

F. CURRICULUM VITAE

1. PERSONAL DATA

Name/Surname: Ayten Deniz Tepeli

2. EDUCATIONAL QUALIFICATIONS

2016- 2023 **Ph.D. in Clinical Psychology**
Department of Psychology, Middle East Technical University, Turkey

2008-2011 **MA in Clinical Psychology**
Department of Psychology, Istanbul Bilgi University, Turkey

2000-2004 **BA in Psychology**
Faculty of Art and Sciences, Istanbul University, Turkey

3. PROFESSIONAL EXPERIENCE

2010-Present Clinical Psychologist/Psychotherapist on Private Practice
Providing psychoanalytic-oriented individual and couples psychotherapy sessions to adults (18+)

2013-Present Part-time Instructor in the Department of Sociology at Mimar Sinan Fine Arts University

2011-2016 The Preventive Mental Health Center of Kadıköy Municipality
Providing counselling and psychotherapy for children and adolescents, and for the kindergarten teachers of the municipality.

2007-2010 Erenköy Psychiatric Hospital
Providing psychological counselling, psychotherapy and psychological tests for the inpatients and outpatiens

2006-2007 Etiler Nispetiye Nursing Home

2004-2006 Pozitif Development Center

5. CLINICAL INTERNSHIPS

2008-2010 Internship at İstanbul Bilgi University Psychological Counseling

2004 Internship in La-Pe Mental Health Hospital

6. FURTHER TRAINING

2019-2022 Psychoanalytic Couples Therapy Training, by Psychoanalyst Gülenbaht

Şentürk

2016-2017 Gottman Couples Therapy, Psikoloji İstanbul, 1-2-3. Levels.

2016-2017 Mentalization-Based Treatment: Basic Training, Anna Freud Center, London, England (84 hours)

2016 SPOD Cinsel Yönelim ve Cinsiyet Kimliği ile İlgili Başvuruların Ele Alınması Çalıştayı (Ocak-Mart 2016)

2013-2014 Psychosexual Training Workshops, Tavistock Institute Collaboration, Bilgi University, Psychoanalyst Gülenbaht Şentürk & Uzm. Psk. Deniz Aktosun.

2013-2014 Advanced Seminar in International Trauma Studies, The International Trauma Studies Program, New York/Istanbul Bilgi University

2012-2014 Children's Rorschach Training, Psychoanalyst Neslihan Zabcı

2009-2010 Case Studies, Psike İstanbul

2008-2010 Adult Rorschach and TAT Training, Psychoanalyst Tevfika Tunaboylu İkiz

2007-2009 From Psychoanalysis to Psychoanalytic Psychotherapies Seminars, Psychoanalyst Yavuz Erten, Psike İstanbul

2008-2009 Introductory Seminars to Psychoanalysis, Istanbul Psychoanalytic Association For Training, Research, and Development

2006-2007 Psychological Tests, ÇAPA Psychological Laboratory

7. BOOKS

September 2014 Teorik Bakış Dergisi, Sayı 5, "Kaygıdan Komploya"

September 2013 Teorik Bakış Dergisi, Sayı 2, "Bağzı Psikoloji Söylemlerine Gezi'den Bir Bakış"

8. CONFERENCE PRESENTATIONS

July 2018 11. Political Psychology Symposium, Houston, ABD, "Coping Strategies of Syrian Refugees Resettled in Yarımburgaz District in Istanbul".

May 2018 Sosyal Hizmetleri Yeniden Düşünmek 2018 Symposium, "Adalet Duygusunun

Kaybı ve Yeniden Üretilmesine Yönelik Dinamikler".

February 2017 Kritische Psychologie Symposium, Berlin, "Building and Dismantling of Prejudices: "Me and Others" Workshops".

October 2016 5. Eleştirel Psikoloji Sempozyumu, "Barış Psikolojisi ve Ruhsal Sağlık".

September 2014 3. Eleştirel Psikoloji Kongresi "Eleştirel Psikoloji Uygulamaları".

September 2013 WHO Healthy Cities 2013 Annual Conference İzmir, "The Project Of Preventive Mental Health Center of Kadikoy Municipality".

July 2013 8th Conference on Child &Adolescent Psychopathology, University of Roehampton, London: "Happy Family, Happy Child, Happy School-A Screening Study of Mental Health Risks of Children".

May 2013 Sosyal Hizmetleri Yeniden Düşünmek III, "Bir Belediyede Koruyucu Ruh Sağlığı Hizmetleri", "Kadıköy Belediyesi'nde yaşayan 0-7 yaş Çocuk Anne-Babalarının "Ruh Sağlığı" Tanımları", Mimar Sinan Üniversitesi.

October 2012 StrangeFascination – A Symposium on David Bowie, University of Limerick, Ireland: "Everything's Falling Into Place – An Analysis of Maturation in David Bowie's Music".

December 2011 Excellence In Child Mental Health Conference 2011, "The Project of the Preventive Mental Health Center of Kadıkoy Municipality" sunumu.

9. LANGUAGE SKILLS

Turkish Native

English Fluent

German Fluent

G: TURKISH SUMMARY/ TÜRKÇE ÖZET

GİRİŞ

Bu çalışma, Suriyeli mültecilerle çalışan ruh sağlığı profesyonellerinin koşullarına ve ihtiyaçlarına odaklanmaktadır. Türkiye'de mültecilerin karşılaştığı ayrımcılık ve düşmanlık vurgulanmaktadır. Türkiye, çoğunlukla şehirlerde yaşayan yaklaşık 3,7 milyon Suriyeli mülteciyle önemli bir mülteci ülkesidir. STK'lar ve hükümet kurumları mülteci nüfusunun ihtiyaçlarını karşılamak için hizmetler sunmaktadır, ancak özellikle ruh sağlığı hizmetlerinde daha kapsamlı destek için acil bir ihtiyaç bulunmaktadır. Suriyeli mülteciler temel ihtiyaçlarının karşılanmaması, şiddet ve sömürü riskleri, izolasyon, ayrımcılık, işsizlik ve aile üyelerinin iyilik hali endişeleri gibi önemli zorluklarla karşı karşıyadır. Mültecilerin büyük bir yüzdesi travmatik olaylar yaşamış ve depresyon ve travma sonrası stres bozukluğu gibi ruh sağlığı sorunlarından muzdariptir. Ruh sağlığı desteği arayan mülteci sayısı mevcut uzmanların kapasitesini aşmaktadır, bu da ruh sağlığı çalışanları arasında artan baskı ve tükenmişlik olasılığına yol açmaktadır. Travma geçirmiş nüfuslar ayrıca bu profesyonellerin ruh sağlığını olumsuz etkileyebilir.

Önceki araştırmalar, mülteci ve sığınmacılarla çalışan ruh sağlığı personelinin karşılaştığı zorlukları belirlemiştir. Genellikle kaynak eksikliği yaşarlar ve mülteci danışanlerin ihtiyaçlarını karşılamak için yeterince donanımlı olduklarını hissetmezler. Mülteci yönetim sistemiyle işbirliği yapmak ve yönetmek de zordur. Mülteci danışanlerin taleplerini dengelemek, profesyonel sınırları korumak için ortak bir çatışmadır. Farklı kültürel geçmişlerle çalışmak, kültürlerarası farklılıkları yönetmek ve olası iletişim sorunlarıyla başa çıkmak gibi zorlukları beraberinde getirir. Mülteci merkezlerindeki danışmanlar, mülteci olmayan nüfusa göre daha yüksek stres ve etik zorluklar bildirirler. Dil bariyerleri ve tercümanlarla çalışma zorlukları da önemli engellerdir. Çalışmalar, mülteci merkezlerindeki ruh sağlığı personelinde olumsuz duygusal etkilerin olduğunu, çaresizlik, tükenmişlik ve dolaylı travmalanma gibi etkilerin olduğunu göstermektedir. Mültecilerle iletişim zorlukları, gereken bilgi

eksikliği ve denetimin olmaması da ruh sağlığı personelini olumsuz etkilemektedir. Özellikle Türkiye'de mültecilerle çalışan ruh sağlığı profesyonellerinin deneyimleri konusunda daha fazla araştırmaya ihtiyaç vardır. Türkiye'deki ruh sağlığı profesyonelleri, kuruluşlarından destek ve çözüm almak konusunda sürekli zorluklar yaşadıklarını ifade etmektedir.

Bulgular, Türkiye'deki Suriyeli mültecilere destek sağlayan ruh sağlığı çalışanlarının yoğun mülteci sayısı ve kurumsal desteğin eksikliği nedeniyle önemli zorluklarla karşı karşıya olduğunu göstermektedir. Bu çalışanlar düzenli denetleme, azaltılmış seans saatleri ve ruh sağlığı profesyonelleri arasında dayanışma gruplarının kurulması konusunda güçlü bir istek ifade etmişlerdir. Ayrıca, yetkililerle daha adil ilişkilerin kurulması gerektiğini vurgulamışlar ve kendi iyi oluşlarında bir düşüş olduğunu bildirmişlerdir, bu da çalışmalarını olumsuz etkilemektedir. Önceki destek girişimleri kısa ömürlü olmuş ve bu çalışanların ihtiyaçlarını yeterince karşılamamıştır. Bu nedenle, ruh sağlığı uzmanlarının ve kurumlarının Suriyeli mültecilerle etkili bir şekilde çalışma konusunda bilgilendirilmeleri ve ruh sağlığı personelinin kendi durumlarını anlamalarının iyileştirilmesi son derece önemlidir. Bu çalışma, mülteci ruh sağlığı çalışanlarının ihtiyaçları ve deneyimlerini, karşılaştıkları zorlukları ve güçlü yanlarını keşfetmek için mevcut literatürü kapsamlı şekilde ele almaktadır.

Türkiye'deki Mülteciler ve Sığınmacılar: Sayılar ve Yasal Düzenlemeler

BM Mülteciler Yüksek Komiserliği'ne göre, dünya genelinde 100 milyondan fazla zorla yerinden edilmiş birey bulunmaktadır ve bunların 33 milyonu mülteci olarak sınıflandırılmaktadır. Türkiye yaklaşık 4 milyon yerinden edilmiş bireye ev sahipliği yapmaktadır, bunların arasında 3,7 milyon Suriyeli bulunmaktadır. Türkiye, sadece Avrupa ülkelerinden gelen mültecilere mülteci statüsü vermektedir ve Avrupa dışı sığınmacılara geçici sığınma sağlamaktadır. Şu anda Türk İçişleri Bakanlığı Göç İdaresi Genel Müdürlüğü mülteci statüsü belirlemektedir. Uluslararası koruma statülerini belirleyen LFIP, dört tip uluslararası koruma statüsü belirlemekte olup, mülteci statüsü yalnızca Avrupa ülkelerinden kaçanlara verilmektedir. Türkiye'deki

Suriyeli mülteciler eğitim, istihdam ve sağlık konularında zorluklarla karşı karşıya kalmaktadır. Sivil toplum kuruluşları, ihtiyaçlarını karşılamada kritik bir rol oynamaktadır.

Birleşmiş Milletler Mülteciler Yüksek Komiserliği'ne (BM MÜYK) göre, şu anda farklı sebeplerle ülkelerinden zorla yerinden edilmiş 100 milyondan fazla birey bulunmaktadır. Bu bireylerden 33 milyonu mülteci olarak sınıflandırılmaktadır ve bu sayının artmaya devam etmesi beklenmektedir. Türkiye, geçici bir ev sahibi olarak yaklaşık 4 milyon yerinden edilmiş bireye ev sahipliği yapmaktadır ve bunların arasında geçici koruma altında bulunan 3,7 milyon Suriyeli bulunmaktadır. Ancak Türkiye, sadece Avrupa ülkelerinden gelen mültecilere yasal mülteci statüsü tanımakta ve Avrupa dışı sığınmacılara geçici bir sığınma sağlamaktadır. Bu başvuruların işlenmesi ve mülteci statüsü taleplerinin belirlenmesi sorumluluğu artık Türk İçişleri Bakanlığı Göç İdaresi Genel Müdürlüğü'nün (DGMM) elindedir. Türkiye, 2013 yılında mültecileri ele alan bir yasa çıkarmış ve DGMM'yi kurmuştur, ancak sadece Avrupa ülkelerinden kaçanlara mülteci statüsü verilmektedir. Diğer Avrupa dışı yerinden edilmiş bireylere ise koşullu mülteci statüsü veya ikincil koruma statüsü verilebilir, bu statüler daha az hak sunmaktadır. Geçici koruma statüsü, Suriyelilerin kitle halinde Türkiye'ye akın etmesine acil bir yanıt olarak uygulanmış olup, onlara sınır dışı edilme ve yasa dışı girişin sonuçlarından koruma sağlamaktadır. Türkiye, en fazla Suriyeli nüfusa ev sahipliği yapan ülke haline gelmiş olup, hükümetin mülteci koruma politikalarını buna göre adapte etme sorumluluğu vardır. Bununla birlikte, Türkiye'deki Suriyeli mülteciler eğitim, sağlık hizmetlerine erişim ve istihdam olanakları konusunda zorluklarla karşı karşıyadır. Sivil toplum kuruluşlarının katkıları, bu ihtiyaçların karşılanmasında kritik bir öneme sahiptir.

Türkiye'deki Suriyeli Mültecilerin Durumu

Son resmi istatistiklere göre, Türkiye şu anda yaklaşık 3,7 milyon Suriyeli mülteciye ev sahipliği yapmaktadır. Artan mülteci sayısı, hem mülteciler hem de ev sahibi ülke için önemli zorluklar ve acıya yol açmaktadır. Mülteciler, göç yolculukları sırasında

rastgele saldırılar ve şiddet gibi çeşitli travmalara maruz kalmaktadır. Birçok mülteci, kamplarda kötü koşullarda yaşamakta ve sınırlı sağlık hizmeti, gıda ve sosyal destek imkanına sahip olmaktadır. Durum, bürokratik engeller ve geri gönderme korkusuyla daha da karmaşık hale gelmektedir. Ayrıca, siyasi propaganda ve ekonomik kriz tarafından tetiklenen önyargıların ve ayrımcılığın yol açtığı, Türk nüfusu arasında mültecilerin varlığı konusunda büyüyen bir endişe bulunmaktadır. Mültecilerin güvenliğe ve ekonomiye bir tehdit olarak algılanması, olumsuz tutumlar ve ayrımcılığa yol açmaktadır.

Mültecilerin Diğerleri Olarak Algılanması

Mülteciler, sığınmacılar ve göçmenler gibi bireyleri kategorize etme ve etiketleme ihtiyacı, bizim onlara yabancı olanları anlamamıza doğal bir insan eğiliminden kaynaklanır (Bauman, 2018). Türkiye'deki Suriyeli mülteciler, statülerinin tanımlanması açısından karmaşık bir durum ortaya koymaktadır, bu da onların kendilerini yabancılaştırılmış veya dışlanmış hissetmelerine yol açabilir. Ruh sağlığı çalışanları, Türkiye'deki Suriyeli mültecilerle uğraşırken uygulamalarının karmaşıklıklarını göz önünde bulundurmalıdır. Bu, mültecilerle ilgili algılarını ve bu algıların transit ve hedef ülkelerdeki destek ve kabul süreçlerine nasıl yansıdığını anlamalarını içerir. Ruh sağlığı uzmanları, göçün birbirine bağlılığını anlamak ve anlatıları yeniden şekillendirmede hayati bir rol oynamaktadır (Shinina, 2017). Bununla birlikte, resmi yasal tanımalar olmasına rağmen, geçici koruma altındaki tüm bireylerin mülteci olarak resmi olarak tanınmadığını gösteren Türk Göç İdaresi Genel Müdürlüğü'nün 2020 istatistiklerinden anlaşılmaktadır ve bunun sonucunda 3.583.584 Suriyeli geçici koruma altında bulunmaktadır (Bauman, 2018). Bu kategorizasyonlar, yerinden edilmiş bu bireylerin deneyimleri ve ihtiyaçları hakkında ortak bir anlayış oluşturmayı ve tartışmayı kolaylaştırmayı amaçlamaktadır (Sullivan, 1952).

Sullivan'ın teorisi (1952), farklı kültürlerden insanları yabancı olarak algılamanın, kendi benlik duygumuzdan farklılıklarıyla ilişkili olduğunu öne sürmektedir. Mülteciler, farklı bir kültürel geçmişten geldikleri için yerleştikleri yerlerde yabancı

olarak görülürler. Kendi toplumlarının kültürel özelliklerini içselleştiren yerli halk için, mültecilerin kendi adet ve gelenekleri vardır ve bu da onlar için tanıdık olmayabilir (Sullivan, 1952). Mültecilerin yabancılar olarak algılanması, içselleştiremediğimiz bir parçamızı temsil etmeleri nedeniyle anlaşılabilir. Bu konuları kabul etmekten kaçınarak, mültecilere karşı tutumlarımızı etkileyebilecek korku, nefret ve öfke gibi duygular yaşayabiliriz.

Bu fikre açıklık getirerek, Gruen (2005), yabancılara duyulan nefretin her zaman kendi kendimize duyduğumuz nefretle iç içe olduğunu öne sürmektedir. İnsanlara acı ve aşağılama yaşatmanın nedenini anlamak için öncelikle hoşlanmadığımız yönlerimizle yüzleşmemiz gerekmektedir. Kendi kendimize bilinç altında bastırmaya çalıştığımız bu yönü, bize hatırlatan yabancıyı yok ederek koruruz. Bu, hoşlanmadığımız kısmı kimliğimizden ayrı tutarak denge sağlamamıza olanak tanır. Benzer şekilde, Bauman (2018), tanıdığımız insanları dost veya düşman olarak kategorize ederiz ve ilişkilerimizi ona göre yönlendiririz. Ancak yeni bir yabancı hayatımıza girdiğinde onları kategorize etmek zorlaşır. Yabancılar hakkındaki bilgimiz sınırlı olduğu için, eylem ve niyetlerini yorumlamak zor olur. Bu durumun kontrolsüzlüğü, mülteciler gibi yabancılara yöneltilen kaygı ve korkulara (Varvin, 2018) yol açar.

Görünüşe göre mülteciler, ürkütücü kavramıyla karşılaşmayı temsil ediyorlardır (Freud, 1919). Ürkütücü, içimizde tanıdık olmadığımız ancak bir şekilde bildiğimiz bir şeydir. Bir zamanlar bildiğimiz ancak kendimize ait olmayan bir varlık olabilir veya insan niteliklerini tamamen inkar ettiğimiz bir varlık olabilir. Dolayısıyla, mülteciler aşırı kaygı duyduğumuz kısmı, yani ben-olmayan kısmı temsil eder (Keskinöz Bilen, 2018). Bu ürkütücü varlık hem bize tanıdık hem de bize inkar edilen bir durumdur.

Mültecilere ürkütücü hissini yansıtarak onları yabancı olarak algılamak, BM Mülteciler Yüksek Komiserliği'nin Suriyeli Mülteciler Barometresi saha çalışması tarafından ortaya konan üzere, birçok Türk vatandaşı hala Türkiye'de yaşayan Suriyeli

mültecilerin resmi statü ve yerleşim haklarını kabul etmemektedir (Erdoğan, 2021). Türk vatandaşları, Suriyelileri devlet yardımına muhtaç suçlu kişiler olarak görme, Türk vatandaşlarından iş fırsatlarını elinden alma ve Suriye ve Orta Doğu bölgesindeki süregiden güvensizlik ve istikrarsızlık nedeniyle vatanlarına dönmek istememek gibi nedenlerle Suriyelilere yönelik olumsuz görüşlere sahiptir.

Bireyleri mülteci, sığınmacı veya göçmen olarak kategorize etmek, toplumun tanıdık olmayan diğerlerini anlamasına yardımcı olmanın bir yoludur. Türkiye'de Suriyeli mültecilerle uğraşan ruh sağlığı çalışanları için, durumlarının karmaşıklığını ve algılarının nasıl destek ve kabul üzerine etki edebileceğini anlamak önemlidir. Bu kategorizasyon, yerinden edilmiş bireylerin deneyimleri ve ihtiyaçları hakkında ortak bir anlayış sağlamayı ve tartışmayı kolaylaştırmayı amaçlar. Mültecilerin yabancı olarak algılanması, kendimizi sorgulayan kültürel farklılıklara bağlanabilir. Yabancılara duyulan nefret, içsel çatışmalarla bağlantılıdır. Önemli olan, mültecilerin ve yerel halkın birbirlerini kültürel farklılıklar nedeniyle yabancı olarak algılayabileceklerini kabul etmektir. Entegrasyon çabaları, mülteci çocukların ve gençlerin refahı ve gelişimi üzerinde odaklanmalıdır.

GöçDeneyimi

Göç yolculukları sırasında mültecilerin yaşadığı deneyimler karmaşık ve zorlu olup, zihinsel sağlık uzmanlarının ihtiyaçlarını anlamalarını ve ele almalarını gerektirir. Bu yolculuklar, korkunç koşullardan kaçmayı, bombalama ve aşırı hava koşulları gibi zorluklar ve engellerle yüzleşmeyi içerir. Suriyeli mülteci kadınlar ve kızlar, insan ticareti, cinsel istismar ve tecavüz gibi durumlarla karşılaşabilirken, çocuklar deniz geçişlerinde sağlık riskleri ve boğulma tehlikesi ile karşı karşıya kalır. Bu travmatik olaylar uzun süreli fiziksel ve psikolojik etkilere neden olabilir, sevdiklerinin, evlerinin, kültürlerinin ve yer bağlarının kaybına yas tutulmasına yol açabilir. Yeni bir kültürde mültecilerin kişisel dönüşümü, kimlikleri entegre etme zorluğu yaratır ve uzun süren bir yas sürecini tetikleyebilir. Bu süreç, kendilik durumlarıyla bilinçli

temas kaybı ve zaman uyumsuzluğu hissiyle sonuçlanabilir. "Geçmişsizlik" kavramı, zamansız bir özlem ve mevcut gerçeklikten kopma ile ilişkili uzun süreli travmalara işaret eder. Mülteciler kayıplarını kabullenerek ve yas sürecinden geçerek yeni yerlere ve kültürlere uyum sağlayabilir, ancak geçmişin acısını her zaman hissedebilirler.

Zorunlu göç ve sürgün, acı ve travmayla sıkı sıkıya bağlantılıdır ve bir kişinin kendilik algısını derinden bozabilir (Altzinger, 2011; Freud, 1917). Göç karmaşık bir süreç olup genellikle üzüntüyle birlikte gider ve uygun bir şekilde yas tutmada zorluk yaratır, bunun sonucunda belirsizlik hissi ve güvensizlikten kopma oluşur (Altzinger, 2011). Mülteciler için tanıdık çevreden uzaklaşmak büyüleyici olabilir, ancak yeni ortamda amaç bulmak ve başarı elde etmek, yaşama duygusunu sürdürmelerine yardımcı olabilir. Ancak, fırsat eksikliği veya zorlu çocukluk gelişim süreçleri, psikolojik ölüm veya sürekli anılarla mücadele gibi sonuçlar doğurabilir (Freud, 1917). Dil de önemli bir rol oynar, çünkü anadilden kopma köprüsüz bir boşluğa neden olur (Altzinger, 2011).

Zorluklara rağmen, travmatik deneyim aynı zamanda mültecilerin yeni gerçekliklerine uyum sağlamalarını ve anlam bulmalarını sağlayarak içsel büyüme ve düşünceyi teşvik edebilir (Gampel, 2011). Klinisyenlerin travmayı mültecilerin deneyimlediği duyguları anlama aracı olarak kabul etmeleri ve anlatıları için bir konteyner olmaları önemlidir (Akhtar, 2018). Başkalarının ve toplumun travmatize olmuş mültecilere karşı tepkileri, iyileşmeleri üzerinde büyük etki yapar.

Türkiye gibi bir geçiş ülkesine yerleşme, tıkanmışlık ve bağlantısızlık hissi yaratarak suçluluk ve kayıp hissini tetikleyebilir (Niederland, 1968). Sevdiklerinin kötü muameleye maruz kalması veya ölmesi, kurtulanların suçluluk hissiyle dolmasıyla sonuçlanır. Vatanını terk etmek isimsiz bir korku ve çökme korkusu uyandırır (Bion, 1962). Dil ve kültürel kimlik de mültecilerin yaşamlarında önemli bir rol oynar ve bu unsurları terk etmek suçluluk ve potansiyel travma yaratabilir (De Coster, 2016). Köklendirmek yaşam sürekliliğini bozar ve deneyimlenen travma seviyesini etkiler (Akhtar, 1995).

Göçün duygusal etkileri, algıyı etkileyen ve derin bir yerinden sarsıntı hissi yaratan oryantasyon bozuklukları olarak tanımlanır (Grinberg ve Grinberg, 1989). Coğrafi tanıdıklık, sahip olunan eşyaların kaybedilmesi ve yeni ortama uyum sağlama çabaları, acıyı artırır ve öznel sürekliliği bozar (Akhtar, 2018). Ek olarak, zaman algısı kültürler arasında farklılık gösterir, bu da mültecilerin toplumsal beklentilere uyum sağlamasını zorlaştırır (Akhtar, 2000). Kültürel yerinden edilme deneyimi de deneyimi karmaşıklaştırır ve terapi sürecinde empatik anlayış gerektirir.

Göç, değişen sosyal bağlamdan kaynaklanan yeni psikopatolojilerin ortaya çıkmasına ve nesilden nesile aktarılan anıların kaybı hissine katkıda bulunur (Altzinger, 2011). Psikoterapi, mültecilerin bu anıları işlemelerine ve kayıplarla başa çıkmalarına yardımcı olabilecek, transferans süreci aracılığıyla bir ev ve sığınak hissi sağlayabilir.

Suriyeli Mültecilerle Çalışan Ruh Sağlığı Çalışanlarının Deneyimleri ve Zorlukları

Araştırmalara göre, ruh sağlığı sorunlarıyla karşı karşıya olan mültecilerle çalışmak, ruh sağlığı çalışanlarında güçlü duygusal tepkileri tetikleyebilir. Bu tepkiler arasında öfke, çaresizlik, hayal kırıklığı, tükenmişlik, umutsuzluk, güçsüzlük, acizlik ve korku bulunur. Travma ile çalışan klinik uzmanlar genellikle yüksek düzeyde sıkıntı yaşar ve psikolojik sorunlarla karşı karşıya gelirler. Travma, gerçek veya tehdit edici ölüm, ciddi yaralanma veya cinsel şiddete maruz kalma olarak tanımlanır. Aynı zamanda bu tür olayları bizzat yaşamak veya başkaları aracılığıyla tanık olmak da içerebilir. Travma, zihnin dış uyaranları işleme yeteneğini bozarak psikolojik hasar yaratır. Psikolojik travma, doğadaki savunmasızlıkla ve insan doğasındaki kötülükle karşılaşmayla ilişkilidir. Travmatik olaylar, bireyin içsel başa çıkma kaynaklarını aşan uzun vadeli psikolojik belirtilere neden olabilir. Travma mağdurlarıyla çalışan uzmanlar, empati tükenmesi ve post-travmatik stres bozukluğu benzeri belirtiler yaşayabilirler. Ayrıca, tükenmişlik ve bozulmuş işlevsellikle karşı karşıya kalabilirler. Ancak, travma mağdurlarıyla çalışmanın artan empati tatmini ve kişisel büyüme gibi olumlu etkileri de olabilir. Travma mağdurlarıyla çalışmanın hem olumlu hem de

olumsuz sonuçlarını dikkate alan dengeli bir şekilde değerlendirilmesi önemlidir. Toplumsal travmayla çalışmak, terapistler için zorluklar sunar, çünkü terapistler danışanleriyle aşırı derecede bağlantı kurabilir veya savunmada geri çekilebilirler. Denetim, terapistlere duygusal deneyimleri düşünceli bir şekilde işleme koymada yardımcı olabilir. Terapistler bilinçsiz bir şekilde acı verici duygulardan kaçınabilir ve kendi korkularını danışanlere yansıtabilir. Hayatta kalmaktan suçluluk duymak veya yaşamda anlam bulmak, travma mağdurlarıyla terapiyi engelleyebilir. Terapistler suçlamaları hafifletmek için sınırları aşabilirler.

Danışanleriyle birlikte travmatik olaylar yaşayan terapistler, kendi duygularını kontrol altında tutmak ve mesleki sınırları korumak açısından zorluklarla karşılaşabilirler. Bunlar aşırı yüklenebilir ve yetersizlik, tükenmişlik ve ikincil travma belirtileriyle karşı karşıya kalabilirler. Bu durumlarda denetim, terapistlere yaratıcı ve bağlantı kurma işlevlerini yeniden kazanmada, mesleki sınırları korumada ve aşırı yüklenme veya psikosomatik sorun riskini azaltmada yardımcı olur. Ek olarak, terapistlerin kendi karşıtransferanslarını tanımaları ve yönetmeleri ve danışanlerinin paylaşılan gerçeklikleriyle duygusal açıdan etkilenmekten kendilerini korumak için adımlar atmaları önemlidir. Terapideki mülteciler, iç temsilleri tekrar yaratma ve iç bütünleşmeyi onarma isteğini gösterebilir ve terapistler bu istekleri ele almak için güvenli ve dönüştürücü bir alan oluşturmalıdır. Terapistin acıyı tolere etmek, danışannin acısını anlamak ve nostaljik özlemlerini saygıyla karşılamak sorumluluğunun vurgulanması da önemlidir. Mültecilerle çalışan ruh sağlığı çalışanları, ikincil travmalanma riski altındadır, bu da iyi oluşlarını ve mesleki işlevselliklerini olumsuz yönde etkileyebilir. Tanık olunan travmaların şiddeti, sınırlı kaynaklar, yüksek iş yükleri, yetersiz destek ve yetersiz öz bakım uygulamaları gibi faktörler ikincil travmalanmaya katkıda bulunur. Terapistlerin ve etkili bakımı sürdürme açısından terapistlerin iyi oluşunu korumak için öz bakım stratejileri ve kurumsal destekler, öz yansıma, denetim, destek ağı oluşturma, sağlıklı başa çıkma yöntemleri ve iş-yaşam dengesi gibi olanaklar sağlamak önemlidir.

Mültecilerle çalışan psikologlar, acı, travma ve yoğun iş yükü gibi zorluklar nedeniyle

yanma riski yüksek bir meslek grupla karşı karşıyadır. Yanma, psikologun kişisel ve mesleki yaşamını etkileyen geniş çaplı sonuçlara sahip olabilir. Yanmayı önlemek ve başa çıkmak için sınırlar belirlemek, destek aramak ve farkındalık uygulamak gibi kendine bakım önlemleri önemlidir. Kuruluşlar ve kurumlar ayrıca kaynaklar ve destekleyici bir çalışma ortamı sağlamalıdır. Ruh sağlığı topluluğunun mülteciler için kaliteli bakım ve profesyonellerin iyi oluşu sağlamak için bu bağlamda yanmayı ele alması ve kabul etmesi önemlidir. Zorluklara rağmen, mültecilerle çalışmak aynı zamanda bir tatmin ve empati tatmin duygusu da getirebilir.

Suriyeli mültecilere etkili psikoterapi sunabilmek için, ruh sağlığı çalışanları deneyimlerinde kültürün etkisini göz önünde bulundurmalıdır. Kültür psikoterapide önemli bir rol oynar, davranışları, duyguları, inançları ve tepkileri şekillendirir. Kültürel bağlamı dikkate almadan terapistler, danışanlerinin deneyimlerini tam olarak anlayamazlar. "Kültürlerarası psikoterapi" terapisti, danışanyi, ortamı ve kullanılan yöntemi içerir. Benimsenen teoriler ve teknikler, Batı geleneklerinden türeyebileceği için dikkatlice gözden geçirilmelidir. Kültüre gömülü, kültür tarafından etkilenen ve kültürle ilişkili terapiler gibi farklı terapi türleri vardır. Terapide kültürel yeterlilik önemlidir, çünkü terapistler mültecilerin farklı geçmişlerine farkında ve duyarlı olmalıdır. Herkesin kültürel kimliklerine bakılmaksızın anlaşıldığı ve değer verildiği güvenli bir alan yaratmalıdırlar. Terapistler aynı zamanda özeleştiri yapmalı, kültürlerarası sorunlar hakkında bilgi sahibi olmalı ve danışanlerle işbirliği yapmalıdır. "Kültürlerarası empati" aktif dinlemeyi ve insanların yaşadığı travmaları ve süreçleri anlama yeteneğini içerir. Kültürel olarak yetkin bir terapötik çerçeve oluşturmak hayati öneme sahiptir, hem terapist hem de danışan için güvenli ve rahat bir ortam sağlar. Psikoterapistler danışanyi aşırı öz ifşadan kaynaklanan bir yük oluşturmadan kendi kültürel geçmişlerini yansıtmalıdırlar. Terapistlerin uygun mesleki sınırları korumaları ve odaklarını danışanlerde tutmaları önemlidir.

İlişkisel Psikanalitik Kavramsal Çerçeveden Mültecilerle Çalışma

Bu tez, özellikle psikanalizin kişilerarası teorisi üzerinden mültecilerle çalışmanın inceliklerini irdelemektedir. Teoriye göre, kendisi başkalarıyla etkileşimlerle şekillenir ve "iyi ben," "kötü ben" ve "ben değil" gibi farklı kendilik durumlarının oluşumuna yol açar. "Ben değil" durumu, sosyal normlardan sapmayan etkileşimlerden kaynaklanan aşırı anksiyeteden kaynaklanır. Bu tez ayrıca terapistlerin kültürel yeterlilik geliştirmesinin ve kendilerini başkalarında görebilme yeteneğinin önemini vurgular. Farklı kültürel geçmişlere sahip kişilerle karşılaşmaların ayrımcı tutumları harekete geçirebileceğini kabul eder ve psikanalitik teorilere kültürel bir perspektifin dahil edilmesinin gerekliliğine vurgu yapar. Kültürün psikoterapiye dahil edilmesi, kendini sorgulama, terapide inşa edilen kültürel unsurları ve anlamları anlama, dilin ve toplumsal önyargıların etkisini tanıma, danışanlerin dinamiklerini ve kültürel özelliklerini araştırmak için etkinlikleri kullanma yoluyla yaklaşılabilir. Sonuç olarak, kültürel bağlam psikolojik gelişim ve terapötik süreçte önemli bir rol oynar ve terapistler danışanlerin iç dünyaları ve çatışmaları üzerindeki etkisine farkında olmalıdır.

Çevirmenle Çalışmak: Dil Bariyeri

Bu bölümde, psikoterapistler ile mülteci danışanler arasındaki dil bariyerinin ele alınmasının önemi tartışılmaktadır. Genellikle danışanlerle aynı kültürü ve dili paylaşan tercümanlar, bu boşluğu köprülemede önemli bir rol oynamaktadır. Bununla birlikte, bir tercümanın dahil olması, terapi seansı ve terapistin deneyimi üzerinde etkileri konusunda sorular ortaya çıkarmaktadır. Bazı çalışmalar, tercümanların "siyah kutu" gibi işlev görmesi ve tarafsız kalması gerektiğini önerirken, diğerleri ilişkisel rolün önemini vurgulamaktadır. Tercümanlar terapötik sürece aktif olarak katılır ve aktarım ve karşı aktarım dinamiklerini etkileyebilir. Bir tercümanın varlığı terapötik ittifakın doğasını etkiler ve terapistlerin tüm üç taraf arasında güven oluşturması gerekmektedir. Tercümanlarla çalışmanın zorlukları ve katkıları da tartışılmaktadır, bu da tercümanların psikolojik iyi oluşu üzerinde etkisi, özel eğitime ihtiyaç duyulması

ve güvensizliğin terapötik süreci engelleyebileceği potansiyel konuları içerir. Sonuç olarak, tercümanlarla çalışmak zorluklar sunar, ancak terapötik süreci artırma için değerli fırsatlar da sunar.

Birçok çalışma, tercümanlarla yapılan terapide etkili sonuçlara katkıda bulunan tedavi edici faktörleri ve süreçleri araştırmıştır ve empatinin önemli bir faktör olduğu belirlenmiştir. Ancak, Batı tanımı olan empati, mülteciler ve tercümanlarla yapılan terapinin karmaşıklıklarını tam olarak açıklayamayabilir, bu da daha fazla araştırmaya ihtiyaç olduğunu vurgular.

Bir çalışma, terapi süreçlerindeki mültecilerin, psikoterapistlerin ve tercümanların deneyimlerini ve bakış açılarını aydınlatır. Güçlü bir birlik kurma, danışanlerin deneyimlerini düzenli bir şekilde organize etme, birlikte anlam bulma, psikoeğitimsel müdahaleler sağlama, dış koşulları iyileştirme ve takım çalışmasını teşvik etme gibi birkaç tedavi edici faktörü tanımlar.

Başka bir çalışma, tercümanın terapötik ittifak üzerindeki etkisini, terapistin ve tercümanın tepkilerini izlemeyi ve tercümanın iyi oluşunu sağlamayı vurgular.

Psikoterapi ayarlarındaki Suriyeli mülteci danışanlerle ve tercümanlarla ilgili olarak literatürde ciddi bir boşluk bulunmaktadır. Suriyeli mültecilerle çalışan ruh sağlığı profesyonellerinin deneyimleri ve çocuk mülteciler için birinci basamak sağlık hizmetlerinin rolüne ilişkin konular dikkate alınması gereken alanlardır.

Türk kontekstindeki mevcut çalışmalar genellikle psikiyatri kliniklerinde yapılan araştırmalara odaklanırken, bunlar psikoterapiden farklı hizmetler sunmaktadır. Bu nedenle, Suriyeli mültecilerle yapılan psikoterapide danışanlerin, terapistlerin ve tercümanların deneyimlerini inceleyen araştırmaların eksikliği vardır. Bu çalışma, bu boşluğu ele almayı ve kliniklere daha fazla rehberlik ve yeterlilik sağlamayı amaçlamaktadır.

YÖNTEM

Yorumlayıcı Fenomenolojik Analiz

Bu çalışmada, Türkiye'deki Suriyeli mültecilere destek veren ruh sağlığı çalışanlarının deneyimlerini anlamak için nitel araştırma metodolojisi olarak Yorumlayıcı Fenomenolojik Analiz (YFA) kullanılmıştır. YFA, bireylerin dünyayı nasıl anlamlandırdıklarını ve fenomenlere nasıl anlam yüklediklerini ortaya çıkarmayı amaçlar. Olaylar ve nedenleri yerine anlam oluşturma sürecine ve anlama odaklanır. YFA, fenomenoloji, hermeneutik ve idiyografi prensiplerini takip eder. Bireylerin benzersiz deneyimlerini keşfeder, bir fenomenin özüne iner ve kişisel yorumlamayı vurgular. Özel durumlar içinde bireysel bakış açılarını inceleyen idiyografik bir yaklaşımdır. Bu çalışma, Türkiye'de Suriyeli mültecilere destek veren ruh sağlığı çalışanlarının görüşlerini ve deneyimlerini YFA kullanarak araştırmayı amaçlamaktadır. Bu yöntem, bireysel deneyimlerin detaylı bir şekilde incelenmesine ve katılımcıların anlatıları arasında ortak noktaların belirlenmesine olanak tanır.

Katılımcılar

Yaşları 28-44 arası değişen 7 kadın 3 erkek katılımcı amaca yönelik örnekleme yöntemiyle seçilmiş olup, Suriyeli mültecilerle en az bir yıl çalışma deneyimi ve Türk vatandaşlığı gibi kriterlere sahip olmaları gerekmektedir. Araştırmacı, katılımcıları bulabilmek için kar topu örnekleme yöntemini kullanmış ve mülteci kuruluşlarındaki kişisel bağlantıları aracılığıyla potansiyel katılımcıları yönlendirmiştir. Katılımcıların cinsiyet, yaş, medeni durum, eğitim seviyesi ve konum gibi demografik özellikleri Tablo 1'de sunulmuştur. Gizliliği korumak için katılımcılar için takma isimler kullanılmıştır.

Materyaller

Çalışmada, katılımcılardan veri toplamak için sosyo-demografik bir anket ve yarı yapılandırılmış bir mülakat kullanılmıştır. Mülakat soruları ilgili literatür ve araştırmacının deneyimi temel alınarak geliştirilmiştir. Mülakatlar, katılımcıların ilk

deneyimleri, çalışmalarının ilerlemesi, kişisel ve mesleki hayatları üzerindeki etkileri, kurumlarındaki gözlemleri, Türkiye'deki Suriyeli mültecilerin durumu hakkındaki perspektifleri ve gelecekleri hakkındaki düşünceleri gibi altı ana konuya odaklanmıştır. Sorular açık uçludur ve yönlendirici değildir, böylece katılımcılar deneyimlerini özgürce paylaşabilirler. Netlik ve tutarlılık sağlamak için bir deneme mülakatı yapılmış ve bu deneme mülakatı için kullanılan mülakat protokolü çalışmada da kullanılmıştır. Katılımcılar, travma, kayıp ve işkence ile çalışmanın psikolojik etkilerini, ilişkilerindeki değişiklikleri ve gelecek planlarını tartışmaları için teşvik edilmiştir.

Etik Konular

Bu çalışmanın başlangıcında, Orta Doğu Teknik Üniversitesi İnsan Deneyleri Etik Kurulu'ndan etik onay alınmıştır. Etik kurallara uyum sağlamak amacıyla katılımcıların gerçek kimlikleri yerine transkripsiyon ve tez aşamalarında takma isimler kullanılmıştır. Çalışma, katılımcılar tarafından paylaşılan olası tükenmişlik, dolaylı travma ve travma hikayelerine ilişkin soruşturmalardan oluştuğu için yoğun duygusal deneyimler veya yeniden travmaların olasılığını içermektedir. Bu nedenle, araştırmacı tüm görüşmeleri büyük bir hassasiyetle gerçekleştirmiş ve katılımcılarla düzenli olarak iletişim kurarak rahatlıklarını sağlamak ve eğer rahatsızlık yaşarlarsa ara verme veya devam etmeme seçeneği sunmak için kontrol etmiştir. Ayrıca, her görüşmenin sonunda, araştırmacı katılımcılara görüşme süreci hakkında bir değerlendirme yaparak, psikolojik veya psikiyatrik destek ihtiyaçlarını sormuştur ve gerektiğinde uygun başvuruları sağlamıştır. Katılımcıların çoğu, görüşme sürecinin kişisel fayda sağladığını, hikayelerini paylaşma ve empatik bir şekilde dinlenme fırsatı verdiğini bildirmiştir. Ayrıca, ihmal edilebilir sayıda katılımcı uzmanlara yönlendirme talep etmiştir.

Prosedür

Bu çalışmanın veri toplama süreci Covid-19 pandemisi döneminde çevrimiçi toplantılar ve açık hava mekanları kullanılarak gerçekleştirilmiştir. Veri toplama süresi

Şubat 2022 ile Mayıs 2022 arasında üç ay sürmüştür. Katılımcılar iletişim bilgileri sağlandıktan sonra e-posta veya telefon aracılığıyla iletişime geçilmiştir. Görüşmelerden önce katılımcılara çalışmanın amacı ve prosedürü, gizlilik konusu sözlü olarak ve yazılı bir rıza formu ile aktarılmıştır. Tüm katılımcılar elektronik bir kayıt cihazı kullanılarak ses kaydı yapılması konusunda yazılı ve sözlü olarak rıza vermişlerdir. Yarı yapılandırılmış görüşmeler, katılımcıların tercihine bağlı olarak sessiz açık hava mekanlarında veya çevrimiçi toplantı platformu olan Skype üzerinde gerçekleştirilmiştir. Çevrimiçi görüşmelerde zaman zaman teknik aksaklıklar olmasına rağmen, iki görüşme yöntemi arasında önemli farklar gözlenmemiştir. Ayrıca, çevrimiçi görüşmeler farklı şehirlerde yaşayan katılımcılara ulaşmayı kolaylaştırmıştır. Katılımcılara yanıtlarının anonim ve görüşme kayıtlarının gizli tutulacağı güvencesi verilmiştir. Dahası, katılımcılar çalışmadan istedikleri zaman çekilebileceklerini bildirmişlerdir. Her görüşme, iletişimi kurmak için demografik sorularla başlamıştır. Görüşmelerin süresi 50 ila 96 dakika arasında değişmiştir (M = 83, SD = 13.5149).

Data Analizi

Bu çalışmada Smith, Flowers ve Larkin (2009) tarafından önerilen yönergeler doğrultusunda Yorumlayıcı Fenomenolojik Analiz (YFA), veri analizi yaklaşımı olarak seçilmiştir. İlk adımda, tüm katılımcılarla yapılan görüşmeler kelimesi kelimesine transkriptlere dönüştürülmüştür. Sonra, transkriptler tekrar tekrar okunarak metinle derinlemesine etkileşim sağlanmıştır. Bu okumalar sırasında araştırmacı, transkriptlerin sol kenarına ilişkilendirmeler, sorular, yorumlar, özet ifadeler ve katılımcılar hakkındaki gözlemler gibi geniş notlar almıştır. Özellikle belirgin ifadeler ve duygusal tepkiler vurgulanmıştır.

İkinci aşamada, transkriptler ve açıklayıcı notlar dikkatlice incelenerek veriden çıkan belirli temalar belirlenmiştir. Bu incelemenin amacı, temaları katılımcıların kendi anlatılarına dayandırmaktır. Belirlenen temalar, transkriptin sağ kenarına kaydedilmiştir. Bu işlem, Smith ve Osborn'un (2003) tema soyutlama olarak adlandırdığı bir süreci içermektedir. Ortaya çıkan temalar, katılımcıların anlatılarını

temsil eden kısa ifadeler şeklinde ifade edilmiştir. Bu ortaya çıkan temalar, aralarındaki bağlantıları keşfetmek için ortaya çıktıkları sırayla listelenmiştir.

Veri analizinin üçüncü aşamasında, ortaya çıkan temalar daha teorik bir inceleme ile incelenmiş ve aralarındaki bağlantılar, ilişkiler ve benzerlikler araştırılmıştır. Temalar, kavramsal benzerlikleri temel alarak gruplandırılmıştır. Bazı temalar bir araya getirilerek üst temalar oluşturulmuştur. Bu üst temalara açıklayıcı etiketler atanmıştır ve üst temalar ile alt temalar arasındaki bağlantılar kaydedilmiştir. Sadece bir katılımcının ifade ettiği temalar final tema listesinden çıkarılmıştır. Bu süreç her bir görüşme için tekrarlanmış ve her bir durum bireysel olarak ele alınmıştır.

YFA'nın idiyografik yaklaşımını sürdürmek için ilk katılımcının transkriptinde ortaya çıkan üst tema listesi, sonraki transkriptlerin analizi için bir temel olarak kullanılmıştır. Ayrıca, daha sonraki transkriptlerde yeni ve farklı temalar ortaya çıktıysa, daha önceki temaların tutarlılığını kontrol etmek için geriye dönük olarak incelenmiştir. Tüm transkriptlerin analizi tamamlandıktan sonra, çıkarılmış alıntılarla birlikte son kapsamlı tema listesi derlenmiştir. Bu liste, her bir ortaya çıkan veya üst teması göstermektedir.

Veri analizinin son aşaması, tekrarlayan temaları belirlemek için bir durumlar arası karşılaştırma içermiştir. Tüm üst temaları ve her bir temayı gösteren alıntıları içeren özet bir tablo oluşturulmuştur. İlgili ortaya çıkan temalar, ilgili üst temaların altına kaydedilmiştir.

Çalışmanın Güvenilirliliği

Akademik yazıda, nitel araştırmanın güvenilirliği sıklıkla tartışılmaktadır. Nicel araştırmalarda kullanılan geleneksel kriterler her zaman nitel çalışmalara uygulanamaz. Bunu ele almak için, nitel araştırmada güvenilirlik ve geçerlilik sağlamak için standartlar ve kriterler belirlenmiştir. Bu kriterler, araştırmacının bakış açısını kabul etmek ve analizde buna dahil etmek, akran değerlendirmesi ve geri bildirim istemek, birden fazla veri kaynağı kullanmak, detaylı açıklamalar sunmak, önyargıları ve varsayımları gözden geçirmek ve bulguları katılımcılarla doğrulamaktır.

Bağımsız denetim ve triangülasyon da önerilmektedir. Değerlendirme kriterlerinin kullanılan araştırma yöntemiyle uyumlu olması önemlidir. Bu çalışmada, bağımsız denetim ve refleksivite dahil olmak üzere bu kılavuzlar takip edildi. Yöntem ve katılımcı anlatılarına ayrıntılı açıklamalar sunulmuştur. Niteliği artırmak için tez danışmanı ve komite üyelerinden akran debriefing ve geri bildirim alınmıştır.

BULGULAR

Bu araştırmada, araştırmacı katılımcıların transkriptlerini incelemek için IPA (yorumlayıcı fenomenolojik analiz) yöntemini kullandı. Bu analiz sonucunda, araştırmacı beş ana tema belirledi. Bu ana temalar, ikincil travmatik stres, travma sonrası büyüme, klinik uzmanlar için zorluklar, klinik uzmanlar için ödüller ve başa çıkma yolları ve stratejilerini içermektedir. Katılımcıların kimliklerini korumak için takma isimler kullanılmış ve tanımlayıcı nitelikteki bilgiler değiştirilmiştir. Her bir ana tema içindeki alt tema ayrıntılı bir şekilde Tablo 2'de yer almaktadır. Her bir ana ve alt tema, katılımcıların anlatılarından örneklerle kısa bir şekilde açıklanacak ve desteklenecektir.

İkincil Travmatizasyon

Bu çalışmadaki katılımcılar, Suriyeli mültecilerle çalışma deneyimlerini paylaşarak, zihinsel sağlıkları üzerindeki önemli etkileri ortaya koydular. Anlatılarında umutsuzluk, yorgunluk, tükenmişlik, keder ve sürekli zorluklar gibi duygular yansıdı. Oturumlar sırasında deneyimlerine ilişkin sorulduğunda, tüm katılımcılar hızlı bir şekilde yanıt verdi, bu da ana temanın belirlenmesine yol açtı: ikincil travmatik stres. Bu tema, Suriyeli mültecilerle çalışmaları sonucunda ortaya çıkan ikincil travmatik stresin belirtilerini ve deneyimlerini kapsamaktadır. Bu tema içerisinde ise on alt tema bulunmaktadır: yoğun duygusal tepkiler, zihinsel imgelerin zorlaması, mevcut inançların bozulması, umutsuzluk, mültecilerle özdeşleşme, tükenmişlik, bilişsel zorluklar, etkili başa çıkma mekanizmalarının eksikliği, hayal kırıklığı yaratan profesyonel idealler ve çaresizlik.

Çalışmadaki katılımcıların çoğunluğu, mültecilerle çalışmaları sonucunda yoğun duygusal tepkiler ve iç çatışmalar yaşadı. Şiddet dolu ve trajik hikayelerden derin etkilendiler ve bu durum politikaya olan ilgilerini azalttı ve genel refahlarında bir düşüşe yol açtı. Ayrıca, katılımcılar mültecilerle güçlü bir bağlantı kurdu, mültecilerle güçlü bir kimlik benzerliği hissettiler ve kendilerini benzer bir belirsizlik durumunda gibi hissettiler. Bunun yanı sıra, bu katılımcılar, diğer insanlara karşı güven ve empati azalması, tükenmişlik belirtileri olan bitkinlik ve bilişsel zorluklar gibi belirtilerle birlikte çalışmalarındaki mülteci danışanlere karşı yardımcı olma duygusuzluğu bildirdi. Travmatik hikayelerle maruz kalma, depresyon ve travma duygularının artmasına katkıda bulundu. Ayrıca, katılımcılar, mülteci danışanleriyle çalışmalarında çaresizlik ve yetersizlik hislerini ifade ettiler ve mülteci sistemi içindeki sınırlı destek olanaklarını vurguladılar. Rahatsız edici bir şekilde, bazı katılımcılar danışanlere karşı öfke hissettiklerini ve durumlarından dolayı onları suçladıklarını bile itiraf etti. Bununla birlikte, bu duygusal zorlukların yanı sıra, katılımcılar aynı zamanda mültecilerle çalışmalarının olumlu yönlerini de fark ettiler ve bu çalışma sürecinde öğrenme ve gelişme fırsatı bulduklarını belirttiler. Baskılanmış duygularla yüzleştiler ve mücadelelerle başa çıkmak için mültecilerin stratejilerinden öğrendiler ve kendi dayanıklılıklarını geliştirdiler.

Travma Sonrası Büyüme

Bu akademik çalışmada, mültecilerle çalışmanın olumlu yönlerine odaklanıldı. Mültecilerin hikayeleri, hayatın tahmin edilemez olduğunu ancak insanların koşullardan bağımsız olarak uyum sağlayıp gelişebileceğini gösterdi. Mülteciler ayrıca sahip oldukları şeylere ve bunları korumanın önemine daha büyük bir takdir geliştirdi. Bu ana tema, yeni olanaklar, hayata takdir, aktivizm ve kişisel güç olmak üzere dört alt tema içerecek şekilde bölünmüştür.

Bu çalışmaya katılan kişiler, mültecilerle çalışmanın olumlu dönüşümler yaşattığı deneyimler kazanmışlardır. Bunlar arasında yeni olanaklar keşfetmek, hayatı daha derinden takdir etmek, aktivizme katılmak ve kişisel güç geliştirmek bulunur. Katılımcılar, ailelerinde mülteci haklarına yönelik artan destek gibi olumlu

değişiklikler fark etmişlerdir. Mültecilerin zor koşullara rağmen sergiledikleri dayanıklılık ve mutluluğun ilham verici olduğunu gözlemlemişlerdir. Bu durum, perspektiflerini genişletmiş ve kendi yaşamlarını canlandırmıştır. Birçok katılımcı aktivist olmuş, duygusal deneyimlerini olumlu değişim için kullanmış ve amaç bulmuşlardır. Mültecilerle çalışmak, onları daha bağlantılı ve canlı hissettirmiştir. Mültecilerin paylaşılan zorluklarını anlama ve empati geliştirme konusunda ilerleme kaydetmişlerdir. Çalışmaları sayesinde, kendi dayanıklılıklarını ve iç güçlerini aşarak başlangıçtaki şüphelerinin ötesine geçmişlerdir. Mültecilerden etkili başa çıkma stratejileri öğrenmiş ve bu alanda başkalarına yardım etmeye devam edebildikleri için minnettar hissetmektedirler. Kişisel büyüme deneyimleri, mültecilerle çalışmanın çeşitli zorluklarını aşmada yardımcı olmuştur ve bu konu yakında gelecek ana tema üzerinde daha fazla incelenecektir.

Klinisyenler için Zorluklar

Bu çalışmada, Suriyeli mülteci danışanlerle çalışan profesyonellerin karşılaştığı zorluklara odaklandık. Bu zorluklar, katılımcıların danışanleriyle verimli ve anlamlı ilişkiler kurmalarını engelleyen engelleri daha iyi anlayabilmek için farklı alt kategorilere gruplandırıldı. Ne yazık ki, katılımcıların pek çok desteği yoktu, çünkü bu zorlukların sadece birkaç tanesi meslektaşları veya iş yerleri tarafından yeterince ele alındı. "Zorlukları Aşmak" başlığı altında beş alt tema bulunmaktadır: 1) Danışan İlişkili Zorluklar, 2) Sistem İlişkili Zorluklar, 3) Kuruluş İlişkili Zorluklar, 4) Kişilerarası İlişki Zorlukları ve 5) Kişisel Göçün Etkileri. Bu alt temaların her biri ayrıntılı olarak incelenecek ve tartışılacaktır.

Suriyeli mültecilerle çalışan terapistlerin karşılaştığı zorluklar, terapinin mültecilerin özel ihtiyaçlarına uyum sağlamada güçlükler, krizlerden dolayı danışanlerde yüksek stres seviyeleri ve karmaşık konuların ele alınmasında kısıtlamalar gibi özetlenebilir. Ayrıca, danışanler için tutarlı oturum tarihlerinin belirlenmesi zor oldu ve terapi için çerçeveler oluşturmak için esnek olunması gerekti. Tercümanlar, oturumlar sırasında

sınırları aşarak yanlış yorumlamalar yapma veya istenmeyen tavsiyelerde bulunma gibi sorunlar yaşadılar. Ancak bazı olumlu deneyimler de paylaşıldı, örneğin tercümanların kriz dönemlerinde destek sağlaması. Katılımcılar ayrıca terapiyi etkileyen kültürel ve dini farklılıkları, belirsiz yaşamlar ve kurumsal zorluklar nedeniyle danışanlerle sürekli bir bağlantı sorunu olduğunu tartıştılar. Ek olarak, terapistler danışanleriyle bağ kurma konusunda da zorluklarla karşılaştılar. Maalesef, bu terapistlerin karşılaştığı zorluklar sadece Suriyeli mültecilerle gerçekleştirdikleri terapi oturumlarıyla sınırlı kalmadı, aynı zamanda faaliyet gösterdikleri geniş sistemde de sorunlar yaşadılar, ki bunlar bir sonraki bölümde ayrıntılı olarak açıklanacaktır.

Suriyeli mültecilerle çalışan katılımcıların sistemik zorluklarla da karşılaşmaktadırlar. Bunlar aynı zamanda organizasyonel düzeyde de devam ediyor ve katılımcıların hayal kırıklığına ve bunalmışlık hislerine yol açıyor, etkilediği çalışma ortamında katılımcıların etkili ve kültürel hassasiyet sağlayan terapi sunma yeteneklerini engelliyor.

Kuruluşlar ve STK'ların karşılaştığı engeller, yetersiz finansman, aşırı iş yükü ve yöneticilerin zorlayıcı davranışları gibi faktörler, katılımcıların yaşadığı stres ve yükü artıran etkenlerdir. Bu zorlukların yanı sıra, çalışanlar arasındaki ayrımcılık ve çatışma da katılımcılar için kurumsal ortamı zorlaştırmaktadır. Ayrıca, yeterli destek eksikliği, yetersiz çalışma koşulları, meslektaşların sınırları aşması ve görevlerinin kapsamı dışındaki ek sorumluluklar, katılımcıların hayal kırıklığı ve bunalma hislerini artırmaktadır. Maalesef, bu kurumsal zorluklarla mücadele ederken tükenmişlik, katılımcıların bu çalışmada ele alınan ilişkisel zorluklar ve sürekli travmatik hikayelerle karşılaşmanın yarattığı duygusal yük ile başa çıkmalarını kolaylaştırmamaktadır.

Çok sayıda katılımcı, mültecilerle çalışmaya başladıklarından beri sosyal çevrelerinde bir azalma yaşadıklarını belirtmiş ve bunu işten yorgunluk ve arkadaşları ve aileleri tarafından dile getirilen mülteci karşıtı düşüncelere artan hoşgörüsüzlük ile

ilişkilendirmişlerdir. Dahası, katılımcılar aynı zamanda danışanleri ve tercümanlarla sınırlarını koruma konusunda zorluklar yaşamışlar ve bu da suçluluk hissi ve yetersizlik duygularına yol açmıştır. Ayrıca, mültecilerle çalışmak, katılımcılar arasında öz değerlendirme süreci başlatmış ve kendi eylemleriyle kimlikleri ile çeşitlilik ve zorlu hükümet politikalarıyla ilgili konulara etkin bir şekilde yaklaşma yetenekleri hakkında sorular sormalarına yol açmıştır. Zaman içinde, katılımcıların mültecilerle olan profesyonel bağları sadece işlerini etkilemekle kalmamış, aynı zamanda kişisel kimliklerini derinden şekillendirmiş ve göç tarihleri ile anlamlı bir aidiyet duygusu arayışı arasında karmaşık bağlantıları ortaya çıkarmıştır.

Bu örnekleri incelerken, bu katılımcıların göçle ilgili kişisel deneyimlerinin, hem kendi ülkeleri içinde hem de aile geçmişlerinde, çalışmaları ve mülteci ve göçmen danışanlerle ilişkileri üzerinde önemli bir etkisi olduğu düşünülebilir. Kendi göç geçmişleri, çalıştıkları mültecilere karşı empati kurmalarını ve ilişki kurmalarını sağladığı gibi, doğum yerine dayalı adaletsizliklerle karşı karşıya kalan mültecilere eşitlik ve dayanışmayı savunmalarına yol açmıştır. Ayrıca, mültecilerle çalışmak, bazı katılımcıların herkesin göç kökleri olduğunu, ayrılık ve kayıp deneyimlerinin olduğu daha geniş gerçeği daha derinlemesine anlamalarına yardımcı olmuş ve bunun sonucunda çift kimliklerini kucaklamalarına olanak tanımıştır. Kuşaktan kuşağa göç hikayelerinin etkilerini ve aktarımını keşfetmek, anne-babalarından ve daha eski kuşaklardan miras kalan ayrılıkla ilgili kaygılarını ve belirsizliklerini daha iyi anlamalarına yardımcı olmuştur. Bu da bir vatan arayışıyla sonuçlanmıştır. Sonuç olarak, katılımcılar, mültecilerle çalışmanın sadece başkalarının hayatında fark yarattığını değil, aynı zamanda kendi amaç duyguları, dirençleri ve insan deneyimi anlayışları üzerinde derin bir etkisi olduğunu fark etmişlerdir.

Klinisyenler İçin Ödüller

Bu katılımcılar, çalışmalarından dolayı birçok ödüllendirici deneyim yaşadıklarını belirtmişlerdir. Danışanlerinin dayanıklılığı ve gücünü tanık olmanın kendilerine rahatlama ve ilham verdiğini ifade etmişlerdir. Ayrıca, yardımcı oldukları kişilerden gelen teşekkür ve olumlu geri bildirimlerle gurur ve mutluluk duyduklarını

belirtmişlerdir. Dahası, mültecilerle çalışmak, bu katılımcılar için değerli kişisel ve mesleki gelişim fırsatları sağlamıştır. Zorlu durumlarla başa çıkma becerileri ve özellikle zorlu bağlamlarda psikoterapi uygulamaları konusunda değerli yaşam dersleri öğrenmişlerdir. Bu genel tema, dört alt tema üzerinde yoğunlaşmaktadır: 1) danışan dayanıklığını gözlemlemek, 2) olumlu geri bildirim almak, 3) iş tatmini, 4) mesleki ve kişisel gelişim.

Bu çalışma, ilk olarak, katılımcıların kişisel ve mesleki gelişimlerine önemli katkı sağlamaktadır. Birçok katılımcı, danışanlerinin dayanıklılığı ve gücüne tanık olduklarında teselli, hayranlık ve rahatlama hissi bulurlar. Ayrıca, yardım ettikleri kişilerden aldıkları minnettarlık ve olumlu geri bildirimler, genel anlamda başarı ve mutluluk duygularına katkıda bulunur. Bunun yanı sıra, klinisyenlerin iş tatmini, danışanlerinin refahında yaşanan olumlu dönüşümleri gözlemlemeleriyle güçlenir. Mültecilerle çalışmak, kişisel ve mesleki büyüme için değerli fırsatlar sunar, katılımcılar önemli yaşam dersleri öğrenir ve zorlu durumları yönlendirmek için beceriler geliştirir. Özellikle, Suriyeli mültecilerle çalışmak, psikoterapi becerilerini geliştirir ve insanlık hakkında daha geniş bir perspektif kazanmanın yanı sıra, danışanlerle gerçek bağlantılar kurulmasını sağlar. Ayrıca, katılımcıların mültecilerle çalışmalarında duygusal zorlukları aşmak için kullandıkları başa çıkma mekanizmalarını ve kaynakları tanımak ve keşfetmek, tatmin edici deneyimlerini destekleyen faktörler arasında önemlidir.

Başa Çıkma Stratejileri ve Kaynakları

Bu çalışma, katılımcıların kişisel ve mesleki gelişimlerine önemli katkılar sağlamaktadır. Birçok katılımcı, danışanlerinin dayanıklılığını ve gücünü gördüklerinde rahatlama, hayranlık ve bir rahatlama hissi bulur. Ayrıca, yardımcı oldukları kişilerden gelen minnettarlık ve olumlu geri bildirimler, katılımcıların genel olarak başarı ve mutluluk duygularına katkıda bulunur. Ayrıca, klinisyenlerin iş doyumu, danışanlerinin iyilik halindeki olumlu dönüşümlerini gözlemlemeleriyle pekiştirilir. Mültecilerle çalışmak, katılımcılara önemli kişisel ve mesleki büyüme fırsatları sunar, çünkü katılımcılar önemli yaşam dersleri öğrenir ve zorlu durumlarla

başa çıkmak için beceriler geliştirir. Özellikle, Suriyeli mültecilerle çalışmak, psikoterapi becerilerini geliştirir ve insanlık konusundaki perspektiflerini genişletir, böylece danışanlerle gerçek bağlantılar kurulabilir. Ayrıca, mültecilerle çalışırken katılımcıların duygusal zorluklarla başa çıkma mekanizmalarını ve kaynaklarını tanımak ve araştırmak da önemlidir, çünkü bu faktörler onların ödüllendirici deneyimlerini destekler.

Bu çalışmadaki katılımcılar, çalışmalarında karşılaştıkları zorlukları yönetmelerine ve ortaya çıkan yoğun duyguları başa çıkmalarına yardımcı olan çeşitli başa çıkma mekanizmalarını ve kaynakları paylaştılar. Denetim ve meslektaşlarının desteği gibi organizasyonel başa çıkma stratejileri ve kaynakların yanı sıra, kişisel başa çıkma stratejileri, öz bakım ve terapi gibi kişisel başa çıkma stratejilerinin önemini vurguladılar. Ayrıca, katılımcılar hobilerle ve yaratıcı faaliyetlerle meşgul olmanın, deneyimlerini sevdikleriyle paylaşmanın, mülteci sorunlarıyla ilgili bilgi ve hikayeleri araştırmanın ek başa çıkma stratejileri olduğunu belirttiler. Bazı katılımcılar da sınırlar belirlemenin ve rahatsız edici haberlere maruz kalımı sınırlamanın önemini vurguladılar. Genel olarak, bulgular, bu alanda çalışan profesyonellerin çalışmalarında ilerlemelerini sağlayan başa çıkma stratejileri ve kaynakların önemini vurgulamaktadır.

TARTIŞMA

Bu çalışmanın amacı, özellikle Türkiye'de Suriyeli mültecilerle çalışan psikologlar üzerindeki araştırmadaki boşluğu doldurmaktı. Daha önceki çalışmalar, farklı ülkelerdeki mülteci psikologlarına odaklanmış olsa da, Türkiye'de Suriyeli mültecilerle çalışan psikologların deneyimlerini keşfeden nitel araştırmalarda hala bir eksiklik bulunmaktadır. Çalışma, psikologların Suriyeli mültecilerle çalışmalarını nasıl anlamlandırdıklarını, bu nüfusa yönelik karşılaşılan zorlukları nasıl algıladıklarını, kendi iyi oluşlarının ve mesleki gelişimlerinin nasıl etkilendiğini ve hangi destek kaynaklarına güvendiklerini anlamayı amaçlamıştır. Mültecilere terapi veya danışmanlık hizmeti verme deneyimi olan 10 psikologla derinlemesine görüşmeler yapılmış ve veriler yorumlamalı fenomenolojik analiz kullanılarak analiz

edilmiştir. Analiz, beş ana tema belirlemiştir: ikincil travmatik stres, travma sonrası büyüme, klinisyenler için zorluklar, klinisyenler için ödüller ve başa çıkma stratejileri. Bulgular, klinik psikoloji alanında mülteci deneyimleri üzerine mevcut araştırmalarla ilişkilendirilerek tartışılmış ve bölüm, klinik ve politika implikasyonlarıyla birlikte gelecek araştırmalar için önerilerle sonuçlanmıştır.

Araştırma Sonuçlarının Genel Tartışması

İkincil Travmatizasyon

Bu çalışmada Suriyeli mültecilerle çalışan psikoterapistler, kişisel ve mesleki yaşamlarını etkileyen duygusal zorluklarla karşılaşmıştır. Bu zorluklar arasında bozulan uyku düzeni, düzensizlik, enerji düzeyinde azalma, iştah kaybı, artan kaygı ve haberlerden ve siyasi konulardan uzaklaşma yer almıştır. Bu bulgular, önceki Suriyeli mültecilerle çalışan terapistler üzerine yapılan araştırmalarla uyumludur. Bu duygusal zorlukları tanımak ve terapistlerin iyi olmalarını sağlamak için uygun müdahaleler ve destek sistemleri sağlamak önemlidir. Çalışma ayrıca terapistlerin hem kurbanlara hem de faillere empati yaparken içsel çatışmalar yaşadığını, bu durumun duygusal bastırma ve hayattan zevk bulmada zorluk yarattığını bulmuştur. Başa çıkma stratejileri biraz yetersiz bulunmuş ve mültecilerle çalışmanın terapistlerin kişisel yaşamlarını etkilediği, hayal kırıklığı, kötümserlik ve tükenmişlik gibi sonuçları olduğu tespit edilmiştir. Travmatik anlatılarla temas ve etkili yardım sağlama konusundaki sınırlamalar depresyona, tükenmişliğe, artan alkol tüketimine, travmaya saplantılı olmaya, yüksek kaygıya ve savunmasızlığa neden olmuştur. Psikoterapistler, danışanlere karşı hayal kırıklığı ve öfke yaşamışlar ve bu durum terapi oturumlarına yük getirmiştir. Suriyeli mültecilerle çalışan terapistlerin karşı karşıya kaldığı sistemik yetersizlikleri ve sınırlı kaynakları tanımak önemlidir.

Travma Sonrası Büyüme

Bu çalışmanın bulguları, Suriyeli mültecilerle çalışan psikologların ikincil travma ve tükenmişlikle karşılaşmalarına rağmen, mülteci haklarına ve dirence yönelik tutumlarında olumlu değişimler yaşadıklarını ortaya koymaktadır. Mültecilerle

etkileşim, hayata olan takdirlerini derinleştirmekte ve işlerine anlam kazandırmaktadır. Aynı zamanda mülteci hakları için mücadele etme konusunda bir taahhüt oluşturmaktadır. Çalışmadaki katılımcılar mültecilerle güçlü bir bağ kurmakta ve onların direncini değerlendirmektedir. Mültecilerle çalışmak, kişisel güçlerini ve dirençlerini artırmakta ve duygusal yüklerle başa çıkmalarına yardımcı olmaktadır. Profesyoneller kişisel bir büyüme yaşamakta ve mültecilerin başa çıkma mekanizmalarından ilham almaktadır.

Klinisyenler için Zorluklar

Bu çalışmada, araştırmacılar Suriyeli mültecilere terapi sağlarken klinik uzmanların karşılaştığı zorlukları inceledi. Bu zorluklar arasında tercümanlarla çalışmak, yüksek düzeyde stresle başa çıkmak, danışanlerin özel ihtiyaçlarını anlamak, tutarlı oturumlar planlamak, kültürel farkliliklere uyum sağlamak ve etik sınırları korumak yer alıyor. Çalışma ayrıca, tercümanlarla çalışırken katılımcıların deneyimlerini hem olumlu hem de olumsuz yönleriyle inceledi.

Katılımcılar, mültecilerin temel ihtiyaçlarını karşılamakta yaşadıkları zorlukları gözlemlemekte zorlandıklarını ve terapi dışında yardım etmenin uygun olup olmadığını sorguladıklarını belirtmiştir. Mültecilerin yaşadığı bu mücadele ve stres, katılımcılar için önemli bir sıkıntıya yol açarak, çaresizlik ve yetersizlik hislerini artırmıştır. Daha önce yapılan araştırmalarda da, mülteci popülasyonuyla çalışan sağlık çalışanlarının benzer bir çaresizlik ve ahlaki sıkıntı yaşadıkları belirtilmiştir.

Kültürel farklılıklar, terapi oturumlarında önemli bir etken olarak belirlenmiş ve tutarlı bir terapi ilişkisi kurmayı zorlaştırmıştır. Mültecilerin şartlarındaki belirsizlik ve kültürel normları, son dakika değişiklikleri ve plansız ziyaretler gibi, terapi sürecini bozmuştur. Önceki araştırmalar, danışanlerin kültürel geçmişini tanıyıp takdir etmenin terapi yaklaşımlarını ve oturum düzenlemelerini buna göre uyarlamak önemini vurgulamaktadır. Bu çalışmada yer alan katılımcılar, Batı terapi yöntemlerini bir Batı olmayan nüfusa uygulama ve danışanleriyle bağlantı kurma konusunda zorluklar yaşamışlardır.

Dil engelleri ve her seansta hâkimiyet sahibi tercümanlara olan ihtiyaç da vurgulanmıştır. Tercümanlar ve terapistlerin ihtiyaçlarına dikkat etmemenin ve görevlerin net olmamasının, danışanlerle olan üçlü ilişkilerinde zorluklara neden olabileceği belirtilmiştir. Psikoterapi ortamlarında tercümanların özel yeterliklere ihtiyaç duyduğu ve tercümanlara psikoeğitimin sağlanmasının terapi sonuçlarını artırabileceği vurgulanmaktadır. Tercümanların psikoterapiyle ilgili olmayan konularda tecrübesiz olması ve travmatik materyallerle karşılaşması gibi etik konulara dikkat edilmelidir. Danışannin güven ve güvenli bir ortam kurmak için her seansta aynı tercümanın kullanılmasının önemi vurgulanmıştır.

Çalışma, tercüman ve danışan arasındaki daha yakın bir ilişkiyi gözlemlediğinde terapistlerin dışlanmışlık hissi yaşayabileceğini ima etmektedir. Tercüman, mülteci danışanler için tanıdık bir faktör olarak hizmet verebilir ve danışannin terapi sürecine katılımını kolaylaştırabilir. Bu terapistin dikkate alması gereken bir avantajdır.

Terapi oturumlarında mültecilerle tercümanların kullanılması, ruh sağlığı uzmanları için zorluklar doğurmaktadır. Çalışmadaki katılımcılar, tercüman olmadan çalışmanın zorluklarını ifade etmişlerdir ve bu durum oturum yapısında ve tekniklerinde değişikliklere yol açmıştır. Profesyonel olmayan tercümanların veya sınırlı dil yeteneği olan kişilerin kullanılması, danışanlerin hayal kırıklığına uğramasına neden olmuştur. Bununla birlikte, tercümanlarla çalışmak terapistler ve danışanler arasında daha samimi bir etkileşimi teşvik edebilir ve güveni artırabilir. Aynı dilde konuşabilen terapist ve danışannin olduğu durumlarda, tercümanın varlığı terapötik ittifakta kopukluklar ve güvensizlik yaratabilir. Terapistler ayrıca terapötik sorumluluğu sürdürürken tercümanlarla dostane bir birlikteliği dengeleme konusunda zorluklarla karşılaşmaktadır. Tercümanların çıkarılması, terapistler ve mülteciler arasında daha derin bir bağlantı ve anlayışı teşvik edebilir. Katılımcılar tarafından bildirilen sistemle ilgili engeller arasında istikrarsız politikalar ve koordinasyon zorlukları bulunmaktadır. İnter-ajans işbirliği ve özel kurum ve tercümanların sınırlı olması, destek hizmetlerini karmaşıklaştırmaktadır. Oturumları izlemek isteyen yöneticiler ve personel ile danışanler arasında kişisel ilişkilerin oluşması gibi sınırların ihlali durumları etkili danışan bakımını engellemektedir. Bu alandaki ruh sağlığı uzmanları

ayrıca iş dışındaki ilişkilerinde yorgunluk ve mültecilere yönelik farklı görüşler nedeniyle zorluklarla karşılaşmaktadır. Mültecilerle çalışmak ayrıca katılımcılar arasında kişisel anılar ve düşünceleri tetiklemiştir ve karşı aktarımı etkilemiştir.

Klinisyenler için ödüller

Bu çalışmada, katılımcılar mültecilerle çalışmanın birçok açıdan ödüllendirici bir deneyim olduğunu keşfettiler. Danışanlerinin dayanıklılığından derinden etkilendiler ve danışanlerinden gelen minnettarlık ve olumlu geri bildirimler, onları gurur ve mutlulukla doldurdu. Bu bulgular, mültecilerle çalışmanın ödüllendirici yönlerini vurgulayan önceki araştırmalarla uyumludur. Katılımcılar ayrıca mesleki gelişim fırsatları da yaşadılar, çünkü mültecilerle çalışmak, psikoterapi becerilerini ve kültürel bilgi birikimlerini artırdı. Ayrıca danışanlerden olumlu geri bildirimler alarak, yeteneklerini doğrulandırdı ve motive edildi. Katılımcılar, zorlu duygularla yüzleşmeyi ve yönetmeyi öğrenerek, daha dirençli hale geldi ve engellerle başa çıkmak için farklı perspektifler kazandılar. Mültecilerle çalışan meslektaşlarıyla destekleyici topluluklar oluşturmanın da faydalı olduğu görüldü, çünkü duygusal zorluklarla başa çıkmalarına yardımcı oldu ve etkili başa çıkma mekanizmaları konusunda meslektaşlarından öğrendiler. Son olarak, mültecilerle çalışmak, katılımcıların insan hakları ve göç konularında daha derin bir anlayış geliştirmelerini sağladı ve terapi ötesinde mültecilere destek sağlamada daha büyük katkılar yapmalarına imkan tanıdı.

Başa Çıkma Stratejileri ve Kaynakları

Bu tema, çalışmada yer alan katılımcıların çalışmalarındaki zorluklarla nasıl başa çıktıklarını araştırmaktadır. Katılımcılar, akranlar ve uzmanlardan gelen denetimler ve destek önemini vurgulamaktadır. Önceki araştırmalar, dayanıklılığı teşvik etme ve izolasyon hissini önleme konusundaki destek rolünün önemini vurgulamaktadır. Çalışma ayrıca, destekleyici bir çalışma ortamı, meslektaşlarla açık iletişim ve iş dışındaki kişisel ilişkilerin önemini vurgulamaktadır. Katılımcılar sağlık teşvik girişimlerinin önemini ve çalışmalarında denetim değerini vurgulamaktadır. Kendi bakımlarına terapi, hobiler ve ilişkiler aracılığıyla öncelik verme stratejilerini temel

bir başa çıkma yöntemi olarak tanımlamaktadır. Kişisel ve mesleki yaşam arasında sınırların belirlenmesi, katılımcıların iyilik haline önemli bir etki yapmaktadır. Bazı katılımcılar, mültecilerle çalıştıkları kişilerden ayrılmak için aşırı bir alışveriş davranışı geliştirmektedir. Sınırların belirlenmesi ve duygusal emek yönetimi bu çalışma alanında da önem taşımaktadır. Bildirilen baş etme stratejilerinin çoğu duygusal odaklı olarak yorumlanabilir. Mültecilerle sosyal çalışma yapan psikologlara ve ruh sağlığı çalışanlarına destek sağlamak için bu başa çıkma stratejilerinin etkinliğini incelemek için daha fazla araştırmaya ihtiyaç vardır.

Çalışmanın Sınırlılıkları ve Güçlü Yanları

Bu çalışma, özellikle Türkiye'de Suriyeli mültecilerle çalışan psikologlarla ilgili ruh sağlığı profesyonellerinin deneyimlerine odaklanmaktadır. Çalışma, nitel verileri toplamak için Yorumlayıcı Fenomenolojik Analiz (IPA) yöntemini kullanmaktadır ve çalışmanın idiyografik doğasına vurgu yapmaktadır. Bulgular, bu alandaki tüm ruh sağlığı çalışanlarına genelleştirilmeyi değil, bireysel yorumları anlamayı hedeflemektedir. Örneklem büyüklüğü ve yaş grubu seçimi, çalışmanın gücünü artırmaktadır ve bu bulguların Türkiye'de Suriyeli mültecilerle çalışan diğer ruh sağlığı profesyonelleri için de geçerli olmasını sağlamaktadır.

Çalışma, Türkiye'deki klinik psikoloji araştırmalarında bir boşluğu doldurarak, mülteci çalışmalarında ruh sağlığı profesyonellerinin deneyimlerini keşfetmektedir. Bu profesyonellerin karşılaştığı zorluklar ve güçlü yönler hakkında değerli bilgiler sunarak, teşhis ve psikopatoloji yerine fenomenolojiye odaklanmaktadır. Ayrıca, Türkiye'yi yerleşim ülkelerle karşılaştırmakta ve mültecilere destek sağlamanın benzersiz avantajlarını ve zorluklarını vurgulamaktadır. Çalışma aynı zamanda, potansiyel araştırmacı yanlılığı ve Covid-19 pandemisinin veri toplama üzerindeki etkisini de göz önünde bulundurmaktadır.

Bu çalışma, katılımcıların atanmasında sınırlılıklarla karşılaştı, özellikle mülteci merkezlerinde çalışan profesyonellerin araştırmaya katılmasında zorluklar yaşandı. Bazı ruh sağlığı uzmanları, kurumlarından olumsuz sonuçlarla karşılaşma endişesi

nedeniyle katılmayı reddetti. Ayrıca, yorgunluk ve tükenmişlik belirli profesyonellerin röportaj tekliflerini reddetmesinde etkili olmuş olabilir. Dahası, kendi kendini seçim önyargısı da bulguları etkilemiş olabilir, çünkü mültecilerle çalışmaktan memnuniyet duyan ruh sağlığı uzmanlarının katılmayı tercih etme olasılığı daha yüksek olabilirdi. Bu nedenle, sonuçlar ülkenin tüm ruh sağlığı uzmanlarına genelleştirilemeyebilir.

Bir diğer kısıtlama, özellikle travma konusunda uzmanlaşmış psikologlar olmak üzere 40 yaşın üzerindeki bireylere erişmede yaşanan zorluktu. Bu durum, travma çalışmasının duygusal ve fiziksel açıdan zorlu olması nedeniyle, 40 yaş üstü terapistlerin daha az yoğun bir uygulama alanı aramasına bağlanabilir. Sınırlı eğitim fırsatları ve iş-yaşam dengesine olan tercih, yaşlı terapistlerin travma ruh sağlığı çalışmasındaki sayısının az olmasına katkıda bulunabilir.

Türkiye'deki kurumlar ve personel yapıları arasındaki farklılıklar, mültecilerle çalışan ruh sağlığı uzmanlarının deneyimlerini etkileyebilir. Bununla birlikte, psikolojik desteğe olan yüksek talep göz önüne alındığında, bu uzmanlar arasında benzer deneyimler beklenilebilir.

Çalışma özellikle Türkiye'deki Suriyeli mültecilere danışmanlık ve psikoterapi hizmeti veren psikologlara odaklandı, onlar psikolojik destek sağlamada baskın bir rol oynamakta olduğundan. Psikiyatristler, sosyal çalışmacıkar, psikiyatri hemşireleri gibi diğer ruh sağlığı uzmanları, bu alanda sınırlı erişilebilirlikle birlikte psikolojik destek sunmaktadır. Farklı ruh sağlığı uzmanlarını içeren çalışmaların ek tema ve veriler ortaya çıkarabileceği ve üç farklı mesleğe ait verilerin birleştirilmesinin bazı belirsizliklere yol açabileceği önemli bir husustur. Bununla birlikte, dahil edilirse, bu uzmanların büyük olasılıkla psikologlarla benzer deneyimlere sahip olacağı unutulmamalıdır.

Çalışmanın Önerileri

Türkiye, küresel olarak en büyük sığınmacı nüfusuna ev sahipliği yapmaktadır ve çeşitli kuruluşlar, savaşla ilgili deneyimler, işkence ve diğer sıkıntılı karşılaşmalardan etkilenen bireylere önemli ruh sağlığı hizmetleri sunmaktadır. Psikologlar, destek

sağlama konusunda merkezi bir rol oynamaktadır, ancak çalışmalarında psikolojik ve örgütsel zorluklarla karşılaşırlar. Bu nedenle, etkili bir iş yükü yönetimi önemlidir. Çalışmanın bulguları, psikologlar ve kurumlara politik, örgütsel ve bireysel düzeylerde etkileri vardır. Klinik öneriler arasında ruh sağlığı uzmanlarının kendine yardım becerileri ile donatılması, başa çıkma stratejileri, kültürel uyum yetkinliği konusunda eğitim sağlanması ve mülteciler ve sığınmacılar için özel klinik rehberlerin geliştirilmesi bulunmaktadır. Kişisel başa çıkma stratejileri, kendine bakım, ilişkisel destek, bilişsel yapılandırma ve iş-yaşam dengesi kurma gibi alanlarda güçlendirilmelidir. Akran destek grupları, klinisyenler arasında çaresizlik ve umutsuzluk hislerini hafifletebilirken, zor zamanlarda akran desteği çok önemlidir. Profesyoneller arasında dayanışmayı güçlendirmek, anlayışı, işbirliğini, bilgi alışverişini ve direnci teşvik etmektedir. Dayanışma ayrıca, travma kurbanları için iyileştirilmiş kaynaklar, politikalar ve destek için savunuculuk yaparak sistemik değişime katkıda bulunur.

Sonuç olarak, travma çalışanları arasındaki dayanışma, onların iyi oluşu, mesleki gelişimi ve travma bakımının genel ilerlemesi için hayati öneme sahiptir. Destek, işbirliği ve savunuculuk sunarak, çalışma zorluklarını aşmalarına ve travma mağdurlarının hayatında fark yaratmalarına olanak tanır.

Sığınmacılarla çalışan psikoterapistlerin travma çalışmasında travmatik geçişleri önemli bir konudur. Psikoterapistler kendilerine bakım ve iyi oluşu önceliklendirebilir, denetim ve destek arayabilir, kendi için terapiye başvurabilir ve öz-yansıtım ve farkındalık pratikleri yapabilir. Ayrıca, sürekli eğitim arayabilir, travma bilinçli bakım üzerine atölyelere ve eğitim programlarına katılabilir, meditasyon veya farkındalık gibi aktivitelere katılabilirler. Kendi için terapi veya danışmanlık almak, terapistlerin kişisel tetikleyicileri ve travmaları keşfetmelerine yardımcı olarak kişisel büyümelerini ve iyileşmelerini artırabilir.

Sığınmacılarla çalışırken uygun psikoterapi yaklaşımlarını ve teknikleri seçmek de başka bir önemli klinik sonuçdır. Psikoterapistler danışanlerinin ihtiyaçlarını göz önünde bulundurmalı ve bu ihtiyaçları karşılayabilecek terapötik bir yaklaşım

seçmelidir. Seçilen yaklaşımın, örneğin psikanalitik yaklaşımın, çalışmalarında uygulama becerisi kritiktir. Güçlü bir terapötik bağ kurmak, güveni artırmak ve danışannin kültürel ve sosyal bağlamını anlamak hayati önem taşır. Ayrıca, terapistler danışannin deneyimlerini ve duygularını anlamak için aktarma ve karşı aktarma dinamiklerinin farkında olmalı ve bunları yönlendirmelidir.

Sığınmacı danışanlerle çalışırken kültürel hassasiyet ve farkındalık gereklidir. Kültürel inançların etkisini tanımak ve çok disiplinli ekiplerle işbirliği yapmak kapsamlı ve kültürel olarak duyarlı bir bakım sağlamayı sağlayabilir. Bilişsel davranışçı terapi (BDT), sığınmacı ruh sağlığı çalışmasında tercih edilen bir yaklaşımdır. BDT, danışannin uyumunu ve iyi oluşunu engelleyen, uyumsuz düşünce kalıplarını, duyguları ve davranışları belirlemeyi ve ele almeyi amaçlar. Maruz bırakma teknikleri, psiko-eğitim ve farkındalık uygulamaları, danışanlerin sıkıntılarını yönetmelerine ve başa çıkma stratejileri geliştirmelerine yardımcı olmak için BDT müdahalelerine entegre edilebilir.

Çalışma mültecilerle çalışırken yaygın olarak kullanılan iki ana terapi yaklaşımı olan şema terapi ve destekleyici terapiyi ele almaktadır. Şema terapisi, travmatik olaylardan kaynaklanmış olabilecek uyumsuz şemaları ve başa çıkma mekanizmalarını araştırmaya ve değiştirmeye odaklanır. Görselleştirme yeniden yazma, sandalye çalışması ve bilişsel yapılandırma gibi teknikler kullanılır. Destekleyici terapi, mültecilerin karşılaştığı özel ihtiyaçları ve zorlukları ele alarak kapsamlı ve empatik bakım sağlamayı amaçlar. Kültürel yeterlilik ve duyarlılık göstermek, güvenli terapi alanı yaratmak ve danışanye aktif dinleme yapmak da içerir. Başa çıkma stratejileri, beceri geliştirme egzersizleri ve sosyal destek ağları da destekleyici terapinin önemli bileşenleridir.

Belirli terapi yaklaşımlarının yanı sıra, travma bilgilendirilmiş hizmetler ve travma özgül bakım modellerinin travmayı ve etkilerini ele almak için önerildiği ifade edilmektedir. Travma bilgilendirilmiş hizmetler, travmayı ve etkilerini anlama, güvenli bir ortam oluşturma, kültürel yeterlilik, danışan kontrolünü destekleme, örgüt içinde güç ve yönetimi paylaşma, destekleyici ilişkiler kurma ve iyileşmeyi sağlama

öncelik verir. Travma özgül bakım, travmaya psikobiyolojik ve sosyal tepkileri anlama ve yanıtlama, kültürel faktörleri dikkate alma ve kültürel pratikleri ve terapötik becerileri içeren yerli yaklaşımları birleştirme üzerine odaklanır.

Yerli Avustralya kültürel pratiklerini kullanan bir travma özgül bakım programı olan We Al-li'nin değerlendirmesi, iyileşme ve sosyal grupları birbirine bağlama konusunda olumlu sonuçlar göstermiştir. Benzer araçlar, mülteci çalışması alanında klinisyenlere gerekli destek sağlamak için geliştirilebilir.

Çalışmanın bulguları, aynı zamanda mülteci yardımında çalışan ruh sağlığı profesyonelleri için önemli sağlık politikası sonuçları olduğunu önermektedir. Onların karmaşık ihtiyaçlarını karşılamak ve kaliteli hizmet sunmak için, sağlık politika yapıcıları personel sayısını artırmayı ve iş yükünü azaltmayı düşünmelidir. Çalışma koşullarını iyileştirmek için ek finansal kaynaklar ayrılmalı ve bürokratik engeller en aza indirilmelidir. Yöneticiler, karar alma süreçlerine psikologlar ve diğer personel üyelerini dahil etmeli ve gerekli ayarlamalar için düzenli toplantılar ve denetim sağlamalıdır. Mülteci ajansları ile akademik kurumlar arasındaki ortaklıklar, denetim ve teorik bilgiler aracılığıyla destek sağlayabilir. Etkili bakım için yeterli personel, tercümanlar, sürekli eğitim ve kaynaklar önemlidir. Kuruluşlar, personel tutmayı, refahı ve bakım sunumunu teşvik etmeli ve terapistler için sürekli eğitim fırsatları sunmalıdır. Eğitim, kültürel yeterlilik, sığınma politikaları, sağlık koşulları ve kişisel bakım üzerine odaklanmalıdır. Sınırları korumak ve iş-özel hayat dengesini sağlamak önemlidir.

Bu akademik metinde, yazar psikoterapistlerin danışanleriyle olan ilgilerinin, özellikle Türk mülteci rejimi bağlamında politik sonuçlarını tartışmaya çalışmıştır. Yazar, Türkiye'deki mültecilerle çalışan ruh sağlığı profesyonellerinin, bakım sağlamaları beklenirken mültecilerin acı ve savunmasızlığını gözlemlemeleri gibi karmaşık bir durumda bulunduklarını vurgulamıştır. Yazar, uluslararası yardım ve kalkınma neoliberal çerçevesinde empatinin desteklendiğine dair eleştiriler getirerek, empatinin daha sosyopolitik bir anlayışına ihtiyaç olduğunu belirtmek istemiştir. Metin ayrıca dayanışma ve sosyal adaleti teşvik eden denetim uygulamalarının önemini

vurgulamaktadır. Yazar, hem uzmanlara hem de mültecilere daha iyi destek sağlamak için en iyi denetim ve öz bakım uygulamalarını içeren kapsamlı bir bakım protokolü çağrısında bulunmaktadır. Son olarak, metin yüksek düzeyde travmatize olmuş ve yerinden edilmiş bireylerle çalışma konusunda karşılaşılan zorlukları kabul ediyor ve ajanslar ile mülteci politikaları arasındaki ilişki üzerine daha fazla araştırma yapılması gerektiğini vurgulamaktadır.

Gelecek Çalışmalar

Bu çalışma, mültecilerle çalışan ruh sağlığı profesyonellerinin ikincil travmalaşma ve tükenmişlik gibi negatif ruh sağlığı sonuçlarına karşı hassas olduklarını vurgulamaktadır. Bu profesyonellerin karşılaştığı zorlukları ele almak için acil destek gerekmektedir, bunlar arasında ikincil travmalaşma, tükenmişlik ve organizasyonel stres bulunmaktadır. Türkiye'deki mültecilerle çalışan ruh sağlığı çalışanlarının psikolojik etkisi ve deneyimlerine odaklanan ileri araştırmalar önemlidir. Diğer ruh sağlığı profesyonelleriyle işbirliği yapmak, nicel ölçekler ve karşılaştırmalı çalışmalar uygulamak bu çalışma alanının psikolojik etkilerini anlamamıza yardımcı olabilir. Müdahale kılavuzlarının doğrulukları, etkinliklerinin değerlendirilmesi ve kapsamlı yaklaşımlar riskleri azaltmak ve hizmet sağlayıcıların iyilik halini korumak için gereklidir. Mülteciler ve klinik müdahaleler alanının daha fazla araştırma gerektirdiği, işbirliklerinin kurulması ve deneyimli profesyonellerde etkinlik ve iyilik halini artıran faktörlerin anlaşılması ve bu bilginin yeni başlayan danışmanlar ve terapistlerin pratiğini desteklemek için nasıl kullanılabileceği önemlidir.

Sonuç

Bu çalışma, özellikle Türkiye'deki Suriyeli mültecilerle çalışan ruh sağlığı çalışanları, özellikle psikologlar, tarafından karşılaşılan zorlukları araştırmaktadır. Bulgular, mevcut literatürle uyumlu olarak, mültecilerle yapılan terapi üzerindeki bağlamsal ve kültürel faktörlerin etkisini vurgulayan ve zorlu çalışma ortamlarında ruh sağlığı çalışanların başa çıkma mekanizmalarını vurgulayan diğer araştırmalarla da uyumlu bir şekilde bulunmuştur. Bu çalışma, ruh sağlığı çalışanlarının karşılaştığı zorluklara

değinerek ve ihtiyaçlarına uygun müdahalelere vurgu yaparak alanda katkıda bulunmaktadır.

Sonuçlar, ruh sağlığı çalışanlarının kişisel, örgütsel, kişilerarası ve danışanyle ilgili yönler de dahil olmak üzere çeşitli alanlarda zorluklarla karşılaştığını göstermektedir. İlgili literatürde vurgulandığı gibi, zorluklarının tükenmişlik ve ikincil travmadan daha fazla olduğu açıktır. Örgütsel sorunlar, sistemik sorunlar, sosyal ilişkiler ve iş memnuniyeti de deneyimlerine katkıda bulunmaktadır. Ayrıca mültecilerle çalışmak, kişisel ve mesleki gelişimi, yaşamın takdir edilmesini ve kişisel gelişimi içermektedir. Çalışma, ruh sağlığı çalışanlarının yeteneklerini güçlendirmek ve etkili işyeri sağlığı müdahaleleri aracılığıyla iş taleplerini azaltmak için kaynakları araştırmanın gerekliliğini önermektedir.

Çalışma, ruh sağlığı çalışanlarının deneyimleri üzerine yapılan araştırmaların artan bir şekilde odaklandığı ve onların işlerini etkileyen kişisel ve bağlamsal faktörler konusunda değerli bilgiler sunduğu bir alana katkıda bulunmaktadır. Bu durumu tam olarak anlamak için klinik psikoloji ve göç literatüründeki baskın çerçevenin ötesine geçmek gerektiğini vurgulamaktadır. Tükenmişlik ve ikincil travmayı ele almak önemlidir, ancak ruh sağlığı çalışanlarıyla çalışırken ve müdahaleler tasarlarken daha geniş sosyal bir bağlam da dikkate alınmalıdır. Ruh sağlığı çalışanlarının faaliyet gösterdiği sosyo-politik ortam, deneyimlerini yorumlarken de dikkate alınmalıdır.

Ruh sağlığı profesyonelleri, yöneticiler ve politika yapıcılar, destek sistemleri oluştururken ve politika kararları alırken mülteci çalışma deneyiminin tüm yönlerini göz önünde bulundurması gerektiği konusunda uyarılır. Ruh sağlığı çalışanlarının deneyimlerini kapsamlı bir şekilde anlayarak, ihtiyaçları daha iyi karşılanabilir ve hem

çalışanlar hem de hizmet verdikleri bireyler için iyileştirilmiş ruh sağlığı sonuçlarına yol açabilir.

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