

REFUGEES: Assistance in a world full of dilemmas: some Swiss experiences

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Introduction

Mankind has always been migrating. The populations of whole continents are descendants of different migratory movements. One of the multiple possible reasons for migrating is persecution, for whatever reason it may be.

Many countries have responded to migration, by creating immigration laws but Switzerland has not yet done this. However, she has refugees, as do most of the countries who consider themselves to be in compliance with the universal Human Rights laws for accepting asylum seekers. This means, that today, Switzerland is only open for refugees, but not for migrants. This means also that persons, who want to escape intolerable situations in their country of origin, have to declare themselves as asylum seekers when entering Switzerland, even if they do not meet the criteria set out in the asylum law. This difficulty has led to an attitude, in which our government tries to do whatever it can to “reduce pull-factors”, i.e. to make Switzerland unattractive for refuge seeking. In spite of all that the country of seven millions inhabitants receives yearly about 20' 000 asylum applications, not to speak of the much higher numbers during the Balkan wars: 100'000 during the Bosnian war, still more during the Kosova crisis, the highest per capita ratio in all of Europe.

During the Balkan wars different legal statuses of refugees were created, from persons, e.g. “accepted for a limited time”, accepted for humanitarian reasons, to refugees under the asylum law.

When a person reaches Switzerland and applies for asylum he is lodged immediately in a reception centre, until his application is duly received: This means interrogation about the reasons why he wants to apply for asylum, how he came to the border of the county, specifics of how he was persecuted and whether he has already applied for asylum in another country considered to be safe. In the last 10 years this interrogation has been greatly professionalized: there are now country specialists (with knowledge about the local political and geographical situations, about police attitudes, including torture methods) who with support from trained interpreters try to find out the history of persecution, but also the family

and professional backgrounds of the applicant. The specialists are even trained to recognise at a lay level possible post traumatic stress disorder and dissociation as a consequence of persecution and/or torture. The interrogation is never done without the presence of a representative of an NGO, which should care about respecting fair procedures; also since Bosnia gender specific interrogation takes place: Women are exclusively interrogated by women so as to facilitate disclosure of rape, forced sex labour etc.

Also in the last ten years the applicants have tried to “professionalize” their attitude so as to be more credible and congruent. In some centres the symptomatology of PTSD has been taught to the applicants. At a certain point nearly all African women applicants disclosed detention by police forces, transfer to a private place, where they were raped, however with no knowledge of how many persons took part, nor for how long, because they “lost consciousness”, an outflow of the concept of maximum dissociation during extreme trauma.

I assume that similar stories are present all over the world, where asylum seekers have the questionable luck to go through an organised reception – and triage- procedure. I shall not go into the different possible ways of being handled and treated after that first encounter with representatives of the national authorities.

During the time in which the history of the asylum seeker is evaluated and the time in which he is making appeals in case of non reception, he has no right to work. He is taken care of at all levels: He is lodged, fed, medically followed, at least for acute and urgent health problems, and he is offered a language course. This time however can be very long, as he has the right, – having got a negative response- to make use of legal appeal procedures, at different levels, a time which can go from a few months to years.

This idle time is a crucial time for the asylum seeker regarding health and his capacity to integrate into a new society or prepare for return to his country of origin.

Migration and Health

There are three groups of countries in Europe specific to how they receive refugees and illegal migrants:

- there is virtually no control and thus there are many illegal persons, who are not followed at all (to include their health concerns). This works out well, as long as the illegal person is young, healthy and has no pre-existing affliction or e.g. a working accident.

- there is reception at the country's borders; thus a certain control over asylum seekers, their health and their number. Of course this does not avoid the illegal entrance of an unknown number of individuals.
- the third group of countries (mainly Scandinavian countries) accept quotas of refugees normally negotiated with the HCR (high Commissioner for Refugees). They normally are too far away to receive asylum seekers at their borders. They also cannot, for geographical reasons be the first safe country on their migratory path through Europe.
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In the last 50 years of experience with migrating working persons, most European countries have developed quite an efficient way of looking after somatic health of migrants, especially as to communicable diseases. This can be seen as being in their own Public Health interest. For the asylum seeker the control takes place during the first few days after arrival in the reception centre, and existing health problems are treated. Some of the involved services have started to inquire also about experiences of violence and specifically about post traumatic stress disorder and in positive cases to offer psychotherapy.

However it is forgotten that wherever the persons come from, whatever they have gone through, idleness is a major Mental Health problem: To have nothing to do but to wait, causes boredom, confusion, obsessive thoughts about the future and (if traumatic) also about the past; it also causes conflicts between the inhabitants of the reception centres, especially if there are different ethnic groups in the same place; violence, anxiety etc. often then result in recourse to excessive use of alcohol, cigarettes, coffee. Men who come in as fathers normally lose their natural function as the family provider, by that they lose also their status. Women normally have to go on looking after their children, so their status is better kept, which again leads to conflicts and sometimes violence in the families. This means that the receiving nations of Europe, which are well organised in receiving and controlling the influxes, provoke serious Mental Health problems by their (probably) well intended (and financially expensive) interventions.

It is clear that in the long run, a way must be found to change the legal provisions that forbid work for these persons, without becoming another "pull factor" for seeking asylum. It would be an important step on the way to preserve Mental Health of asylum seekers. However as long as the regulations are the way they are, creativity is needed to mobilise the resources of the asylum seekers and the persons in charge of them.

In the mean time at different places in Europe some NGOs have started to introduce or to ask for psychotherapeutic care for these persons, because they feel that the earlier traumatic experiences need psychotherapy. Other groups refuse to do it because they feel that they

need the security of the persons being accepted as a refugee, in order to start a psychotherapeutic process.

All these groups do not take into account that the person at the reception centre asks for asylum because a political problem has forced him to migrate, be it extreme poverty and lack of work, political instability, insecurity or persecution. Martin-Baró (1994) has described this as psychosocial destruction.

Effects of political problems however cannot be solved by an individual approach through psychotherapy: It is privatising politically inflicted suffering, something an old Bosnian peasant told me in his simple way: "I am not crazy: I am suffering: I lost my house, my family, all my way of life, and for that you want to give me treatment? I do not need that, I need something else, a house and work".

Salutogenesis, Self Coherence and the utilisation of language

Antonovsky has coined the two terms salutogenesis and self coherence (Antonovsky, 1987): Salutogenesis is a view – or an attitude- contrary to the current model of medicine and psychology, based on pathology, illnesses, diseases etc. In the pathogenetic model one diagnoses what does not function in order to repair it. In salutogenesis one concentrates on what is still functioning, what is healthy (Perren-Klingler, 1996). Bonfenbrenner (1978) had a similar view when he spoke about resources in families and systems and said that it might be more important to mobilise these resources instead of treating family pathology. Antonovsky inquired in his studies with healthy survivors of the Holocaust, in numerous personal interviews, how persons had managed to cope with these extremely traumatic experiences and still stay well. He deduced the concept of self coherence (Antonovsky, 1993), a capacity (state/trait) which consists of three ingredients: The capacity to find in even very difficult and possibly traumatic situations manageability, comprehensibility and meaning.

1. Manageability means that persons survive better in difficult or even traumatogenic situations if they can find minimal control. It is not so important whether this control is found in fantasy or in reality. This sense of control can be innate also in migrants, because the decision to leave a country of origin can be – at least in fantasy- a way to manage insupportable and/or unacceptable living conditions. However not every asylum seeker has this capacity.
2. Comprehensibility means that persons survive better, if they have precise knowledge of what is going on. This can be at the political and ideological level for the country of origin, and it has to be at the very practical level regarding the admission procedure.

3. Meaning: The knowledge that one wants to save his or his family's life can produce meaning for a "real" asylum seeker. However there is not a lot of meaning if a migrant thought of going to work in Europe in order to send money back to his family and now he is "detained" and cannot earn money. Meaning can often be found when the first two factors, manageability and comprehensibility are met.

The concept of Salutogenesis can help us to look for the resources in the asylum seeker and by that enhance his possibility of staying mentally and psycho-somatically healthy, or even to recover from traumatogenic experiences. By that one can enhance his capacity to integrate into a new society, if accepted as a refugee, or to return to his home country for a new start. In this sense a country should be interested in promoting salutogenesis, as it has only these two options, as a country vowed to Human Rights.

On the long run it will help accepted refugees to recover from their potentially traumatogenic experiences (which precipitated their seeking asylum) by enabling them to reintegrate self esteem, to lower high and negative stress levels, to adapt to a new society and culture and finally to integrate a bi-cultural identity typical for migrants.

Language is a central vehicle for mobilising salutogenesis in confrontation with any perception. Perception has two different aspects: There is a perceptual, "cognitive" (in the sense of matter of fact, purely sensory based) part ("the intellectual, head perception") and there is an emotional concomitant linked to physiological bodily reactions and to appraisal ("the gut perception"). If one makes a linguistic difference between cognitive and emotional language one can better help integrate experiences which might have been traumatic. E.g. calling a possibly traumatogenic experience "a difficult experience" gives it a different sound from calling it "a terrible experience". "Difficult" has a halo in which learning, challenge and/or efforts are evoked, whereas "terrible" calls immediately for "terrible and frightening" emotions. This does by no means say that traumatic experiences should only be talked about in cognitive terms. However it says that, before turning to emotions, one should organise facts, which were perceived, into a narrative, a story logical in its development, with a beginning and an end.

The use of language informed by salutogenesis can make a big difference when dealing with asylum seekers. Of course this means, above all, that the persons who look after the asylum seeker, have integrated the salutogenic model of the world, in very difficult circumstances. Instead of seeing the victim they perceive the survivor, instead of helping a person in a "morally bad reception country", which refuses so many victims, they can see that before all, they are in a legal process, in which conservation of resources of the applicant is central.

Salutogenesis during time in reception centres

Comprehensibility is not a matter of explaining once to asylum seekers the procedure as it is in the actual country they are in. Information must be given repeatedly and patiently; first of all it has to be understood at the linguistic level, i.e. via interpreters. After that it has to be talked through as many times as the person needs to understand the scope of the meaning. And it should be done in cognitive terms. The presence of competent persons to do this explaining is central. Every step of the procedure needs the same careful explanation and the legal possibilities of opposing the outcome. At the same time false hopes, given sometimes by HR representatives, who fear psychological decompensation of their client, should be avoided: Human beings are capable of much more hard confrontation than one normally believes. But they are not capable of shifting between unrealistic hope and cruel reality. So often giving false hope is more traumatic than being told that there will be no way for them to be recognised as a refugee and thus help to prepare them for going back.

Manageability is given in part through good and clear information. However manageability must also be transmitted in many other, simpler situations. Find out where an asylum seeker can take responsibility in the daily activities of the centre. Apart from giving them responsibilities in managing parts of the reception centres, by cooking, cleaning, organising sports activities for the children and adults, one should use the professionals, e.g. teachers and medical personnel among them for professional performance, etc.

Promotion of culture-specific weeks in a reception centre can mobilise a lot of cultural resources: In this week a group of one specific cultural origin talks and teaches about his culture: history, music and songs, fairy tales, festivities and holy seasons, cooking special meals etc. When this is shared with asylum seekers from other origins and sometimes hopefully with persons from the receiving country, this leads to recognition of differences, specific identities, perception of cultural roots and belonging to a specific group. This can enhance self-esteem and promote so often badly needed tolerance- and last but not least- it promotes manageability and deeper understanding.

Meaning is a very personal accomplishment; meaning might seem easier if someone is accepted as a refugee; but can very often become more difficult later. Or it may seem more difficult when one is refused asylum and sent home. Meaning is always a construction of perception, appraisal and conscious interpretations given by the concerned persons as well as by the surroundings. So again it is up to the surrounding to give different interpretations to a refusal to stay. "What does that mean for you? And what else could it mean? Could it also

mean that you are going to meet again...., see again.... etc. The more comprehensibility and manageability are present, the easier it is for persons to create their own meaning of what occurs to them.

By using a salutogenic approach in adequate language, one can enhance coping with difficult situations for many asylum seekers.

Example Nr 1:

The salutogenetic approach for asylum seekers who have to return home, who are going to be expelled is an interesting example (Model of the Geneva Red Cross, Louise Giroux).

Maybe the potentially most traumatic and helpless experience for asylum seekers is to have to return back home, because their experiences do not correspond to the asylum laws. For more than ten years the local Red Cross of Geneva has a project which is called "Aide au départ" "help to leave".

The decision of the country to send back persons who were temporarily accepted (as with many Bosnians) or not to accept a person, because he does not correspond to the profile of the asylum law is always a difficult message to give and to receive. The first step is however clear transmission of the facts. Utilising cognitive language will make it less emotional to start with. Acknowledging the facts, and that one will now have to act accordingly is the second step. Only after having dealt with the cognitive part, can one and should one approach the emotional correspondent reactions. However one can also start to talk about resources: "Whom do you want to contact back home, whom do you want to inform?" The telephone line is central for that, because it activates "living" resources. The resources of belonging to culture, family, clan and a countryside are talked about in the same linguistic ways in order to mobilise positive physiological responses. Questions about whom one is going to inform about the return, who is going to receive one at the airport, with whom one is going to stay are solved by phone calls, i.e. very practically. But also what is going to be brought back from here, what one can take with from here – language skills, presents, monetary rewards for leaving freely.

The art consists in acknowledging that there is no longer a chance to stay legally in Switzerland. This is done by using cognitive language. Emotions are dealt with just like traumatic reactions. Sometimes emerging traumatic memories are also dealt with by using the adapted debriefing techniques.

The goal of the intervention is to have persons leave the country orderly, prepared and in dignity, and with proper resources. Normally a "return sum" is given the person willing to leave. All that has to be done with coherence, e.g. the sum is given right before they board the plane, so as to not support illegal disappearance, paid for by government money.

As all Red Cross interventions the activities are marked by confidentiality and neutrality, so there is no notification of authorities, if a person decides to disappear and become illegal.

The project has proven efficient: the Canton of Geneva has the smallest number of forcibly repatriated persons in all of Switzerland. However we do not know the number of persons who choose to go underground.

Example Nr 2:

An Example of enhancing Salutogenesis in refugees (of different legal status) from Ex Yugoslavia

With the massive arrival of refugees mainly from Bosnia, many of whom had gone through traumatic events and losses and many of whom refused to accept psychotherapeutic interventions for their suffering - one had to think of other ways of giving them support. It was decided (by the administrative organiser, Rolf Widmer and myself) to use the salutogenic model: Use cultural resources from the Bosnian and the Swiss culture, the receiving as well as the refugee culture. Part of the receiving culture was also the existing institutions, to which the refugees had right of access- hospitals, policlinics, schools, child care facilities, clubs etc.

At an individual level it was planned to mobilise the resources of the refugees and motivate them out of passivity into activity. The easiest way to do that would be by using a peer multiplier model: Training them to teach their own co-refugees especially about Health and Mental Health. .

As giving and receiving should be in an equilibrium, from the beginning Swiss persons who worked in the receiving centres or were otherwise active with refugees were included,.

The project addressed refugees who had left their country of Ex-Yugoslavia for the civil wars, no matter of what ethnic origin they were, as Switzerland is neutral territory. The only condition was that the participants had some basic knowledge of German, although two interpreters for Serbo-croatian and German were going to participate. The project also addressed Swiss personnel in the asylum organisations. The participants came from nearly all ethnic backgrounds: Bosnians, Croatians, Serbians and even Kosovars. The professional backgrounds were also very different: from medical doctors, judges, teachers to a police officer and housewives.

A group of 34 participants was established with fixed pairs of a Balkan and a Swiss participant . They would have to work together and plan and implement activities during the eight months' course. Specific cultural knowledge of either side was valued from the beginning.

This was planned as a pilot project. The goal was that after the twelve day training , the "multipliers" would use their knowledge about Health for themselves and for their fellow refugees during the following eight months. As an evaluation indicator of the project the expectation was formulated, that, six months after the end of the course at least half of the participants would still be in Health Work with refugees.

The course took place in a centre, where refugees from other cultural origins were lodged; the cooking was done by Somali and Ethiopian asylum seekers- another cultural resource we were not aware of at the beginning.

Apart from the representative of the organising institution, who is a teacher/ anthropologist, and myself, there were two other co-trainers, one a male general practitioner and the other a woman in special education for children with developmental problems assisted me, especially during group work.

The course was meant to teach not only specific knowledge, but even more specific skills and techniques. For the practical training work was in small groups with tasks in role plays planned from the beginning and this consisted of at least half of the time spent in training.

The content of the course included:

- *Salutogenesis was to be one of the leading background themes.*
- *Development of children and adolescents and their respective resources and needs*
- *Adults' needs, resources*
- *Cultural resources(festivals, rituals, holidays, traditional healing methods, etc), cultural ways of coping*
- *Bi-culturalism under pressure for adaptation and integration of children at Swiss schools, of adults at working places,*
- *family coping with an absent member, of whom one does not know whether he was alive or not*
- *family reunion after long separation*
- *Sexual education and family planning in a completely different social setting*
- *Reactions to traumatogenic experiences, such as persecution, torture, forced migration, and normal and pathological ways of coping: Dissociation, post-traumatic stress reactions and disorder, grief, mourning and depression, psychosomatic reactions, substance abuse, adaptational problems of children, actual problems of not being able to work, to earn money, violence in families etc.*
- *Use of linguistics to talk about traumatic experiences and of transmitting death news about family members, relatives and friends left behind, psychological debriefing for individuals and groups(Dyregrov, 1997, Perren-Klingler, 2000, Mitchell, 1983).*
- *Use of existing Swiss health care institutions, and knowledge about how they function*

This was the planned course of the programme at the beginning. However, on the first day of the course I was forced to observe the refugee group with pervasive hopelessness, rage, agitation and incapacity to concentrate. Multiple pauses for smoking and drinking coffee were asked for, it was difficult or even impossible to transmit knowledge. For myself I diagnosed reactions to extremely traumatic experiences.

So, remembering Paolo Freire (Freire, 1980), I decided to change the programme and to work first on resources and trauma. I started speaking about physiological and emotional reactions to trauma, but also about human ways of coping, cultural resources, such as holidays and festivities. The theory about traumatic experiences changed attentional styles: Obviously in this subject they knew by experience what I was speaking about and it captured their attention fully.

But when I wanted to start the first exercise to enhance security, before talking about personal trauma, again I was confronted with difficulties: The content of the exercise was to talk about their best festivity in the last years. It was to be described in sensory terms to the rest of the small exercise group (which

consisted always of two Swiss and two refugee persons). The listeners had to ask adequate questions in order to enhance the physiological (and emotional) response. The answer of the refugee group was that of despair and refusal: "we do not have any festivals". Instead of theoretical discussions I asked the Swiss participants in the groups to talk about their best experience and left. Fifteen minutes later, while going through the groups, I observed that a real competition between the two cultures had broken out, who, and which culture would have which best festivity to refer to the others.....This first exercise changed the atmosphere, some of the initially observed sadness and weight went to the background and full attention became possible. A way of opening to new/old experiences was made possible.

The next exercises were to learn how to cope with hyperarousal by an exercise of slow and controlled respiration. Then it was how to ask questions and use language in order to help persons to relate their traumatic experiences without being flooded by traumatic emotions. An elaborated technique of the Mitchell debriefing model of cognitively questioning was trained. The linguistic elaboration of traumatic emotions was trained as well. As I feared flooding by emotions with the cathartic method and as there were a lot of dissociative phenomena, I trained them in an approach through bodily feelings (Perren-Klingler, 2000). Nearly all of the participants knew psychosomatic signs and symptoms from personal experience ...either from what they experienced since the beginning of the war or since their arrival in Switzerland. The important thing was, to learn to accept these bodily feelings as a way of coping, maybe protecting themselves from very difficult feelings, and then, translate them into real feelings, in order to know how to cope with them.

Once the techniques of managing stress, of leading a cognitive narrative and of elaborating emotions were acquired, we started to do mutual individual debriefings under the supervision of the trainers. These techniques were then subsequently implemented with fellow-refugees (accompanied by supervision).

Training on the other subjects became possible, even if it was not always easy: When talking about security, as a precondition to talk about trauma, one of the participants, a professor of philosophy, replied that for her security meant to be able to plan her future for the next ten years: When I then asked them none of the Swiss participants was able to tell us about their plans for the next ten years, this definition of security, which easily would have led into fruitless political discussions about Swiss refugee politics, could be explained and interpreted as a reaction to extreme trauma.

In other instances I would answer questions by using a metaphorical story, saying that in Africa one might relate the following story. However these stories and metaphors were not understood and the pertinent comment of one of the participants was: "don't talk about Africa, they are all primitive..." At the same time now and again the refugee participants complained about Swiss racism towards them.

When training about grief, and about how to take leave from a dead person, while I was searching for an adequate word, one of the participants dropped the word "addio", "good bye" which was exactly what I meant: instead of saying "au revoir" best translated into English "till next time", to speak of taking leave in a definitive way. Thinking that this would be important to be understood by everyone, I

asked the interpreter to translate word by word. She refused, saying "I cannot translate". I asked her, whether she understood the meaning of "addio, adieu", and she said yes, but being trained as a medical doctor in materialistic socialism, she would not translate literally....The group started to get uneasy, and the one who had dropped the word "addio" said, that in their language the same word existed, "zbogom", "to God".

Repeated comments of the refugees about poor parenting of the Swiss emerged. Our possibly inhibited Swiss participants never objected to that. It became the topic of a one days training on culture specific values in education: What were common values, what different ones in education, relating to babies, young school children and adolescents. Whereas the values for babies were very similar – trust, security, continuity- the more the children grew up, the more the values differed: The Swiss values for their adolescent children were: Autonomy/independence, belonging and creativity, whereas for the refugee group it was: Loyalty to family and culture, patriotism, and capacity/adaptation to work. These exercises were done with the same already known techniques, using specific language to fill in the content of abstract concepts. This days work stopped more mentioning of the poor Swiss education attitudes, on the contrary reflection started about how to transform certain values, which obviously were not adapted to life in Switzerland.

Another exercise was to plan a (fantasized) radio program on salutogenic ways of coping with the traumatic history in the Serbo-Croatian language. Goal: talk about difficult things in order to name them, move to acceptable, not overwhelming emotions with a hint on reconciliation.

The course ended with a festival, in which the refugees took over to offer the Swiss organisers and participants food, songs and their way of celebrating. The perhaps most relevant comment was given by the oldest participant, which I always had called "grandmother", and who I had thought could barely speak German. She declared in fluent and perfect German that, when she came to Switzerland she had given up life, having lost her husband (a surgeon, she herself a gynaecologist), and that she had not gone out of her flat until she came to the course. She now knew that she wanted to go on, even without being able to work as a gynaecologist, caring about the health of her fellow refugees, Bosnians and others, and that she had returned to life, for her daughter and her granddaughters. A proof of resilience of the group. Our task had been only to enhance it

The six months evaluation showed that more than ¾ of the participants were still active in Health Care for refugees. One had returned home to Bosnia and dedicated two afternoons in such an activity back there. The activities with refugees had even expanded over the ethnic borders, in the sense that one of the most outspoken racist and anti-African participants was proud to tell me that she was looking after a non accompanied minor from subsaharan Africa....

The course has been repeated for other groups of refugees, and a handbook has been edited.

Commonalities in the two interventions

1. Acceptance of the legal situation (or not abusing the refugee problem for political purposes) Both interventions were bound to legal dispositions, specific to Switzerland. They are in this sense apolitical. One can also say, that they did not interact with the asylum seeker about changing political dispositions: This matter has to be dealt with at another, more legislative and national party politics level. Asylum seekers cases should only be used in extreme situations to show the cruelty the non respect of Human Rights by authorities. Such activities often evoke hope in the concerned person to be able to stay nevertheless, and often then they are surprised by police expulsion actions, without any material or psychological preparation.

2. Salutogenesis and language as a specific working tool :

The refugees, whatever their legal status is, are confronted with an actual political reality, however at the same time taken care of. They are respected as human beings who, even in difficult situations possess resilience and self coherence. In this sense they are not withheld any information, and by that receive clear communication. Complete information is given clearly, in cognitive terms, and only then are emotions ventilated and dealt with.

Embedded in this language concept is the frequent use of an adapted debriefing model, for individuals, families or other living groups.

It is easier to work with asylum seekers, whose traumatic history is ordered into a narrative, than to tread on uncertain, linguistically unclarified fields. The linguistic and emotional organisation of the traumatic experiences seem to be a precondition for integration into a new society, as well as for a return home in dignity.

This language concept has however no supportive value, unless it is used with the concept of salutogenesis or resilience.

The belief and knowledge, that human beings, as long as they live, have personal and cultural resources at their disposal, changes one's view of working with people who are applying for asylum. It helps to enhance and utilise these resources for the sake of the survivor. It is a basic precondition for salutogenic work. It means leaving behind oneself the helpers attitude, which sees a victim in the asylum seeker in whatever situation he is. On the contrary it means to perceive the person, as being able to be confronted with difficult situations, e.g. he already managed to reach the "safe haven". This person who has managed quite difficult things will also find the capacity to understand and to find meaning. The knowledge and assurance that these people can handle personal and community suffering, difficult emotions and survive pain and grief, enhance respect for them and takes the "saviours burden" from the professional. At the same time he can offer understanding,

psycho-social support and, for short times, if necessary, take over some ego functions. And this stance is optimistic about life, and even about suffering. Suffering is human, it is not a psychological or medical problem, suffering calls for solidarity, presence and support. Suffering will be a companion of all migrating persons: e.g. grief for leaving behind forced or freely, loved persons, friends and family members, known cultural givens, a countryside, a climate, a language etc.; culpability for having left behind persons in a difficult situation; turmoil and shattered assumptions as a consequences of traumatogenic experiences. Suffering needs consolation, support, solidarity, not doctors or psychologists.

Conclusion

All persons who are working with intervention personnel know how much resilience and self coherence are intrinsic to human beings. They also know that language plays a paramount role in dealing with facts and emotions at any moment of distressing events. This knowledge can be adapted to dealing with asylum seekers or legal and illegal immigrants. This does not mean that people do not suffer or are not at times desperate. However it does not call suffering or desperation a psychological or medical problem, but sees in it a chance for growth and adaptation (Tedeschi, 1998). Only adapted persons can finally go into efficient political activities and legally pursue their goals. Persons in turmoil turn to violent and destructive behaviour, which finally creates for them more problems than it resolves.

A salutogenic approach, using language consciously according to whether one wants to give information or talk about emotions, will make it easier for the refugees to find their own resources, resilience and self coherence to deal with the many adversities they encounter on their way and to find their place in this world.

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