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Therapist and Counsellors' Experiences of Working with Asylum Seekers in the context of asylum-seeking processes in the UK

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Editor's note: This is the latest in a series of working papers reflecting on aspects of therapeutic work with refugees and asylum seekers undertaken by therapists and others working for/with SOLACE, a regional organisation based in Leeds (www.solace-uk.org.uk), and others associated with it. The views expressed here are those of the authors. At the time of writing, Avian Partavian was a counselling psychologist trainee and Alex Kyriakopoulos a senior lecturer in counselling psychology at Teesside University, UK.

Anyone working in this area is welcome to submit drafts of short papers (around 3000-5000 words) to the series editor at Gary.Craig@galtres8.co.uk. The series is published on the Solace website at www.solace-uk.org.uk

Abstract

Although there is a plethora of research exploring the impact on therapists of working with trauma, limited attention has been paid on the impact of working with traumatised asylum seekers specifically. Furthermore, recent evidence shows that socio-political factors and asylum-seeking processes are acknowledged as major inhibitors of positive wellbeing and therapeutic effectiveness in mental health practitioners working with this population. Despite this, there is very limited research focusing on the impacts and consequences of asylum legislative framework upon the therapeutic process. This study aims to explore the impact of the UK asylum legislative framework upon the psychotherapeutic process and relationship. Nine Psychotherapists and Counsellors who worked with traumatised asylum seekers with an average of 8 years of experience were interviewed. Transcripts were analysed by employing Braun and Clarke's (2020) reflexive thematic analysis. Three major themes were identified related to the impact on therapeutic work:

1) *Moving away from the traditional therapeutic frame,*
2) Adjustments to the therapeutic process, and
3) Impact on the dynamics of the therapeutic relationship.

The findings revealed that the UK asylum legislative framework penetrates all aspects of the psychotherapeutic process including the therapeutic relationship because it may affect the power imbalance in the therapeutic dyad. Practice and policy implications are discussed.

1. Introduction

Recent global political and environmental events have resulted in an unprecedented increase in refugee and asylum-seeking populations, escaping persecution, war, human rights violations, or environmental disasters (UNHCR 2020). Asylum seekers are considered to experience three distressing and often traumatic phases during their migration journey, namely pre-migration, migration, and post-migration (Bemak et al. 2003; Murray et al.2010; Carswell et al. 2011). During the pre-migration phase, many are exposed to physical and emotional trauma and witness violence either towards themselves and/or their loved ones. The migration journey also involves exposure to violence and danger, and some might end up in refugee or detention camps with lack of safety and security (Bemak and Chung 2014).

The post-migration phase involves challenges related to the asylum-seeking process e.g. living in poverty and in constant fear and uncertainty about facing destitution, detention, and deportation. Moreover, many asylum seekers face vulnerability, discrimination, racism, and xenophobia in resettlement countries, which has been associated with negative impacts on these individuals' mental health (Ziersch et al. 2020). Similarly, they are required to be flexible and adopt to a new environment and culture which often contrasts with the one they come from, whilst learning how to manage and cope with the loss of their home and family (Yakushko 2008; Arthur et al. 2010; Murray et al. 2010; Carswell et al. 2011)

1.1 Therapeutic work with asylum seekers

From the limited body of international empirical literature, it seems that external factors particularly related to the asylum legislative framework has detrimental impact not only on the mental health and wellbeing of asylum seeker and refugee populations but also on therapists and counsellors (from here on referred to as mental health practitioners) that work with them (Century et al. 2007; Apostolidou 2016a; Apostolidou and Schweitzer 2017). Furthermore, socio-political factors and asylum legislative frameworks were acknowledged as major inhibitors for the wellbeing and effectiveness in mental health practitioners' working with this population(Barrington and Shakespeare-Finch's 2013; Roberts et al. 2015; Apostolidou 2018; Posselt et al. 2019).

More specifically, it seems that the professional identity among mental health practitioners workingwith asylum seekers and refugees envelops a social and political activist stance and a deep sense of commitment towards promoting social change within the wider community (Century et al. 2007; Guhan and Liebling-Kalifani 2011; Apostolidou and Schweitzer 2017; Roberts et al. 2018). Clinical work with this population combines professional knowledge and values with a politicised involvement that fosters a psychosocial perspective on clients' distress and difficulties (Apostolidou, 2015, 2016a). Therefore, it seems that professionals who work with this client group transcend the clinical settingand become part of a wider political attitude that is manifested in advocacy, action against human rights violations, and envelops a broader involvement within the spectrum of improving the existing policies and practices around asylum (Apostoliduou 2016b; Apostolidou and Schweitzer 2017; Roberts et al. 2018; Long 2019).

Whilst exploring the Australian context, Apostolidou (2018) postulates that the governmental system of authority between asylum seekers and host population penetrates the therapeutic relationship and instils an attitude of distrust and disbelief towards practitioners. Furthermore, the context and discourse of the asylum legislation has been found to inform the working experience with clients and produce experience of powerlessness and impotence among practitioners who work with this population (Century et al. 2007; Apostolidou and Schweitzer 2017; Apostolidou 2018). Hence, it becomes clear that the negative political discourses are not simply present in the therapeutic encounter but create a barrier between the therapist and client, which may jeopardise the foundation of clinical work.

1.2. The UK Asylum Legislative Framework and Policies

The UK has a longstanding history of admitting refugees of humanitarian concern. In March 2020, the UK received 35.099 asylum applications (11% more than previous year) and offered humanitarian protection in the form of grants of asylum, alternative forms of protection and resettlement to 20.339 people (up by 17% compared with the previous year) of which, 25% (4,563) were children (Home Office immigration statistics 2020).

This level of intense population movement into wealthy Western countries such as the UK, together with the increased concerns related to terrorism and security has resulted in a rising pressure to impose strict measures to control and decrease the admission of immigrants (Richmond 2005). In line with the overall imposed restrictions on migration, the common trendin the UK and other wealthy countries has been to limit numbers of asylum seekers(Squire 2009; Mayblin2017; Foley 2020).

In theUK specifically, the methods employed have involved increasing security and control at the border, change legislative Acts, which for example prohibit asylum seekers from accessing the labour market, excluding these individuals from mainstream welfare provision, and gradually reduce their level of support (MayblinJames 2019).

The UK asylum-seeking system has been characterised by significant delays and administration problems and has been criticised for being a complicated process linked to enduring narratives and policies of immigration control (Foley 2020). Many asylum seekers experience the Home Office interviewing process, which is their only opportunity to present their case, as hostile where caseworkers and officials view them with disbelief. Researchers have presented the UK procedures for refugee status determination as a "culture of disbelief" (Souter 2011; Anderson et al. 2014), acknowledged in a UK Parliamentary committee as "the tendency of those evaluating applications to start from the assumption that the applicant is not telling the truth" (Home Affairs Committee 2013: 11). Foley (2020) found that many asylum seekers reported experiencing poor mental health during the asylum process due to a mixture of poverty, uncertainty, and fear of being returned.

Current research literature regarding the impact of asylum-seeking processes on therapeutic work is scarce, especially within the UK context. Hence, the current study aims to explore the impact of the UK asylum legislative frameworks on the psychotherapeutic process from the perspective of therapeutic practitioners.

2. Methods

a. Methodology

This research is grounded in a social constructionist epistemology underpinned by a critical realist ontological position. The epistemological framework of social constructionism places importance on the interaction between people and social practices. This is an element that is reflected upon the fact that in social constructionism, the focus of investigation is the interaction between people in everyday social practices (Burr 2003). Hence, it holds that people assign meanings to reality and interpret reality and its meanings through language (Ibid.; Willig, 2013). The advantage of adapting a critical realist position offers the opportunity to explore the discursive constructions of mental health practitioners working with asylum seekers e.g. their constructions of the challenges they encounter in the therapeutic process when working with asylum seekers.

b. Data collection

Following ethical approval, participants were recruited from two non-profitable charity organisations that provide counselling and psychotherapy to asylum seekers and refugees. Practitioners were recruited through individual emails to organisations and their members with prior obtained permission and agreement from project clinical managers. The initial recruitment process yielded a small number of participants and further participants were recruited by employing a snowball method (Salganik and Hechathorn 2004). This involved using existing participants to recruit future participants whom they knew by providing them with the participant information sheet and researcher contact details. Participants were made aware that they did not have to provide any other names directly to the researchers. The primary researcher conducted individual, semi-structured interviews with the research participants. All participants were provided information about the project and asked to voluntarily submit signed consent forms.

Prior to recruiting and interviewing participants for the current study, a pilot interview was conducted with a mental health practitioner with vast experience of working with traumatised asylum seekers. This improved the agenda of the interview by identifying any challenges or gaps which might arise (Sampson 2004). The audio recordings of the interviews were transcribed and encrypted. Anonymity was additionally guaranteed by other means.

The interviews occurred online employing the platform Zoom at places and times convenient to participants. The duration of the semi-structured interview was between 45 to 60 minutes. Interviews started with the following question: "*how have you experienced therapeutic work within the context of the UK asylum legislative framework?*". For all participants, exploration and clarification of their experiences was facilitated with prompts such as *"How do you mean…?*"; or *"Can you tell me more about…*". The final questions asked if there was anything additional they wanted to express in relation to their overall experience; thereby facilitating the opportunity to speak about all aspects of their experiences.

c. Participants

Recent guidelines for thematic analysis suggest that for small projects, 6–10 participants are recommended for interviews (Braun and Clarke 2013). Participants were required to be therapeutic practitioners who had experience working with asylum seeker and refugee populations. In total 9 participants took part in individual semi-structured interviews. All participants were over the age of 18 years old, three were males. Eight of the nine participants were White from middle-class backgrounds. The participants were either psychotherapist or counsellor with different theoretical and practical backgrounds. They all stated having frequently worked with traumatised asylum seekers in a therapeutic setting. The length of experience in working with asylum seekers was on average 8 years (range 2 -20 years), practicing in the North East of England.

d. Analysis

The data analysis was conducted in accordance with Braun and Clarke's (2013, 2020) reflexive thematic analysis. Reflexive thematic analysis is not linked to any epistemological position and can draw on social constructionist principles (Braun and Clarke 2006). This flexible approach allows it to beapplied in an inductive or a deductive manner and themes can be identified on a semantic or a latent level (Ibid. ; Trahan & Stewart 2013; Jugder 2016). An inductive approach wasemployed to identify themes on a semantic level (Boyatzis 1998). The transcribed interviews were read severaltimes and each interview was coded line by line using a data analysis software. This process permitted the researcher to identify “repeated patterns of meaning” to describe and interpret emergent themeswhich then can be organisedin major themesand sub-themes. For each theme, extracts that reflected practitioners’ experience on how the asylum legislative framework impacted on their therapeutic work and relationship with asylum seekers was selected and presented in the results section.

e. Reflexivity

Researchers can influence and shape the research process both personally, but also as theorists (Willig 2013). Haynes (2012) strongly encourages reflexivity in qualitative research as this activity increases its rigour and trustworthiness, helping the researcher to identify any subjective effects from the research outcome.

From the onset, the researcher recognised that this study was associated with their own background, lived experiences, worldview, and professional standpoint as a Counselling Psychologist. The principal researcher has experienced the “hidden” kind of social injustice e.g. prejudice, discrimination, institutional barriers and racism. This served as one of the motivators to undertake this study. Furthermore, the principal researcher has years of experience working in services which support refugees and asylum seekers and is an advocate for social justice.

3. Findings

Three major themes were identified from the data. These are outlined with supporting, verbatim quotes; pseudonyms are provided after each quote. Square parentheses indicate explanatory information that was not verbalised, and missing text is indicated with three dots.

a. Moving away from the traditional therapeutic frame

This theme was at the centre of the discourse about how practitioners felt that asylum-seeking processes impacted on what they viewed as the therapeutic frame. Practitioners considered the function of the frame to provide their clients with a secure, benign, safe "holding" environment facilitating growth and development with minimal interference whilst still maintaining a non-directive attitude with regards to content. However, practitioner described the challenges they faced in maintaining a sense of non-directive neutrality as they experienced a temptation to consider the humanitarian aspect of their work by engaging in advocacy.

i. Negotiating the therapeutic Boundaries and Frame

When working with asylum seekers, most practitioners identified socio-political and cultural parameters as factors which make it difficult to stay within the constructs of the therapeutic boundaries and frame. Practitioners outlined that they found it difficult to maintain firm and rigid therapeutic boundaries and frame. Practitioners identified that it is difficult for asylum seekers to engage in therapy when they face immediate and urgent legal, practical, and social problems such as destitution and detention. Hence, some level of flexibility with the frame and boundaries is required to enable therapeutic work to succeed; for instance, practitioners also identified that providing signposting clients to the right organisations will eventually help minimising the environmental pressure so these clients can regain focus on therapeutic work. Consequently, practitioners experienced that when working with asylum seekers, it is necessary to combine some level of advocacy and psychotherapy to allow therapeutic work to progress and succeed.

As soon as you start working with asylum seekers, you really get drawn into the humanitarian aspect of therapy. You're brushing your boundaries and stretching the frame to be more than just the average therapist and gaining new skills to be able to work with this group. It's unavoidable, but as a therapist working with asylum seekers, you start working in the field of human rights. When you're talking about the environmental factors that affect asylum seekers you make choices about your therapy to make it possible. (P7)

ii. Ethical Dilemmasabout professional role

Many practitioners stated that they tend to find themselves situated in a complex and ethical dilemma about what to do with crucial and life-changing information that emerges in the therapeutic process. Some practitioners discussed how the therapeutic space becomes a space where useful information in support of the clients' asylum claim is explored and identified.

Because we are skilled at titrating and containing, we are the recipients of it, and then we have a responsibility to know what to do with it so that's why it may feed into a mental health report which can tip the balance for people in terms of actually getting their status. (P4)

Some practitioners identified that they feel they have a humanitarian and ethical responsibility to use information pertaining to their clients' story to support them in their asylum application and discussed how, at times, this may become the central focus of the therapeutic sessions.

When I'm actually in a counselling process with someone who has been refused or seeking asylum, I have an ear out for evidence, and that's because I've been around a long time and I can pick out things so it's, it actually becomes embedded in the process where I'm thinking, Okay, there's some evidence there, what can we do with that, you know, so that's what actually finding the evidence can be, can end up dominating therapy for a while. (P2)

b. Adjustments to the therapeutic process

The second major theme identified refers to how practitioners adjusted their therapeutic work to meet the specific needs of their clients.

i.The need for longer assessment periods

Practitioners identified that the assessment process is a very essential phase in building rapport with clients and empathise with their individual history and everyday struggles in the UK asylum system. It also helps gain important insight into the cultural variations in each client's response to traumatic events. Practitioners highlighted how the level of psychological complexity and trauma experienced by asylum seekers together with the social problems they encounter in the context of the UK asylum system requires longer assessment times. As such, practitioners felt that longer assessment periods provide the additional space required to allow for a sense of being understood and acknowledged to develop.

I've really pushed for a longer assessment, because I think you just have to pace what you're doing. And there are so many different layers to attend to. They come with this huge history that they bring with them plus the journey which is often traumatic plus the [asylum] processwhen they arrivein the UK and how harmful and frightening and confusing they can be. And then they have this whole new set of social problems that comes with being in the asylum system which eventually may getin the way of therapeutic work if they don't get the right support and help to manage. (P1)

ii.Challenges with maintaining therapeutic goals

Practitioners highlighted that therapeutic work with asylum seekers is not always a straight forward process. Often, they experience that environmental factors related to survivors' life situation and their asylum-seeking process interrupts planned therapeutic goals and interventions. Therapeutic work constantly needs to be reassessed, amended, and negotiated to ensure that it fits the individual's specific needs and capacity at any given time. Therefore, it seems that working with this client group requires not only ongoing assessment and stabilisation work but some level of insight about the legal aspects of the asylum-seeking process and a flexible approach, where advocacy and psychotherapy is combined.

For example, you might be working on something at a time where they might have reachedsome kind of stability and then somethinghappens with the HomeOffice, so they might get a refusalor even an appointment with a solicitor or signing at the Home Office which will shake the process and you've got something immediate to work with. So basically, it's sort of likenot only does the system guides what you can work with but it interrupts the goals of therapy.(P3)

iii.Barriers for engaging in trauma processing work

Many participants argued that asylumseekers live in enormous amount of uncertainty and fear of destitution, detention, and deportation. Some have been in the system for many years where they have encountered psychological trauma. This elevates feelings of instability, fear, anxiety, hopelessness, powerlessness, humiliation, desperation, and shame. Consequently, participants perceived living in the context of the UK asylum system as preventing the development of a safe and secure environment, which are the necessary conditions for engaging in trauma-focused work. Therefore, practitioners argue that the system acts as a barrier to engage with in-depth exploration and processing of traumatic events.

Maslow'shierarchy of need goes right into that and during that process, you can't be doing a bit of EMDR,because, it's like, right we need to get you some food, and shelter first. (P2)

Practitioners identified that the survivor's main priority is to get their basic needs for food, shelter, safety, and security met first before any meaningful trauma-processing or deeper level psychotherapeutic work can be commenced. However, many practitioners stated that it is not impossible to engage with deeper level trauma-focused work within timeframes where the client may have some level of stability and safety.

Often in my work with asylum seekers, either it's limited because they don't have that kind of safety and security, and so depending on where they are up to in the asylum process you will have to assess how much you can work with them and how deep you can go, and what kind of issues you can address. You've got to be very careful because they're going back to an insecure situation and you don't know how long you've got with them before they may be dispersed. (P1)

c. Impact on the dynamics of the therapeutic relationship

The third major theme refers to the impact that practitioners felt the current asylum-seeking processes had on the therapeutic relationship. Practitioners described experiencing a sense of power transference in the therapeutic relationship which they felt generated a power-imbalance in the therapeutic dyad, leading to misunderstandings about the role of the therapist and, hence, challenging the therapeutic relationship. which has three sub-themes: "*Transference of Power*", "*Sharing a sense of Powerlessness*", and "*Disclosing own thoughts and feelings about the system".*

i. Transference of power

Practitioners experienced a sense of power transference in the therapeutic relationship when working with asylum seekers which they partly attributed to the Home Office interview. Many practitioners stated that the asylum-seeking process produces a political distinction between the practitioner and asylum seeker which may lead to misunderstandings about the role of the therapist. This, in turn, challenges the development of trust and prevents many clients from wanting to open up. Practitioners identified that survivors would perceive them as someone in authority who possesses power, knowledge, and control.

I *think the Home Office interview and the process of seeking asylum is raping them for information and that feels really abusive. This can often bring into therapy a client where the dynamic is like that the client thinks that they should give you their story because they see you as that powerful person in authority. (P3)*

Practitioners discussed how they felt that the UK asylum-seeking process and the political distinction between “the insider” and “the outsider” created by the system affects the dynamic in therapy. They felt that this level of socio-political dynamic creates challenges with the development of trust and prevents many clients from wanting to open up. Moreover, practitioners felt that these challenges were also exacerbated by the fact that the asylum process has already “raped” them for information. Consequently, participants felt that the governmental system has already created a barrier between the two parties placing the therapists as a powerful person in authority. This level of imbalance in the power dynamic between client and practitioner was considered to have very negative implications for the therapeutic relationship.

Asking for help when you're in such powerless position when there are all sorts of structural and systemic issues around power and oppression, around who they're asking, as so many therapists in the field are white of course, I think there's that power dynamic as well. Clients have directly told me that before, they have seen a therapist and the therapist didn't help them with things and they felt rejected and got humiliated at times. (P1)

Respectively, some practitioners stated that they experienced the clients’ transference of power as a response to the UK asylum system. They argued that the Home Office interview and the asylum-seeking process leaves many individuals feel inferior, helpless, vulnerable, and powerless.

I think the Home Office interview and the process of seeking asylum is raping them for information and that feels really abusive. This can often bring into therapy a client where the dynamic is like that the client thinks that they should give you their story because they see you as that powerful person in authority. (P3)

ii.Sharing a sense of Powerlessness

Practitioners also identified that therapeutic work with asylum seekers made them experience a sense of powerlessness, which is a parallel response to the survivor's present experience mainly caused as a response to the UK asylum legislative framework.

Because they called to progress, especially when they're in the asylum system, and you do book work, and then you have setbacks and setbacks because of the system. So, at times you might feel like, oh what am I doing here, or you might feel powerless or hopeless, you know that is so sad. (P5)

Many practitioners explored the impact of the asylum legislative framework on the therapeutic progress especially when clients received negative outcomes regarding their asylum claim. In those circumstances, practitioners would experience that clients' motivation to engage in planned therapeutic work would diminish and their focus and needs change drastically. In those situations, many practitioners stated that they felt deskilled, helpless, and powerless for not being able to help clients to engage and progress in therapeutic work. Practitioners described doubting their professional skills and competencies when they are not able to help minimise client's distress or when they don't experience therapeutic progress.

Often you might feel like you do so much work, you try really hard, but you question yourself, do I do any difference for this person? Is it valuable to them what I'm doing? (P4)

Most participants disclosed sharing the survivors experience of powerlessness and hopelessness, many stated that these experiences can be very overwhelming and difficult to deal with.

The impact upon me is that it's like having to fight every step of the way, where there should be an enabling support facilitation, I think that at times it's almost like me and whoever the client is against the rest of the system with the system being totally heartless which makes you feel powerless. (P9)

iii. Disclosing own thought and feelings about the system

Most of the practitioners confirmed that they found disclosure a necessary tool for demonstrating that they understand and empathise with the survivors' struggles. In addition, disclosure was experienced as helping practitioners to distance themselves from the system which causes asylum seekers ongoing trauma and pain. Consequently, this approach minimises the impact of the power-imbalance in the therapeutic dyad and therefore improves the therapeutic relationship. More specifically, practitioners stated that disclosure generates closeness and increased sense of trust and rapport in the therapeutic relationship. Participants also stated that this level of disclosure can benefit practitioners as it allows them to openly explore and process how it feels to witness the system inflict trauma and pain on their clients.

I would say that this calls for humility and I as a white Western man need to deliberately develop humility and allow my humility to come into the therapeutic relationship. I will mentally allow myself to be changed and I will communicate that to the client when this takes place, because that's really important. I think it's largely aboutmaking the therapeutic relationship and therapy possible. (P7)

The majority of practitioners shared the view that disclosure of their own thoughts and feelings about the system was a necessary tool for demonstrating that they empathise with the survivors' struggles and that it helps towards reducing power-imbalance in the therapeutic relationship. It seems that practitioners' find it necessary to openly explore and address not only the clients struggles in the system, but also issues of race, culture, power, and differences. In addition, therapist disclosure was experienced as generating closeness and an increased sense of trust and rapport in the therapeutic relationship. The importance of being open and transparent in acknowledging client's difficulties and struggles within the asylum-seeking process is explored in the following two extracts:

I have to affirm for our clients that what they have experienced are abuses of the human rights, whether it is in this country or in other countries, and that's somehow felt an important part of my own process as well to be challenged and respond to my clients in it's a sort of unbelievable arrogance in some ways to the government to assume that everybody must want to come here. (P5)

I think I've always had no compunction about showing my critical illness of the system. And so, when people tell me it's a bad thing, you know, or how it affects them, you know, I'm very empathetic and my summary is that, you know, the policies of the Home Office are hostileand they're bureaucratically incompetent, and that's being nice, so I agree with my clients. (P4)

1. Discussion and implications for practice

Practitioners identified therapeutic work with asylum seekers as a complex process requiring them to take on a multidimensional role to help asylum seekersin meeting their basic needs. The current findings indicate that the central influence of the socio- political context on asylum seekers' welllbeing can challenge existing Western models of mental healthcare, including psychological models and interventions (Tribe 1999; Zur 2005; Speight 2012). Similarly, in line with existing research, this study identified that therapeutic work with asylum seekers requires practitioners to consider broader psycho-social factors involving different working practices and boundaries than they are used to (Papadopoulos 2002; Century et al. 2007).

The current study identified that the assessment process and treatment planning when working with asylum seekers requires a different timeframe, structure, and approach due to the level of psychological complexity experienced by these individuals compounded by the social problems they encounter in the context of the UK asylum system. Thus, it is recommended that assessment take place over longer periods and be based on the client's living context, unique life situation, and psychosocial perspective with a focus on identifying the individual client's multifaceted needs (Miller and Rasmussen 2010; Murray et al.2010). The assessment process should aim to enable practitioners to work at the survivor's pace, creating safety and trust, and empowering clients to decide if, when, and how much of their stories they want to share (Briere and Scott 2006; Fondacaro and Harder 2015).

The findings of the current research highlight that mental health practitioner's experience of the UK legislative discourses on asylumseekers' mental health informs their own experiences of therapeutic work (Century et al. 2007; Apostolidou 2015, 2016b; Apostolidou and Schweitzer 2017). It seems that what are perceived as punitive and harsh political discourses in the UK not only impacts on the way practitioners view themselves and their sense of professionalism but also their sense of professional identity (Century et al. 2007; Posselt et al. 2019). The above seem to give raise to transferential processes of power and political countertransference. In addition, the current findings suggest that the context of the UK asylum legislative framework creates systemic factors which not only interrupts planned therapeutic goals and interventions but also creates multiple barriers to engage in deeper-level trauma-focused work. The NICE guidelines for PTSD recommends a three-phase model which includes 'stabilisation and safety', 'trauma-focused interventions' and 'integration' (NICE 2018). However, the insecurity and uncertainty surrounding asylum seekers make it challenging to establish the safe environment required for engaging in trauma-confronting therapy such as EMDR, TF-CBT or NET.

The majority of practitioners experienced that most counselling was limited to short-term symptom management due to lack of safety and security in their clients' life. Therefore, depending on the clients' life situation, ego-strength and "window of tolerance", practitioners can assess and agree with the client upon what type of intervention might be most appropriate for the individual.

It is recommended that practitioners initially work at Crowley's (1977) "Outer level of psychotherapy" which is considered a non-exploratory therapy aimed at providing relief, support, and counselling (Bateman et al. 2010) and help asylum seekers develop the necessary skills to cope with distressing symptoms such as arousal, concentration, sleep, mood, thoughts, empowerment, and tension. Recent practice-based evidence suggests that interventions for this client group could comprise of stabilising techniques and guided imagery in line with Reddmann and Piedfort-Marin (2017) phase 1 of their 3-phased model of psychotherapy (van der Hart et al. 2006; Najavits 2009; Courtois et al. 2009; Odgen et al. 2006; Cloitre et al. 2011; Reddemann 2011). Empirical evidence supports the notion that training in phase 1 has great implications on affect regulation and interpersonal regulation, affect management, stress management and self-calming (Maercker 2009; Taylor and Harvey 2010; Wampold et al. 2010). In addition, researchers have found that Reddmann and Piedfort-Marin (2017) phase 1 is compatible to trauma confronting psychotherapy such as EMDR (ter Heide et al. 2016).

Finally, the current study highlights the perceived importance of disclosing one's own thoughts and feelings about the current system. By engaging in this type of disclosure practitioners felt that they should indicate to their clients that they distance themselves from the system which they felt enhances their understanding and empathy towards the survivors' life situation and struggles. However, more research is required on exploring the type of self-disclosures, which may have tangible outcomes for this client group. As is the case with any form of disclosure in therapy, it must create positive changes in clients' living situation, improve their health, created better relationships with others, and increase their control over psychiatric symptoms (Boehm and Staples, 2002).

The strong feelings that this form of socio-political transference created for participants and their need to disclose their feelings and thoughts about the system to their clients, emphasises the importance that these are explored within supervision. Hence, the crucial role of supervision to help practitioners engage in ongoing reflection and self-awareness, assisting them to develop skills to monitor their own well-being preventing becoming overwhelmed and experiencing burnout becomes apparent (West 2010; Ryder 2011; Gazzola et al. 2013). One model of supervision which can help practitioners to become aware and explore the aforementioned issues is Hawkins and Smith's (2006) 7-Eye model of supervision. This particular model is well-placed for the work with asylum seekers because of its premise which is both relational and systemic. The relational aspect of the model would focus on the relationships between client, therapist and supervisor whereas the systemic one looks at the interplay between each relationship and their context within the wider sociopolitical system. Practice supervisors can employ this former approach consciously to help their supervisee take a high-level perspective to explore if and how the system may be affecting the mind-set, behaviours, ambitions, expectations, or emotions of their client.

It is recommended that future research may want to include a larger sample size and ensure to account for practitioners ethnic and culturalbackground. This shouldinclude equal numbers of practitioners from Western and non-Western backgrounds to allow to investigate more variations in these professionals' experiences in working therapeutically with traumatized asylum-seekers. Furthermore, additional research could focus on further exploring the notion of socio-political transference and it's impact on the therapeutic relationship.

5. Conclusions

In providing empirical evidence about therapeutic practice with traumatised asylum seekers in the context of the UK asylum legislative framework, the current study provides some progress in bridging the gap between research and practice.

The findings of this study emphasise that the UK asylum legislative framework penetrates all aspects of the therapeutic process and provide the context in which psychotherapeutic work is conducted. From the findings of the current study it becomes clear that the Western construct of psychotherapy is not sufficient and appropriate for this population. Practitioners identified that they are required to consider broader psycho-social factors involving different working practices and boundaries. Hence, these practitioners experience taking on multidimensional roles by integrate advocacy and therapeutic work to help asylum seekers in meeting their basic needs.

Practitioners experienced that the assessment and treatment process for asylum seekers requires a different timeframe, structure, and approach compared with that of the host population. This notion was supported by arguments related to the level of psychological complexity experienced by these individuals paired with the social problems they encounter in the context of the UK asylum system. It also seems that the asylum-seeking process guides the goals and interventions of therapy as it creates life context, which lack safety and security and prevents deeper level trauma-focused therapy. The lacks of safety and security were also linked with deteriorating clients' mental health symptoms and wellbeing, blocking the therapeutic progress, and leading to setbacks.

Finally, this study identified that mental health practitioners' perspective of the UK legislative discourses on asylum seekers' mental health inform their own experience of working with this population in the therapeutic setting. Participants seemed to experience concordant identifications with the survivors' feelings of powerlessness, especially when they were not able to help them progress in therapy. Therefore, the findings of this study emphasise the importance of receiving supervision that considers the distinctive challenges practitioners encounter when working with asylum seekers in the UK.

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