

Walter Renner (Editor)

Sponsorships for Refugees and Asylum Seekers

A Research Report on Social Support as a Moderator of
Acculturative Stress:

Theoretical Assumptions, Results, and Recommendations

The research reported in this book has been funded by the Austrian
Science Fund (FWF) – Reference Number P20423-G14

CONTENTS

ABOUT THE CONTRIBUTORS	8
GEORG SCHÄRMER	
PREFACE – THEY SPEAK A DIFFERENT LANGUAGE	10
WALTER RENNER	
INTRODUCTION	11
1. Humanitarian Background	11
2. Psycho-Social Care for Refugees and Asylum Seekers in Austria	13
3. Sponsorships	13
4. The Present Research – The Role of Caritas, of the Austrian Science Fund and of the Universities	15
5. Aims of the Study	16
6. Overview of the Present Book	17
7. References	18
WALTER RENNER	
CHAPTER 1: PREREQUISITES AND THEORETICAL ASSUMPTIONS	22
1. Acculturation and Acculturative Stress	22
2. Acculturative vs. Post-Traumatic Stress	25
3. Social Support as a Moderator of Acculturative Stress	26
4. References	28
ANTON-RUPERT LAIREITER	
CHAPTER 2: THEORETICAL CONCEPTS OF SOCIAL SUPPORT	32
1. Introduction	32
2. The Construct of Social Support	33
3. Components and Dimensions of Social Support	35
4. Functions and Outcomes of Social Support	38
5. Positive vs. Negative Social Support	41
6. Helpful vs. Less Helpful Social Support	43
7. Models of Social Support	46
8. Institutionally Provided Social Support - Social Support Interventions	48
9. Outcomes of Institutionally Provided Social Support	49
10. Conclusions	52
11. References	55

INGRID SALEM

**CHAPTER 3: SOCIETIES OF ORIGIN: CHECHNYA'S AND
AFGHANISTAN'S POPULATION, CULTURE, AND HISTORY 64**

- 1. Chechnya 64**
 - 1.1 Population and Culture 64
 - 1.2 History 66
 - 1.3 Reasons for Leaving the Country 72
- 2. Afghanistan 73**
 - 2.1 Population and Culture 73
 - 2.2 History 80
 - 2.3 Reasons for Leaving the Country 83
- 3. References 84**

MARINA ORTNER & MISHELA IVANOVA

**CHAPTER 4: ASYLUM SEEKERS AND REFUGEES IN AUSTRIA:
THE ACCULTURATION EXPERIENCE 87**

- 1. Overview 87**
- 2. Austria's Tradition and Experience in Refugee Affairs 88**
- 3. Legal Framework 89**
- 4. Illegal Entry of Migrants 91**
- 5. Voluntary Repatriation of Migrants 92**
- 6. Official Data 93**
- 7. Living Conditions of Refugees in Austria According to the
Assessment of Experts 94**
- 8. How is Public Perception of Refugees in Austria? 95**
- 9. Specific Problems and Challenges 96**
- 10. Summary 101**
- 11. References 102**

WALTER RENNER

**CHAPTER 5: RATIONALE, DESIGN, AND METHOD OF THE PRESENT
STUDY 105**

- 1. Rationale and Design 105**
- 2. Aims and Hypotheses 106**
- 3. Participants 108**
- 4. Assessment Methods 108**
 - 4.1 Psychometric Methods (Questionnaires) 110
 - 4.2 Qualitative Methods 110
 - 4.2.1 Interviews with Clients 110
 - 4.2.2 Protocols of Sponsors' Supervision 111
- 5. Implementation 111**
- 6. References 113**

WALTER RENNER

**CHAPTER 6: QUANTITATIVE RESULTS –
HOW PARTICIPANTS RESPONDED TO THE QUESTIONNAIRES 115**

1. Participants	115
1.1 Sponsors	115
1.2 Clients	116
2. Data Analytic Approaches	116
3. Tests of Hypotheses for the Total Sample and for the Traumatized Sub-Sample	117
4. Summary and Conclusions	119
5. References	121

MARINA ORTNER, MISHELA IVANOVA, & WALTER RENNER

**CHAPTER 7: QUALITATIVE RESULTS –
HOW PARTICIPANTS PERCEIVED THEIR INITIAL TIME
IN AUSTRIA AND HOW THEY EXPERIENCED THE EFFECT OF
THEIR SPONSORSHIPS 122**

1. How Participants Experienced their Initial Situation in Austria (Baseline data)	122
1.1 Theoretical Basis	122
1.2 Method	123
1.3 Results	125
1.3.1 Participants from Afghanistan	125
1.3.2 Participants from Chechnya	127
2. How Participants Experienced the Effects of their Sponsorships	130
2.1 Theoretical Basis	130
2.2 Method	130
2.3 Results	131
2.3.1 Results for the Intervention as Compared to the Control Group	131
2.3.1.1 Cultural Experiences (Question 1)	131
2.3.1.2 Psycho-Social Stressors (Question 2 and Test of H i)	132
2.3.1.3 Stress Reaction (Question 3)	133
2.3.1.4 Psychological Adaptation (Question 4)	133
2.3.1.5 Socio-Cultural Adaptation (Question 5 and Test of H ii)	134
2.3.1.6 Social Contact (Question 6)	135
2.3.1.7 Social Support (Question 7)	136
2.3.1.8 Prejudice and Discrimination (Question 8)	137
2.3.1.9 Resources and Coping Strategies (Question 9)	137
2.3.1.10 Acculturation Strategies (Question 10)	138
2.3.2 Results for Traumatized Participants (Score of > 0.75 on the HTQ)	139
2.3.3 How did the Control Group React to Sponsorships?	139
2.3.4 Results from the Goal Attainment Scale	140
3. Summary and Conclusions	142
4. References	144

BARBARA JUEN & HEIDI SILLER

**CHAPTER 8: A TYPOLOGY OF SPONSORSHIPS –
CAN SUCCESS AND FAILURE BE PREDICTED? 145**

- 1. Conceptual Framework 145**
- 2. Typology of Sponsorship Patterns 146**
 - 2.1 Unsuccessful Sponsorships: Early Break 146
 - 2.2 Partly Successful Sponsorships: Delayed Break 147
 - 2.3 Successful Sponsorships: Termination as Planned 147
 - 2.4 Change of Relationship and Ongoing Support 148
 - 2.5 The Development of Successful Sponsorships over the Course
of Six Months 148
- 3. Defining Match and Mismatch 149**
 - 3.1 Influencing Factors on the Sponsors' Part: Gender, Age, Expectations,
and Attitudes 149
 - 3.2 Influencing Factors on the Clients' Part: Gender, Age, Expectations,
and Attitudes as Well as Cultural Differences and Social Integration 149
- 4. Differential Aspects of Sponsorships 150**
 - 4.1 Clients from Chechnya versus from Afghanistan 150
 - 4.2 Sponsors' Gender and Age 153
- 5. Conclusions 153**
 - 5.1 Opportunity for Building Trust and Patience in the Beginning 154
 - 5.2 Adapting Roles and Expectations According to Time and Needs 154
- 6. References 155**

MARINA ORTNER

**CHAPTER 9: WHAT SPONSORS EXPERIENCED –
SOME CASE EXAMPLES 156**

- 1. Sponsor Hilde 156**
- 2. Sponsor Tony 157**
- 3. Sponsor Maria 158**
- 4. Sponsor Ludwig 160**

WALTER RENNER, BARBARA JUEN, & MARINA ORTNER

**CHAPTER 10: IMPLEMENTATION OF RESULTS, SUMMARY,
AND RECOMMENDATIONS TO PRACTITIONERS 163**

- 1. Implementing Results 163**
- 2. Summary and Recommendations 165**
- 3. References 170**

ABOUT THE CONTRIBUTORS

Mishela Ivanova, MA, has participated in the present research as a part-time assistant during her time as the head of the Innsbruck based Caritas refugee office. As a psychologist and educational scientist she has specialized in intercultural coaching.

Barbara Juen, Ph.D., is an Associate Professor at the Department of Psychology, University of Innsbruck¹. She is also the Head of Psychosocial Support of the Austrian Red Cross and a renowned expert of emergency psychological aid. Among others, her main research interests pertain to Psychotraumatology, with a special emphasis on childhood and adolescence, moral development, and conflict regulation. She has accompanied this research by supervising the sponsors on a monthly basis.

Anton-Rupert Laireiter, Ph. D., is an Associate Professor at the Department of Psychology, University of Salzburg. He is a leading expert in the field of social support and has agreed to contribute to this book as a guest author. Anton Laireiter is also active as a behavior therapist and as a clinical and health psychologist with special emphasis on training psychotherapists.

Marina Ortner, Ph. D., is a senior free lance clinical and health psychologist mainly active in the field of traffic psychology as an expert witness. In the present research she participated as a scientific employee. Her main research interests pertain to cross-cultural aspects of Health Psychology and she has gained long-time international experience by numerous trips abroad, especially to Asian countries.

Walter Renner, Ph. D., has conducted this research as its principal investigator as an Adjunct Professor (Privatdozent) at the University of Innsbruck (Dept. of Psychology¹), and at UMIT². His main research interests are cross-cultural aspects of human values, with special reference to religion, individual differences, and personality. Walter Renner also holds licenses as a behavior therapist and clinical and health psychologist.

Ingrid Salem, Ph. D., is a scientific employee at the Department of Psychology, University of Klagenfurt where she is in charge of post-graduate training in Clinical and Health Psychology. Ingrid Salem is also active as a senior clinical psychologist at the Hospital of Waiern (Austria). She has extensive international experience and cross-cultural research is one of her main research topics.

¹ Emotion, Cognition, and Interaction Unit

² Private University of Health Sciences, Medical Informatics, and Technology at Hall near Innsbruck.

Georg Schärmer, is in charge of Caritas Tyrol since 1998, a Church based NGO in the field of humanitarian aid with special emphasis on refugees and asylum seekers, which has decisively contributed to developing and carrying out the present research.

Heidi Siller, MSc., is a Scientific Employee at the Psychology Department, University of Innsbruck. Her main research interests pertain to gender issues and psychotraumatology. Currently she is preparing her doctoral dissertation on foreign representatives on behalf of NGOs with special respect to the influences of gender and culture.

PREFACE

THEY SPEAK A DIFFERENT LANGUAGE

One of the most distressing phenomena during the last few years has been increased xenophobia – in the sense of the word not only addressing hostility towards, but rather fear of foreigners. More and more, people on their flight are being anathemized. Once granting asylum had been valued entirely positively, just thinking for example of sanctuary granted by the Church, or of the millions of people whose lives had been saved or who could find a permanent perspective for their lives by receiving the status of a refugee. At present, however, granting asylum to people in need, for many Austrian citizens is increasingly associated with threat. An old English saying is: "Put out a flame before it turns into a bush fire", and in this sense, in times of increased hostility towards asylum seekers and refugees even the question of the legal significance of initializing and instigating inhuman, social marginalization of this kind arises.

Rather than dwelling on inept ideas of this kind, however, positive answers and approaches should be emphasized. A promising counter-movement is needed and, in this respect, the sponsorship project as it will be described on the following pages is a signal of hope. The sponsors dedicated to their cause speak a language different from the language of xenophobia and their message is: "You are one of us! You belong to us! I'm going to listen to you! I am going to speak well of you! I am going to accompany you on your way! I am going to share my time with you!"

Such messages may heal many wounds, may grant dignity and esteem, may alleviate pain and sorrow, both of body and soul, and may endow the feeling of being at home at least for a few moments. My sincere thanks and appreciation are due to all the people, who have participated in the present research as sponsors. May they spawn generations of imitators! I also wish to thank the researchers who have developed and accompanied this project. Research and development are precursors of a world which appears to be possible and which in fact will be possible. May develop, what will be necessary and helpful.

Georg Schärmer³
Director, Caritas Tyrol

³ Director, Caritas Tyrol. This Church based NGO has been instrumental in developing the present research.
E-Mail: g.schaermer.caritas@dibk.at

INTRODUCTION

WALTER RENNER⁴

1. HUMANITARIAN BACKGROUND

For the year of 2009, the United Nations High Commissioner for Refugees (2010a) reported a total of 43.3 million displaced persons worldwide. This number has increased considerably during the past few years and includes 15.2 million refugees, 983,000 asylum seekers and 27.1 million Internally Displaced Persons (IDPs).

Ten years ago, in 1999, in Austria 20,129 people applied for political asylum, and in 2002, with 39,354 applications a peak had been reached. Numbers fell to 11,921 applications in 2007 but rose again to 15,821 applications in 2009 (Department of the Interior, 2010a). In recent years, refugees from the Russian Federation (mostly from Chechnya) and from Afghanistan have posed the most prominent groups among asylum seekers in Austria (Department of the Interior, 2010b).

Austria has a long tradition of taking up refugees and since the end of World War II an estimated total of approximately two million people have fled to this country. Although asylum procedures in Austria are getting increasingly tedious and complicated and recognition rates for refugees in Austria currently are decreasing, they are still higher than in many other countries (United Nations High Commissioner for Refugees, 2010b). Asylum seekers who do not meet the requirements for being granted political asylum, in many cases receive subsidiary protection on humanitarian grounds (European Commission, 2010; see **Chapter 4** of this book). In 2009, Austria has granted asylum to 1,398 Chechens and 587 Afghans and gave subsidiary protection to 312 Chechens and to 535 Afghans (Asylkoordination Österreich, 2010).

In the light of these statistics, it is clear that a considerable number of displaced persons constantly are living in Austria. Taking the various stages of appeal into account, asylum procedures frequently last for years and asylum seekers only in rare cases are allowed to work (Der Standard, 2008). Pointing to the results of a

⁴ Correspondence should be addressed to walter.renner@uibk.ac.at or walter.renner@umit.at

poll carried out in Summer 2010, a speaker of the United Nations High Commissioner for Refugees (UNHCR) recently has expressed his concern with respect to public opinion in Austria getting increasingly hostile towards asylum seekers and refugees (ORF, 2010).

While asylum seekers are being cared for by Austrian authorities either in refugee homes or in private quarters, refugees and people with subsidiary protection have to live independently. Although having full access to the labor market, they frequently stay out of work for years. In this respect, as far as Austria is concerned, only anecdotal evidence exists (see for example, ORF, 2006).

On an international basis, however, this phenomenon is well documented. For the Federal Republic of Germany, for example, already Büchel, Frick, and Voges (1997) as well as Riphahn (1998) stated that migrants more than locals depended on social welfare, with refugees being especially affected (cf., Werner, 1993 and Hammarstedt, 2008, with respect to France, the Netherlands, and Sweden). With respect to Germany, 24% of foreigners but only 15.4% of natives have been reported to be at risk of poverty and the unemployment rate has been reported as 20.4% and 9.1% percent respectively (Bundesagentur für Arbeit, 2007, cited from Jäckering, 2007). Similarly, Hansen and Lofstrom (2006) reported a distinct "immigrant-native welfare gap", p. 23) in Sweden and for Norway, a longitudinal study by Ekhaugen (2005) found that 63% of refugees in their third year of stay and 55% of them in their eighth year of stay still depended on various benefits of social security.

In addition to the difficulties frequently encountered by refugees in the course of their acculturation to the host society, pre-migration trauma also must be considered. Many asylum seekers and refugees have survived rape, imprisonment or torture, or have witnessed war, arson, mutilation of their relatives, or disaster. Wilson and Drozdek (2004) gave a comprehensive account of refugees' fates all over the world and Wilson & Tang (2007) dealt with diagnostics and therapy of post-traumatic stress in a cross-cultural context.

Our own previous research has indicated that approximately 50% of refugees and asylum seekers from Afghanistan, Chechnya, and West Africa living in Austria show symptoms of post-traumatic stress (Renner, Salem & Ottomeyer, 2006; 2007; for gender differences in symptomatology see Renner & Salem, 2009)⁵.

⁵ For details on the interaction of post-traumatic and acculturative stress, please see Chapter 1.

2. PSYCHO-SOCIAL CARE FOR REFUGEES AND ASYLUM SEEKERS IN AUSTRIA

In the light of the pre- and post-migration stressors, an urgent need for psychological and social assistance for asylum seekers and refugees is evident. Although Austria is a small country, refugee care is organized differently in each of its nine provinces. In spite of these differences, three organizations operate on a nationwide basis:

(1) **Caritas Österreich**⁶ is the Austrian branch of **Caritas Internationalis**⁷, a worldwide humanitarian organization which has been initiated by the Catholic Church towards helping the poor, regardless of their religious denomination. In Austria as well as in Germany, Caritas is one of the major humanitarian providers, operating numerous psycho-social institutions. In each of Austria's nine districts, Caritas operates information centers for refugees. In Vorarlberg, the utmost Western Austrian province, Caritas has been assigned by the provincial government with managing refugee affairs independently.

(2) The **Austrian Integration Fund (ÖIF, Österreichischer Integrationsfonds)**⁸ has been founded in 1990 by the United Nations High Commissioner for Refugees (UNHCR) and the Austrian Ministry of the Interior ("Flüchtlingsfonds der Vereinten Nationen" or United Nations' Refugee Fund). After various organizational changes, the ÖIF became independent of the federal ministry and has been authorized to organize and operate various institutions towards integrating refugees into Austrian society (e.g., integration offices in various Austrian provinces, sports projects, research in refugees' affairs, as well as educational projects).

(3) The **European Refugee Fund (ERF)**⁹ together with the respective Austrian provincial governments are co-financing a number of small NGOs which provide psycho-social assistance, psychotherapy, or both to asylum seekers and refugees (for a psychotherapy evaluation study with refugees and asylum seekers in Austria, see Renner, 2009).

3. SPONSORSHIPS

In many parts of the world, so-called sponsorships have been introduced as a means of providing social support to people in need, refugees and asylum seekers among them. Sponsorships include multiple forms of psycho-social

⁶ <http://www.caritas.at/>

⁷ <http://www.caritas.org/>

⁸ <http://www.integrationsfonds.at/>

⁹ <http://www.unhcr.org/pages/49c3646c305.html>

assistance by lay people, towards adults, youth, or children, or towards two or all three groups of recipients. Usually, sponsorships do not include living together or financial help, but are restricted to periodical contact providing either emotional or instrumental assistance, or both.

Sponsorship programs have been developed not only towards improving the living conditions of asylum seekers and refugees but also, for example towards helping patients with mental disorders integrating in society (Brackhane, Strehl, & Wurzer, 1990; Mark & Dohren, 1981; Rössler, Horst, & Salize, 1996; Weinberg & Huxley, 2000), which sometimes also included sheltered living in the sponsor family's home (Schönberger & Stolz, 2003). This kind of assistance has also been successful towards rehabilitating patients with dementia (Stoppe & Geilfuss, 2004), drug addiction (Schmidbauer, 1997), or HIV/AIDS (Möller, 1993).

As an institutional form of social support, sponsorships have a long tradition in assisting asylum seekers and refugees in the course of their acculturation. For example, over a long period of time, sponsorships were used on a regular basis towards assisting refugees in their socio-cultural adaptation to the United States of America. In some cases these sponsorships were provided by private, U. S. born citizens, by churches or welfare organizations or by people of the ethnic groups the newly arrived migrants belonged to (Bach & Carroll-Seguin, 1986).

Gray and Elliott (2001) conducted a widely acknowledged review of the literature and referred especially to vocational integration of Cambodian refugees to New Zealand; similarly the main goal of sponsors in the study of Pecora and Fraser (1985) was finding work for the refugees. In contrast, Westermeyer, Schaberg, and Nugent (1995) focused on reduced psychological symptoms in Hmong refugees in the U. S. A. and Prügel (1988) in his study of Vietnamese refugees in Germany emphasized the importance of learning the host country's language with the sponsors' help.

In his German study with refugees from Vietnam, Prügel (1988) pointed out that some of the sponsors have acted in an overly protective way or had failed to differentiate between personal relationship and their tasks as sponsors. Gray and Elliott (2001) deplored poorly matched expectations of sponsors on the one hand and their clients on the other, frequently leading to disappointment on both sides. In some cases sponsors followed rather a governmental policy than the refugees' personal needs (Matsuoka & Ryujin, 1989-1990), or acted as the agents of a religious fundamentalist sect (Westermeyer, 1988).

According to Beiser, Turner, and Ganesan's (1989) study of Southeast Asian refugees in America, a mismatch of sponsors' and clients' religious denomination was predictive of reduced well-being in the clients. Summarizing

studies by Montgomery (1996) and by Farmer and Hafeez (1989), Ward, Bochner and Furnham (2006) have pointed out that overall empirical results with respect to the beneficial or detrimental effects of sponsorships are inconsistent. Successful sponsorships to a large extent seem to depend on selecting and training the sponsors carefully prior to their activities as well as on providing them with supervision and expert counseling (Prügel, 1988).

In Austria sponsorships have been organized before towards helping unaccompanied minors, a special group of refugees who had to leave their home countries before reaching adulthood (UNICEF Österreich & Asylkoordination Österreich, 2002).

4. THE PRESENT RESEARCH – THE ROLE OF CARITAS, OF THE AUSTRIAN SCIENCE FUND AND OF THE UNIVERSITIES

International literature indicates that sponsorships pose a promising alternative and supplement to professional endeavors towards helping asylum seekers and refugees coping with pre- and post-migration stress. In the past, on an international scale, much anecdotal evidence towards the usefulness of sponsorships has been accumulated but virtually no empirical evaluation studies on a theoretical basis have been carried out in the past. Moreover, in many cases, sponsorship programs have been limited to children and youth.

These were the crucial factors which gave rise to the research presented in this book. In early 2007, as an Adjunct Professor at the Psychology Department at Innsbruck University, I was discussing past and possible future research with Gertraud Gscheidlinger, the then head of the Innsbruck based counseling office of **Caritas**. Gertraud informed me about positive experiences Caritas had made in the past, when they had initiated community based help for adults from Bosnia following the Balkan crises. At this time numerous Bosnians had fled the armed conflict in former Yugoslavia and had applied for asylum in Austria. Gertraud Gscheidlinger noticed an astounding degree of helpfulness in some small villages. Local farmers took male Bosnians to work in the fields and in the wood in order to distract them from their sorrows. Local women cooked and produced small handicrafts with Bosnian women and took their families to excursions. Even after some Bosnians had returned to their home country on a voluntary basis, the families kept in touch and paid visits to each other.

As a researcher in the fields of human values, Cultural Psychology and of Personality, I was interested in factors that might promote or hinder acculturation in refugees and asylum seekers, putting special emphasis on social support. In previous studies, we had investigated the role of culturally specific

symptoms of psychological trauma in asylum seekers and refugees from Chechnya, Afghanistan, and West Africa (Renner et al., 2006; Renner et al., 2007) and the effects of ethnic support by guided self-help groups for refugees (Renner, 2008; Renner, Bänninger-Huber, & Peltzer, accepted).

Thus, our discussions gave rise to the idea of an **empirical evaluation study of sponsorships for refugees from Chechnya and Afghanistan** who are currently the most important target groups of the Caritas refugee office. These were our objectives:

- ⇒ the study should be based on current scientific **theories of acculturation**;
- ⇒ evaluation should be done on a **randomized, controlled basis** – comparable to testing the efficacy of psychological or medical treatment;
- ⇒ possible sponsors should be **recruited** carefully, should be thoroughly **prepared** for their tasks, and should be **supervised** concomitantly.

In the months to follow, funding was applied for and granted by the Austrian Science Fund in fall 2007¹⁰. The research reported here initially had been planned for a total duration of two years¹¹ and started in April 2008 at the **Psychology Department** (Emotion, Cognition, and Interaction Unit) of the **University of Innsbruck** and I acted as its principal investigator. As I had temporarily accepted an appointment as an Associate Professor at **UMIT** (Private University of Health Sciences, Medical Informatics, and Technology, at Hall in Tyrol) in Fall 2009, the research project has been transferred to UMIT on 1st January, 2010 and was carried out on behalf of this institution following this date.

5. AIMS OF THE STUDY¹²

The study aimed at examining the effects of social support by six months of sponsorship for asylum seekers and refugees from Chechnya and Afghanistan on self-reported

- ⇒ **clinical symptoms** like somatic complaints, anxiety, depression, and post-traumatic stress,
- ⇒ **problem appraisal** and **cognitive control**,
- ⇒ and psychological and socio-cultural **adaptation**.

¹⁰ Fonds zur Förderung der Wissenschaftlichen Forschung, Grant Nr. P20423-G14

¹¹ Due to delays in recruiting clients – see Chapter 2 for details – a third year has been added to project duration with no additional costs involved.

¹² For the more technical details of the hypotheses tested, see Chapter 3.

Sponsorships were also expected to have a beneficial effect on

- ⇒ perceived **contact discrepancy** and **discrimination**,
- ⇒ **coping** strategies,
- ⇒ and **acculturation**.

Subsequently, the results obtained should be instrumental in developing recommendations and guidelines for assisting refugees and asylum seekers by future sponsorships as effectively as possible.

6. OVERVIEW OF THE PRESENT BOOK

The purpose of this book is twofold: Firstly, we wish to report the details of the present research to fellow scientists who might be interested in developing follow-up studies in other countries and possibly with different populations of refugees or asylum seekers. Secondly, the book is intended to provide a practical guideline to policy makers who might be interested in developing sponsorship programs.

Chapter 1 will summarize Berry's (1997; 2002) theory of acculturation and Lazarus and Folkman's (1984) transaction model of stress which are the conceptual background of the study and **Chapter 2** will give an account of the theoretical basis of social support.

In Berry's (1997; 2002) model of acculturation, a migrant's experiences in his or her country of origin as well as his or her first encounters in the host society are crucial elements. Thus, **Chapter 3** will give an overview of the socio-political conditions both in Chechnya and in Afghanistan and **Chapter 4** will address the acculturation experience in Austria. This will be the background towards a thorough understanding of the empirical study reported in the consecutive chapters.

Chapter 5 will report how the present research has been designed and implemented. **Chapter 6** will summarize the quantitative results as they have been obtained by self-report questionnaires and **Chapter 7** will pertain to the qualitative results which we obtained by conducting telephone interviews with our participants.

Written protocols resulted from supervising the sponsors on a monthly basis and were analyzed in due course. This content analysis resulted in a typology of sponsorships, with some being more promising than others. This typology will

be presented in **Chapter 8**. Practical and emotional experiences reported by the sponsors will be illustrated by the case examples presented in **Chapter 9**.

The final **Chapter 10** will provide a summary and will pertain to implementing the study's results. On the one hand, we will report how the study's results were received by authorities and welfare institutions in Austria (including an excursus to Northern Italy), on the other, this final chapter will present recommendations to future practitioners.

7. REFERENCES

- Asylkoordination Österreich (2010). Sinkende Anerkennungsraten – Analyse der Entwicklungen im Jahr 2010 [Decreasing recognition rates – Analysis of developments in 2010]. http://www.asyl.at/fakten_8/stat_2010_03.htm. Retrieved on 20th July, 2010.
- Bach, R. L. & Carroll-Seguín, R. (1986). Labor force participation, household composition and sponsorship among Southeast Asian refugees. *International Migration Review*, 20, 381 - 404.
- Beiser, M., Turner, J., & Ganesan, S. (1989) Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. *Social Science and Medicine*, 28, 183 - 195.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46, 5 – 68.
- Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista and G. Marin (Eds.), *Acculturation. Advances in theory, measurement, and applied research* (pp. 17 – 37). Washington, DC: APA.
- Brackhane, R., Strehl, C., & Wurzer, I. (1990). Die Laienhilfe in der Rehabilitation psychisch Behinderter [Help by laypersons in the rehabilitation of people with mental disorders]. *Die Rehabilitation*, 29, 254 - 260.
- Büchel, F., Frick, J. & Voges, W. (1997). Der Sozialhilfebezug von Zuwanderern in Westdeutschland [Migrants' dependence on social welfare in Western Germany]. *Kölner Zeitschrift für Soziologie und Sozialpsychologie*, 49, 272 - 290.
- Department of the Interior (2010a). Entwicklung der Zahl der Asylwerber in der Republik Österreich in der Zeit von 1999 bis 2009 [Development of the number of asylum seekers in the Republic of Austria from 1999 to 2009]. http://www.bmi.gv.at/cms/BMI_Asylwesen/statistik/files/Asyl_Jahresstatistik_2009.pdf. Retrieved on 20th July, 2010.
- Department of the Interior (2010b). Asylstatistik 2009 [Statistics of asylum applications in 2009]. http://www.bmi.gv.at/cms/BMI_Asylwesen/statistik/files/Asyl_Jahresstatistik_2009.pdf.

Der Standard (2008). Leichtere Arbeitserlaubnis für Asylwerber gefordert [Easier access to labor market for asylum seekers demanded]. <http://derstandard.at/2910580>. Retrieved on 20th July, 2010.

Ekhaugen, T. (2005). *Immigrants on Welfare: Assimilation and benefit substitution*. Memorandum No. 18. Oslo: University of Oslo, Dept. of Economics. http://ideas.repec.org/p/hhs/osloec/2005_018.html. Retrieved on 20th July, 2010.

European Commission (2010). The European Union clarifies what it means by refugee and subsidiary protection. http://ec.europa.eu/justice_home/fsj/asylum/subsidiary/fsj_asylum_subsidiary_en.htm. Retrieved on 20th July, 2010.

Farmer, R. J. S. & Hafeez, A. (1989). The contribution and needs of Southeast Asian refugees in New Zealand. In M. Abbott (Ed.), *Refugee resettlement and well-being* (pp. 161 – 198). Auckland: Mental Health Foundation of New Zealand.

Gray, A. & Elliott, S. (2001). Refugee resettlement research project 'Refugee Voices'. <http://forcedmigrationguide.pbworks.com/Refugee-Resettlement-Research-Project-%E2%80%98Refugee-Voices%E2%80%99>. Retrieved 20th July, 2010.

Hammarstedt, M. (2008). Assimilation and participation in social assistance among immigrants. *International Journal of Social Welfare*, 18, 85 - 94.

Hansen, J. & Lofstrom, M. (2006). Immigrant-native differences in welfare participation: The role of entry and exit rates. Discussion paper series IZA DP No. 2261. Bonn: Forschungsinstitut zur Zukunft der Arbeit. See also: <ftp://repec.iza.org/RePEc/Discussionpaper/dp2261.pdf>. Retrieved on 20th July, 2010.

Jäckering, N. (2007). Die Integration von Migranten auf dem Arbeitsmarkt [Migrants' integration on the labor market]. Köln: Universität zu Köln, Forschungsinstitut für Soziologie. <http://www.grin.com/e-book/81918/die-integration-von-migranten-auf-dem-arbeitsmarkt>. Retrieved on 17th March, 2009.

Mark., N. & Dohren, J. (1981). *Patenschaften. Eine Möglichkeit der Laienhilfe zur Reintegration psychisch Kranker in die Gesellschaft* [Sponsorships. A possibility of nonprofessional help for the integration of mentally ill patients into society]. Frankfurt, Germany: Lang.

Matsuoka, J. K. & Ryujin, D. (1989-1990). Vietnamese refugees: An analysis of contemporary adjustment issues. *Journal of Applied Sciences*, 14, 23 - 44.

Möller, M. L. (1993). Das Leben kann den Tod nicht beseitigen. Gesprächsgemeinschaften für Positive und Aidserkrankte [Life cannot eliminate death. Communication groups for HIV and AIDS patients]. *Psychomed*, 5, 26 - 30.

Montgomery, J. R. (1996). Components of refugee adaptation. *International Migration Review*, 30, 679 - 702.

ORF (2006). Arbeit zur Integration [Work towards integration]. <http://salzburg.orf.at/stories/129072>. Retrieved on 20th July, 2010.

ORF (2010). UNHCR kritisiert Österreichs Asylpolitik [UNHCR criticizes Austria's asylum policy]. <http://www.orf.at/#/stories/2005355/>. Retrieved on 28th July, 2010.

Pecora, P. J. & Fraser, M. W. (1985). The social support networks of Indochinese refugees. *Journal of Sociology and Social Welfare*, 12, 817 - 849.

Prügel, P. (1988). Erfahrungen mit Patenschaften [Experiences with sponsorships]. In M. Blume & D. Kantowsky (Eds.), *Assimilation, Integration, Isolation* (Part 2) (pp. 317 - 368). Munich (Germany): Weltforum.

Renner, W. (Ed.) (2008). *Culture-sensitive and resource oriented peer groups. Austrian experiences with a self-help approach to coping with trauma in refugees from Chechnya*. Innsbruck (Austria): Studia.

Renner, W. (2009). The effectiveness of psychotherapy with refugees and asylum seekers: Preliminary results from an Austrian study. *Journal of Immigrant and Minority Health*, 11, 41 - 45 .

Renner, W., Bänninger-Huber, E. & Peltzer, K. (accepted). Culture-Sensitive and Resource Oriented Peer (CROP)-Groups as a Community Based Intervention for Trauma Survivors: A Randomized Controlled Study with Chechnyans. *Australasian Journal of Disaster and Trauma Studies*.

Renner, W. & Salem, I. (2009). Post-Traumatic Stress in Asylum Seekers and Refugees from Chechnya, Afghanistan, and West Africa: Gender Differences in Symptomatology and Coping. *International Journal of Social Psychiatry*, 55, 99 - 108.

Renner, W., Salem, I. & Ottomeyer, K. (2006). Cross-cultural validation of psychometric measures of trauma in groups of asylum seekers from Chechnya, Afghanistan and West Africa. *Social Behavior and Personality*, 35, 1101 – 1114.

Renner, W. Salem, I. & Ottomeyer, K. (2007). Posttraumatic stress in asylum seekers from Chechnya, Afghanistan and West Africa - Differential findings obtained by quantitative and qualitative methods in three Austrian samples. In J. P. Wilson & C. Tang, (Eds.), *The cross-cultural assessment of psychological trauma and PTSD* (pp. 239 – 278). New York: Springer.

Riphahn, R. T. (1998). Immigrant participation in social assistance programs. *Finanzarchiv*, 55, 163 - 185.

Rössler, W., Horst, A., & Salize, H. J. (1996). Bürgerhilfe in der Psychiatrie [Role of lay personnel in mental health care]. *Psychiatrische Praxis*, 23, 168 - 171.

Schmidbauer, W. (1997). Laienkultur und professionelle Kultur in der Drogentherapie [Lay culture and professional culture in substance abuse rehabilitation]. *Forum Supervision*, 5, 77 - 91.

Schönberger, C. & Stolz, P. (2003). *Betreutes Leben in Familien – Psychiatrische Familienpflege* [Sheltered housing in families – psychiatric foster care]. Bonn (Germany): Psychiatrie-Verlag.

Stoppe, G. & Geilfuss, P. (2004). Entlastung der Angehörigen von Demenzkranken durch ehrenamtliche Helfer [Relief of dementia caregiving by layhelp]. *Psychoneuro*, 30, 505 - 508.

UNICEF Österreich & Asylkoordination Österreich (Eds.) (2002). *Patenschaften für unbegleitete Minderjährige* [Sponsorships for unaccompanied minors]. Vienna (Austria): Mandelbaum.

United Nations High Commissioner for Refugees (2010a). 2009 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. <http://www.unhcr.org/4c11f0be9.html>. Retrieved on 20th July, 2010.

United Nations High Commissioner for Refugees (2010b). A long tradition of assisting refugees. http://www.unis.unvienna.org/documents/unis/25vic/25years_vic_unhcr.pdf. Retrieved on 20th July, 2010.

Ward, C., Bochner, S., & Furnham, A. (2006). *The psychology of culture shock*. 2nd edition. London: Routledge.

Weinberg, A. & Huxley, P. (2000). An evaluation of the impact of voluntary sector family support workers on the quality of life of carers of schizophrenia sufferers. *Journal of Mental Health*, 9, 495 - 503.

Werner, H. (1993). Integration ausländischer Arbeitnehmer in den Arbeitsmarkt [Foreign workers' integration into the labor market]. *Mitteilungen aus der Arbeitsmarkt- und Berufsforschung*, 26 (3), 348 - 361.

Westermeyer, J. (1988). A matched pairs study of depression among Hmong refugees with particular reference to predisposing factors and treatment outcome. *Social Psychiatry and Psychiatric Epidemiology*, 23, 64 - 71.

Westermeyer, J., Schaberg, L., & Nugent, S. (1995). Anxiety symptoms in Hmong refugees 1.5 years after migration. *Journal of Nervous and Mental Disease*, 183, 342 - 344.

Wilson, J. P. & Drozdek, B. (2004). *Broken spirits. The treatment of traumatized asylum seekers, refugees, war and torture victims*. New York: Brunner-Routledge.

Wilson, J. P. & Tang, C. (Eds.) (2007). *The cross-cultural assessment of psychological trauma and PTSD*. New York: Springer.

CHAPTER 1

PREREQUISITES AND THEORETICAL ASSUMPTIONS

WALTER RENNER¹³

1. ACCULTURATION AND ACCULTURATIVE STRESS

Ward, Bochner and Furnham (2006) have presented a complex model of acculturation, which distinguished between affective, behavioral, and cognitive aspects (the "A, B, C" of acculturation). While the affective component of acculturation mainly is represented by a stress and coping approach, the behavioral one pertains to cultural learning, and the cognitive component reflects processes of social identification. In this model, an individual's affective, behavioral, and cognitive responses are influenced by societal and individual level variables and lead to positive or negative psychological and socio-cultural outcome.

In the light of poor economic and educational resources, long and tedious periods of waiting during the asylum procedures, and taking possible prejudice and discrimination by the host country's population into account, the affective component (i.e, stress and coping approach) seems to be the most appropriate one towards understanding the process of acculturation in refugees and asylum seekers.

Referring to Lazarus and Folkman's (1984) transaction model of stress, the concept of "Acculturative Stress" has been elaborated in detail by Berry (1997; 2005). This concept has been summarized in **Figure 1**. As can be seen from the figure, Berry's model differentiates between factors on the "Group level" and factors on the "Individual level".

First of all, on the "**Group level**", both the "**Society of origin**" (1)¹⁴ and the "**Society of settlement**" (2) contribute to an individual's "**Acculturation experience**" (3). In the present book, **Chapter 3** will deal with the socio-political conditions of Afghanistan and Chechnya as the "societies of origin", while **Chapter 4** will give an account of Austria as a "Society of Settlement"

¹³ Correspondence should be addressed to walter.renner@uibk.ac.at or walter.renner@umit.at

¹⁴ Numbers in parentheses refer to the numbers in **Table 2: Quantitative Measures and Qualitative Assessments in Chapter 5**.

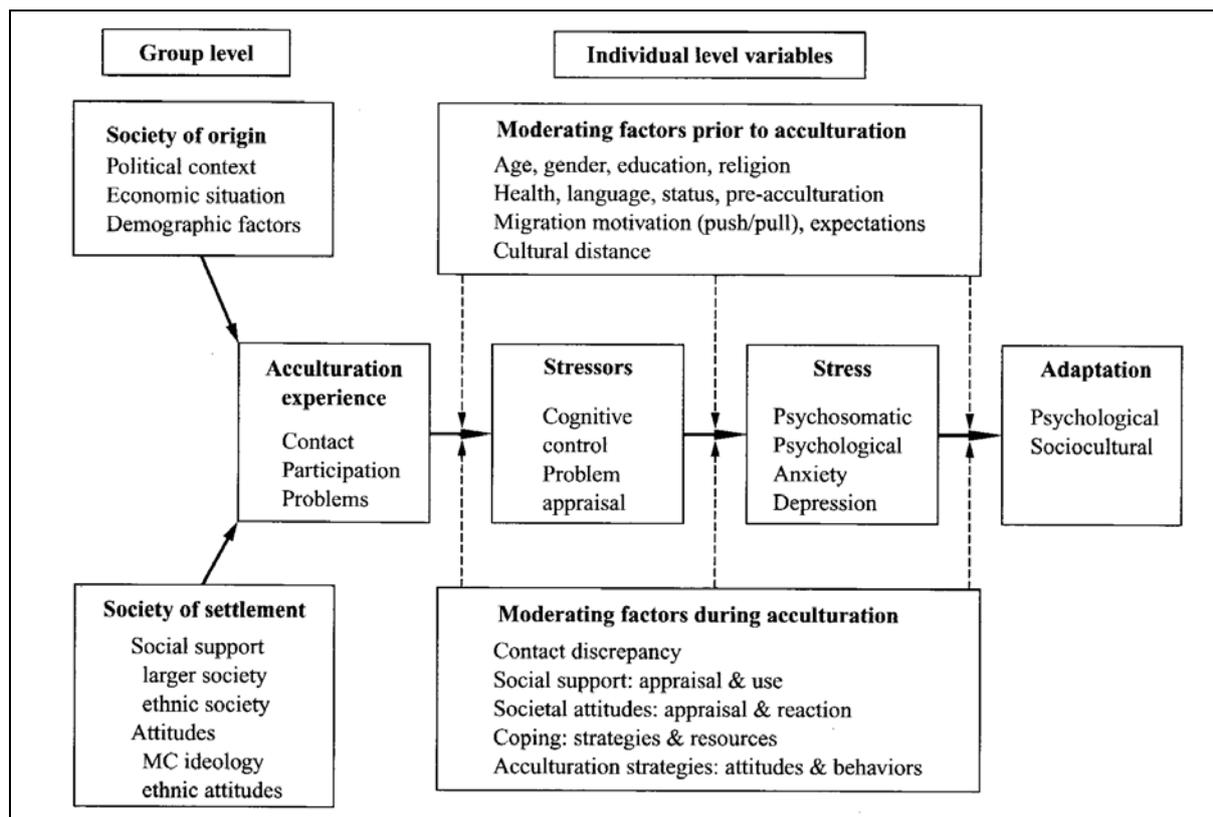


Figure 1: Factors affecting acculturative stress and adaptation (From Berry et al., 2006, p. 363). Reprinted with permission.

and the chances as well as the problems refugees can be expected to encounter in the course of their acculturation in this country.

With respect to the "**Individual level variables**" included in Berry's model, first of all the central horizontal line should be considered. As opposed to a merely biological model of stress, Lazarus and Folkman (1984) have previously proposed their transaction model of stress. According to this model, by "primary appraisal" potential stressors are judged as "harm/loss" (i.e., a negative consequence already has taken place), as a "threat" (a negative consequence is being expected), or as a "challenge" (gain and personal development are being expected). Next, in the course of "secondary appraisal", the person's capacity towards managing the situation is being evaluated. Finally, on the basis the information gathered when coping with the problem, "re-appraisal" will take place and the problem situation will be re-evaluated in an optimistic or pessimistic way. As far as coping is concerned, **problem-focused coping** (actively changing one's situation) can be distinguished from **emotion-focused coping** (managing one's emotional reaction) (p. 179), while Endler and Parker (1990) dealt with an **avoidance-oriented** type of coping.

Returning to the central line in Berry's model in **Figure 1**, negative experiences in the course of the "**Acculturation experience**" (4) may be perceived as "**Stressors**" (5) which result in somatic or psychological "**Stress responses**" (6), especially anxiety and depression as the individual's immediate reaction. These responses in turn influence "**Psychological and Socio-cultural Adaptation**" (7), which are the long-term outcome variables in the model. As opposed to a clinical paradigm, however, Berry's paradigm points to the possibility that stressful life events may pose a challenge to the individual which can result in positive experiences.

Berry's model points to "**Moderating factors prior to acculturation**" (8) which can reduce or enhance a person's ability of coping with stress. As shown in the **upper part** of **Figure 1**, such factors on the individual level can be related to a person's age, gender, or educational level as well as to his or her pre-migration experiences and to the degree of cultural distance between the sending and the receiving society. For example, women have a higher risk than men towards developing difficulties. In spite of the fact that a higher socio-economic status prior to migration implies the risk of "status loss" in the host country (Berry, 2002, p. 366), better educated people still acculturate more easily. Pre-migration health and language proficiency are further promoting factors. The term "culture-distance" pertains to the perceived similarity or dissimilarity between the sending and the receiving society. For example, divergent conceptions with respect to gender roles, child rearing practices or to various ways of earning one's living may differentiate between Christian and Muslim societies and discrepancies in the course of acculturation may result.

Whereas demographic and pre-migration variables cannot be influenced, the lower part of Berry's model points to **additional moderators** which influence the process of acculturation, for example, the amount of contact an individual wishes to have and actually has, both, with the receiving as well as with his or her ethnic culture ("**Contact Discrepancy**", Ward et al., 2006) (9). Other moderating factors may be the degree of **social support** perceived and actually used (10), as well as social attitudes, e.g., **perceived discrimination** (11), **ways of coping** (12), and **strategies of acculturation** (13).

With respect to acculturation, Berry (1970) as well as Sommerlad and Berry (1970) have introduced a two-dimensional model. One dimension ("**Cultural Maintenance**") pertains to the degree, to which an individual continues to practice his or her own culture's values and identity, while the second dimension ("**Participation**") addresses the individual's willingness and ability to adopt the host country's culture (J. W. Berry, Personal Communication, 18th February, 2007). A positive attitude towards both issues indicates the acculturative strategy of **Integration**, while practicing Cultural Maintenance and refusing Participation results in **Separation**. On the other hand, practicing Participation

without Cultural Maintenance, in Berry's model has been termed **Assimilation**. Finally, saying "No" to both issues, Cultural Maintenance and Participation results in **Segregation**.

With respect to Acculturative Stress, empirical results indicate the strategy of Integration to be the most beneficial, while Segregation clearly yields detrimental results, with the remaining strategies of Separation and Assimilation lying between the two others (Berry, 2002), as far as their effectiveness is concerned.

2. ACCULTURATIVE VS. POST-TRAUMATIC STRESS

Ward et al. (2006) have emphasized that refugees and asylum seekers frequently were subject to multiple forms of physical abuse and psychological terror in their countries of origin, and sometimes also in the course of their flight.

The variety and type of premigration circumstances to which refugees have been exposed are both shocking and horrific. Mghir et al. (1995) described the traumatic experiences of Afghan refugees which included near death incidents (60 per cent), forced separation from family (30 per cent), the witness of murder (of strangers, 23 per cent, and of family or friends, 16 per cent), lack of food and water (23 per cent), lack of shelter (21 per cent) and imprisonment (16 per cent). (p. 230)

Our own results obtained from a convenience sample of Chechen, Afghan and West African refugees and asylum seekers in Austria has revealed that approximately fifty per cent of them showed symptoms of post-traumatic stress (Renner, Salem, & Ottomeyer, 2006; Renner & Salem, 2009). It should be noted, however, that the prevalence of post-traumatic symptoms in refugees and asylum seekers differs vastly between different samples. A review by Fazel, Wheeler, and Danesh (2005), in contrast to our own results, for example, only found nine per cent out of 7,000 refugees in Great Britain to be traumatized. In a review of literature presented by Ward et al. (2006), PTSD seemed to be virtually absent in some of the samples (e.g., Kinzie and Manson, 1983, with respect to an Indochinese population), while in others an incidence of up to 88% (Moore & Boehnlein, 1991 with respect to a Mien sample) had been reported.

Previous research as well as psychotherapeutic efforts with respect to refugees and asylum seekers almost exclusively had focused on post-traumatic stress. In contrast, more recent research results have highlighted post-displacement, i. e., acculturative stress (cf. a comprehensive review of literature by Porter & Haslam, 2005). According to further empirical evidence cited by Ward et al. (2006), pre-migration trauma can be expected to exert its greatest influence in

the earlier years of settlement, while post-migration stressors, for example economic difficulties in the host country, are gaining importance in subsequent years.

It is important to note that **post-traumatic** and **acculturative stress** have been shown to **interact**. As far as refugees from former Yugoslavia were concerned, post-traumatic stress hindered acculturation (Silove, Manicavasagar, Coello, & Aroche, 2005; Spasojevic, Heffer, & Synder, 2000). Knipscheer and Kleber (2006) have shown how well-being in Bosnian refugees could be enhanced by coping with both, post-traumatic and acculturative stress and Zea and Shellmer (2010) reported about the interaction of post-traumatic and acculturative stress and their impact on mental health and problem behavior in Latinos and Latinas in the United States. Similarly, Gray, Cromer, and Freyd (2010) found that historical grief and pre-generational trauma in native Americans were correlated negatively with acculturation to the dominant American society. Along these lines, comprehensive reviews of literature focused on the fate of South-East Asian refugee children in the United States and found that pre-migration traumatic stress was predictive of poorer outcome in the course of acculturation (Fox, Cowell, & Montgomery, 1994; see also Ward et al., 2006).

From these findings it can be concluded that asylum seekers and refugees with a history of physical and psychological trauma and with current symptoms of post-traumatic stress are at special risk towards experiencing severe acculturative stress. Therefore, this target group deserves special consideration when programs offering psycho-social assistance are being developed. For example, in a previous research we have shown that refugees and asylum seekers from Chechnya with considerable symptoms of post-traumatic stress benefited from a self-help program while participants with little or no symptoms of post-traumatic stress remained nearly unchanged (Renner, Bänninger-Huber, & Peltzer, accepted).

3. SOCIAL SUPPORT AS A MODERATOR OF ACCULTURATIVE STRESS

As indicated above, there are a number of variables which are expected to act as moderating factors in the course of acculturation. Quite obviously, the amount of social support an individual perceives and actually gets both from his or her own ethnic group and from the receiving society is one of the most important prospective moderators.

According to Lazarus and Folkman (1984), such resources determine a person's coping strategies. While society put social demands on the individual,

"the social environment also creates social relationships" and "the basic assumption is that people will have better adaptational outcomes if they receive or believe that they will receive social support when it is needed". (p. 259)

Accordingly, social support plays a major role in current models of Health Psychology and has been elaborated theoretically. For example, in their recently published textbook, Morrison and Bennett (2006, p. 360) distinguished between "emotional support", "esteem support", "tangible/instrumental support", "informational support", and "network support". With respect to sojourners' adaptation to foreign cultures, Ong and Ward (2005) differentiated between "emotional support", "tangible assistance", "social companionship" and "informational support".

In line with Lazarus and Folkman's (1984) transaction model of stress and with respect to a comprehensive literature review by Uchino, Cacioppo, and Kiecolt-Glaser (1996), Morrison and Bennett (2006) explained that the beneficial influence of social support on a person's mental and physical health might be explained by two different mechanisms. Firstly, social support might have a direct positive influence on blood pressure, immune status etc.; secondly, by social support an individual may be enabled to appraise stressful events in a more appropriate way and consequently may apply coping strategies in a more effective way.

While migrants frequently suffer from their loss of social networks they were engaged in prior to their migration (Fontaine, 1986), empirical results also pointed to the beneficial effects of social support in the course of acculturation. For example, social support was able to reduce acculturative stress (Berry, Kim, Minde, Mok, 1987; Ward et al.; 2006) and to facilitate adjustment by counteracting feelings of uncertainty and lack of control (Adelman, 1988). In general, social support facilitated acculturation (Horgan, 2000) and contributed to reduced depression (Takeda, 2000) in asylum seekers and refugees. Other results point to the positive effects of social support in enhancing juveniles' psycho-social adjustment (Kovacev & Shute, 2004) as well as mental health (Schweitzer, Melville, Steel, & Lachartz, 2006) in refugee populations.

Ehrensaft and Tousignant (2006) indicated that social support has been able to enhance resilience in trauma victims. Similarly, Gerritsen et al. (2006) reported that social support has been helpful in reducing post-traumatic stress in refugees. Peltzer (1996; 2001) explained these positive effects by increased feelings of safety and predictability of events, by reduced helplessness and by regaining a sense of control by the trauma victims as a consequence of social support (for a more detailed theoretical account of social support see Anton Laireiter's **Chapter 2** in this book).

Thus, the study introduced by the present book focused on the **effects of sponsorships as a means of social support for refugees and asylum seekers**. As will be pointed out in detail in **Chapter 5**, the **central assumption** of the study was that **social support** would act as a **moderator of acculturative stress** in the sense of Berry's model shown in **Figure 1** above. A number of hypotheses has been developed with the central expectation, that sponsorships would reduce symptoms like anxiety, depression, somatic complaints and post-traumatic stress and that they would enhance adaptation and acculturation and promote feelings of being accepted and supported as well as coping strategies and resources.

It is important to note, however, that social support also can yield negative outcome. For example, over-protection may cause dependence and feelings of guilt or may just miss the needs of the person who has been intended to be helped (Morrison & Bennett, 2006). Laireiter, Fuchs, and Pichler (2007) pointed to wrong expectations, getting overly involved emotionally, as well as developing feelings of hostility and criticism as possible pitfalls that might provoke negative effects of social support. In order to minimize the risk of such negative outcomes, caregivers should be trained and educated thoroughly, well before getting in touch with their clients and should be closely supervised thereafter.

Sponsorships as explained in the Introduction to this book refer to various types of social support provided by volunteers to different groups of people in need. Accordingly, just like social support in general can yield positive as well as negative effects, the same appears to be true with respect to sponsorships for refugees.

4. REFERENCES

- Adelman, M. B. (1988). Cross-cultural adjustment: A theoretical perspective on social support. *International Journal of Intercultural Relations*, *12*, 183 - 205.
- Berry, J. W. (1970). Marginality, stress, and ethnic identification in an acculturated Aboriginal community. *Journal of Cross-Cultural Psychology*, *1*, 239 — 252.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, *46*, 5 – 68.
- Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista and G. Marín (Eds.), *Acculturation. Advances in theory, measurement, and applied research* (pp. 17 – 37). Washington, DC: APA.

Chapter 1: Theoretical Assumptions

- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697 - 712.
- Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, 21, 491 - 511.
- Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. D. (2006). *Cross-cultural psychology. Research and applications* (2nd ed.). Cambridge: Cambridge University Press.
- Ehrensaft, E. & Tousignant, M. (2006). Immigration and resilience. In D. L. Sam and J. W. Berry (Eds.), *The Cambridge handbook of acculturation psychology* (pp. 469 - 483). New York, NY: Cambridge University Press.
- Endler, N. & Parker, J. (1990). Multidimensional assessment of coping. *Journal of Personality and Social Psychology*, 58, 844 - 854.
- Fazel, M., Wheeler, J. & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, 365, Issue 9467, 1309-1314.
- Fontaine, G. (1986). Roles of social support in overseas relocation: Implications for intercultural training. *International Journal for Intercultural Relations*, 10, 361 - 378.
- Fox, P. G., Cowell, J. M., & Montgomery, A. C. (1994). The effects of violence on health and adjustment of Southeast Asian refugee children: An integrative review. *Public Health Nursing*, 11, 195 - 201.
- Gerritsen, A. A. M., Bramsen, I., Deville, W., van Willigen, L. H. M., Hovens, J. E., & van der Ploeg, H. M. (2006). Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands. *Social Psychiatry and Psychiatric epidemiology*, 41, 18 - 26.
- Gray, M. E., Cromer, L. D., & Freyd, J. J. (2010). Betrayal Trauma, Acculturation and Historical Grief Among Native Americans. http://biblioteca.universia.net/html_bura/ficha/params/id/31836778.html. Retrieved on 26th July, 2010.
- Horgan, O. (2000). Seeking refuge in Ireland: Acculturation stress and perceived discrimination. In M. MachLachlan & M. O'Connell (Eds.), *Cultivating pluralism: Psychological, social and cultural perspectives on a changing Ireland* (pp. 49 - 73). Dublin: Oak Tree.
- Kinzie, J. D. & Manson, S. (1983), 'Five-years' experience with Indochinese refugee psychiatric patients. *Journal of Operational Psychiatry*, 14, 105 - 111.
- Knipscheer, J. W. & Kleber, R. J. (2006). The relative contribution of posttraumatic and acculturative stress to subjective mental health among Bosnian refugees. *Journal of Clinical Psychology*, 62, 339 - 353.
- Kovacev, L. & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, 28, 259 - 267.

- Laireiter, A.-R., Fuchs, M., & Pichler, M.-E. (2007). Negative Soziale Unterstützung bei der Bewältigung von Lebensbelastungen. Eine konzeptuelle und empirische Analyse [Negative social support in the adaptation to life stress: A conceptual and empirical analysis]. *Zeitschrift für Gesundheitspsychologie*, 15 (2), 43 - 56.
- Lazarus, R. S. & Folkman, S. (1984). *Stress, coping and appraisal*. New York: Springer.
- Mghir, R., Freed, W., Raskin, A., & Katon, W. (1995). Depression and Post-Traumatic Stress Disorder among a community sample of adolescent and young adult Afghan refugees. *Journal of Nervous and Mental Disease*, 183, 24 - 30.
- Moore, L. J. & Boehnlein, J. K. (1991). Posttraumatic stress disorder, depression and somatic symptoms in U. S. Mien patients. *Journal of Nervous and Mental Disease*, 179, 728 - 733.
- Morrison, V. & Bennett, P. (2006). *An introduction to health psychology*. Harlow: Pearson.
- Ong, A. S. J. & Ward, C. (2005). The construction and validation of a social support measure for sojourners. *Journal of Cross-Cultural Psychology*, 36 (6), 637 - 661.
- Peltzer, K. (1996). *Counselling and psychotherapy of victims of organized violence in sociocultural context*. Frankfurt: IKO.
- Peltzer, K. (2001). An integrative model for ethnocultural counseling and psychotherapy of victims of organized violence. *Journal of Psychotherapy Integration*, 11, 241 - 262.
- Porter, M. & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons. A meta-analysis. *Journal of the American Medical Association*, 294, 602 – 612.
- Prügel, P. (1988). Erfahrungen mit Patenschaften [Experiences with sponsorships]. In M. Blume & D. Kantowsky (Eds.), *Assimilation, Integration, Isolation* (Part 2) (pp. 317 - 368). Munich (Germany): Weltforum.
- Renner, W., Bänninger-Huber, E. & Peltzer, K. (accepted). Culture-Sensitive and Resource Oriented Peer (CROP)-Groups as a Community Based Intervention for Trauma Survivors: A Randomized Controlled Study with Chechnyans. *Australasian Journal of Disaster and Trauma Studies*.
- Renner, W. & Salem, I. (2009). Post-Traumatic Stress in Asylum Seekers and Refugees from Chechnya, Afghanistan, and West Africa: Gender Differences in Symptomatology and Coping. *International Journal of Social Psychiatry*, 55, 99 - 108.
- Renner, W., Salem, I. & Ottomeyer, K. (2006). Cross-cultural validation of psychometric measures of trauma in groups of asylum seekers from Chechnya, Afghanistan and West Africa. *Social Behavior and Personality*, 35, 1101 – 1114.
- Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40, 179 - 187.

Chapter 1: Theoretical Assumptions

Silove, D., Manicavasagar, V., Coello, M., & Aroche, J. (2005). *PTSD, depression, and acculturation. Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 3, 46 - 50.

Spasojevic, J., Heffer, R. W., & Synder, D. K. (2000). Effects of posttraumatic stress and acculturation on marital functioning in Bosnian refugee couples. *Journal of Post-Traumatic Stress*, 13, 205 - 217.

Sommerlad, E. & Berry, J. W. (1970). The role of ethnic identification in distinguishing between attitudes towards assimilation and integration. *Human Relations*, 23, 23 – 29.

Takeda, J. (2000). Psychological and economic adaptation of Iraqi male refugees: Implications for social work practice. *Journal of Social Service Research*, 26, 1 - 21.

Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 119, 488 - 533.

Ward, C., Bochner, S., & Furnham, A. (2006). *The psychology of culture shock*. London: Routledge.

Zea, M. C. & Shellmer, D. A. (2010). Mental Health, Acculturative Stress, Trauma, Contextual Factors that Impact Mental Health, Alcohol and Drug Use, Externalization Disorders. <http://www.jrank.org/cultures/pages/4175/Mental-Health.html#ixzz0umxCzX3m>. Retrieved on 26th July, 2010.

CHAPTER 2

THEORETICAL CONCEPTS OF SOCIAL SUPPORT

ANTON-RUPERT LAIREITER¹⁵

1. INTRODUCTION

As Renner (this volume) has pointed out in his introductory chapter with reference to Berry (2002), a number of variables moderate the outcomes of post-traumatic and acculturative stress of refugees and asylum seekers in their process of adapting and acculturating to the host country. In this as well as in other more general models on coping with life-stress (e.g., Cohen, 1992; Lazarus & Folkman, 1984; Perrez & Reicherts, 1992), the amount of social support an individual perceives and actually receives from both his or her own ethnic group as well as from his/her social network yet built up in his/her host country seems to be a very important variable in this adaptive process. Innumerable studies support this conclusion (see Veiel & Baumann, 1992, for an overview).

The concept of social support is complex, however, and to understand its relationships with stress and coping and its significance for the acculturation and adaptation of refugees, it is necessary to explain its facets in detail, as well as its functional pathways in moderating this process. As Renner (chapter 1 in this volume) also pointed out, social support not only has positive consequences, it also may be stressful and negative in its nature (Laireiter, Fuchs & Pichler, 2007). In addition, it was found that providing social support to highly distressed individuals has a very narrow border between helpful and less helpful- even stressful - kinds of social support (Bertera, 2005; Cranford, 2004). These findings underline that social support- to be perceived as helpful and leading to positive outcomes - has to meet the individual's needs (Cohen & McKay, 1984; Cutrona & Russell, 1990) and has to be skilfully provided in a positive interpersonal relationship (Cutrona, Russell & Gardner, 2005; Rafaelli & Gleason, 2009). Application of social support in institutional settings, therefore, always has to take into account these conditions and is to be arranged adequately by sufficiently trained individuals.

¹⁵ Correspondence should be addressed to a.r.laireiter@aon.at

In the context of asylum-seeking, social support is not only an important naturally occurring phenomenon; it most often is applied by professional and paraprofessional as well as lay-helpers in so called "support interventions" (Nestmann, 2009; Renner, this volume), entitled here as "institutionally provided social support". Thus, in introducing this book, these interventions and their outcomes also have to be reviewed (see also for overviews Gottlieb, 2000; Hogan, Linden & Najarian, 2002; Lakey & Lutz, 1996; Linden, Hogan & Habra, 2009).

The following paper therefore deals with the conceptual and theoretical principles of social support in the context of life stress and with institutionally provided social support and its effectiveness.

2. THE CONSTRUCT OF SOCIAL SUPPORT

The concept of social support has its origins in socio-epidemiological research of the 1950s and was originally conceptualised rather unspecifically as the availability of close persons to help one cope with life stresses (e.g., Lowenthal & Haven, 1968). However, when scientific interest grew, four classes of definitions of social support emerged:

1. Social support as a belief: In reviewing the literature, Cobb (1976) came to the conviction that the mere substance of social support is the subjective belief of being supported. This belief, he concluded, is generated by information from the social environment. Thus, he defined social support as "...the information leading the subject to believe that he is cared for and loved ... that he is esteemed and valued ... and he belongs to a network of communication and mutual obligation" (Cobb, 1976, p. 300).

2. Social support as an environmental resource: Referring to the older view of the 1950s, Caplan (1974), at about the same time, conceptualised social support as: "... social aggregates that provide individuals with opportunities for feedback about themselves and for validations of their expectations about others. People have a variety of specific needs that demand satisfaction through enduring interpersonal relationships" (Caplan, 1974, p. 4).

3. Social support as a class of social behaviour: Kahn (1979, p. 85) was the first author who brought a behavioural conception into play and defined social support as: "... interpersonal transactions that include one or more of the following: the expression of positive affect of one person toward another, the affirmation or endorsement of another person's behaviors, perceptions, or expressed views, the giving of symbolic or material aid to another" (for a comparable view, see Barrera, 1981).

4. Social support as met needs: At the same time, Kaplan, Cassel and Gore (1977) stated that social support cannot adequately be conceptualised just as available persons, the perception of the environment or the provision of certain

behaviours. In their conception, social support is given only if information, behaviour or people contribute to the gratification of social needs and thus constitute "...an internal state of met needs" (Kaplan et al., 1977, p. 85). Starting from this definition, Thoits (1982) added some precision and conceptualised social support as "...the degree to which a person's basic social needs are gratified through interaction with others" (p. 147). Having the same idea in mind, Veiel and Ihle (1993) extended this view and defined social support as "...that function from a person's social environment that is related to the gratification of his needs. [...] This implies that not all relationships and transactions are supportive in their nature, but only those that are related to the fulfilment of specific social needs" [Translation by the author] (p. 58).

Because of the multitude of ideas about social support, it is not surprising that studies on its effects on health-related variables very often have led to contradictory results (Barrera, 1986). As a consequence, a process of conceptual refinement was started during the 1980s, and three conceptions of social support were established (Barrera, 1986; Cohen & McKay, 1984; Cohen & Wills, 1985; Cutrona & Russell, 1990; Shoemaker & Brownell, 1984; Vaux, 1992):

- Perceived social support
- Support resources and
- Enacted social support

Differentiating these conceptions, Cohen and Wills (1985), for example, reviewed the literature and came to rather clear-cut conclusions about the effects of these variables on the stress-coping process (for related results, see Shoemaker & Brownell, 1984). Interestingly, the "matching-conception" of social support (support as met needs) did not survive this refinement, which—to a great deal—has to do with the lack of adequate measures of this phenomenon (Laireiter & Baumann, 1992).

"Perceived social support", very often also denoted as "support appraisal(s)" or "appraised support" (Lakey & Cassady, 1990; Vaux, 1992), represents the cognitive side of social support and is related to cognitive structures and schemas and the perception of people and behaviours as supportive and the (rational or irrational) belief of being supported (Cobb, 1976; Lakey & Cassady, 1990).

The concept of **"support resources"** is concerned with people who serve as supporters, and therefore very often the terms "support network", "network resources", "support resources" or "(social) supporters" are used synonymously to indicate this phenomenon (Vaux, 1992).

"Enacted social support", often also denoted as "support behaviour(s)", "behavioural support" or "received/provided support", deals with the interactive

side of social support, i.e., the application of support in real social interventions or interactions (Dunkel-Schetter & Bennett, 1990).

Following this clarification, the research on social support differentiated into two (more or less) distinct perspectives in the 1990s, the cognitive (focussing on perceived social support) and the behavioural one (with its focus on support exchanges) (Dunkel-Schetter & Bennett, 1990; Sarason, Pierce & Sarason, 1990). The resource variable most often was subsumed under the cognitive perspective because resources regularly are measured by self-reports about a person's social environment (Röhrle, 1994).

Counteracting this trend, Vaux (1992) emphasised that social support is more than just supportive perceptions or behaviours. In his view, social support is a **meta-construct**, best conceptualised as a process including all elements of its definition: social resources (people available to give or already having given support) and the belief of being supported as preconditions, as well as situations that trigger the need for support, the perception of relevant persons and actions as supportive and at least a minimum fit between support needs and enacted or perceived support.

Present conceptions, therefore, define social support as a process taking part between an individual and his/her social environment, depending on the availability of positive interpersonal schemas and convictions, specific social needs and people perceiving these needs and being willing to gratify them by relevant social behaviours (Cutrona et al., 2005; Laireiter, 2009a; Röhrle, 1994). For research purposes, one or the other part of this process can be focussed on thoroughly (e.g., beliefs, perceptions, resources, interactions, support exchanges), but social support is never one of these facets alone.

3. COMPONENTS AND DIMENSIONS OF SOCIAL SUPPORT

Social support is multi-dimensional in its nature and includes various dimensions that have to be taken into account. The most important are presented in **Table 1**.

Besides content-related dimensions, table 1 includes two methodological components, the observer/rater perspective and measurement criteria. Dunkel-Schetter and Bennett (1990) and Laireiter and Baumann (1992) underlined the importance of these two aspects because it makes a difference, conceptually as well as empirically, whether social support is measured from the perspectives of its recipient or its giver or from a third parties' view, focussing either on self-report or on observational criteria.

In addition to the support conceptions (discussed above) and its dimensions, (considered in the next paragraph), contexts, perspectives and sources of social support are important dimensions of the construct. Concerning context, everyday or general and stress- or crisis-related modes are differentiated (Barrera, 1986; Veiel & Baumann, 1992). Related to the perspective, given vs. received social support is distinguished as well as the receipt (recipient perspective) and the application of it (giver perspective). Many studies have shown that the source of social support is a critical variable because outcomes of supportive transactions seem to depend on the relationship between the giver and recipient of it (Barker & Pistrang, 2002; Cutrona et al., 2005; Laireiter, 2010; Sarason et al., 1992). Thus, some conceptions include the support source in the terminology ("family support", "peer support", e.g., Sarason et al., 1990; Vaux, 1992).

Dimensions	Components
Support concepts (Sub- or partial constructs)	<ul style="list-style-type: none"> - Perceived social support - Support behaviour/enacted social support - Social resources, support network
Types/dimensions	<ul style="list-style-type: none"> - Types of supportive interactions and perceptions, e.g., information, feedback, tangible help, emotional care, etc.
Contexts	<ul style="list-style-type: none"> - General, everyday life - Daily stress, small events - Life stress, life events, crises, trauma
Directionality/perspectives	<ul style="list-style-type: none"> - Giving of support/giver/presenter perspective - Receiving of support/recipient perspective
Source of social support	<ul style="list-style-type: none"> - Type of relationship: spouse, family, relatives, friend, co-worker, etc.
Observer/rater perspective	<ul style="list-style-type: none"> - Giver of support - Recipient of support - Independent observer/rater, third party, outsider
Measurement criteria	<ul style="list-style-type: none"> - Self-report/self-perception - Observation/evaluation of interactions and behaviour

Table 1: Dimensions of social support (from Laireiter, 2009a, p. 87)

An important but still open question deals with the **dimensions** or the **types of support**. Not every social interaction is supportive in its nature (Veiel & Ihle, 1993). Research has generated a lot of taxonomies (for a review, see Laireiter, 1993), but unity could not be reached until now. Some of the systems are pragmatic (e.g., Barrera, 1981), some are theoretically founded (e.g., Weiss,

1974) and only a few have an empirical basis (e.g., Cohen & Hoberman, 1983; Vaux, 1992).

The only unity reached is structural, and conceptualises social support as a hierarchical construct that consists of a "**general factor**" at its top, **two global dimensions** at the second level and a lot of **modes of support** at the third one, each of which contains specific **supportive behaviours or perceptions** at the bottom of this conception. The two second-level dimensions usually are denoted as "psychological" or "intangible" and "instrumental" or "tangible" (for more details, see Laireiter, 1993; Vaux, 1992).

In an early paper, the author reviewed the most important taxonomies at the mode level and created a sort of "meta-taxonomy" (Laireiter, 1993) identifying five modes for each dimension:

- **Psychological support:** belonging and security, emotional support, cognitive support/clarification, self-esteem support and companionship/contact
- **Instrumental support:** information and advice, financial support/advancing money, active aid/help with work, borrowing goods and making interventions and vicarious coping.

Not yet satisfyingly conceptualised is the lowest level of the hierarchy. For example, it is not yet clear which specific actions constitute cognitive support, which are defined as the provision of orientation in difficult situations and as offering appraisals to come forward with difficult problem- or stress-related perceptions, and how this kind of support is to be differentiated from related modes such as information or advice. Similar problems are found with emotional and self-esteem support as well as with belonging and companionship/contact, which—related to each other—overlap in their contents.

Presumably these problems are responsible for the repeated failure to replicate content-related taxonomies at this level (for examples, see Procidano & Heller, 1984; Vaux, Riedel & Stewart, 1987). Another reason is that social support is not equally distributed over its sources. Just a few persons, especially the closest ones (family members, close friends), are responsible for most of the support people get, while others, more distant ones (e.g., colleagues, neighbours), are very specific in their supportive functions (Cowen, 1982; Laireiter, 2009b; Röhrle, 1994). Content- and source-related criteria of social support regularly interfere with empirical studies and source-related taxonomies (e.g., family vs. spouse or friend support) are much more easily replicated than content-related ones (e.g., Cutrona & Russell, 1990; Procidano & Heller, 1984; Vaux, 1992). As a consequence, some authors guess social support to be organised less in

specific modes but more around its sources (e.g., Zimet, Dahlem, Zimet & Farley, 1988).

An additional problem is that most systems do not account for the contexts of support. There are some arguments for assuming that everyday or general support has to be differentiated from crisis- or stress-related support. In some studies it was found that psychological modes are more important for severe life stress and crises, whereas instrumental support seems to be more important for coping with daily hassles (Hamming, 2005; Laireiter, 1993, 2010). On the basis of a literature review, Laireiter (1993) found the following *psychological modes* to be important for coping with severe life stress:

- **Presence and reliance:** e.g., just being there, being a reliable reliance
- **Loyal sympathy:** e.g., expression of understanding, empathy and solidarity
- **Self-esteem support:** e.g., bolstering one's self esteem, giving appreciation, positive evaluation, etc.
- **Emotional support:** e.g., fostering the ventilation of emotions, speaking about the experience, communicating understanding
- **Cognitive support:** e.g., facilitating insights, giving help in analysing the context and backgrounds, helping to understand the problem, giving explanations
- **Distraction and distancing:** e.g., offering new experiences, distancing by common activities, enabling new and positive experiences, cheering up, etc.

Related to *instrumental support*, two modes were found to be important:

- **Information and advice:** e.g., guidance, giving suggestions, etc.
- **Practical help:** e.g., taking over obligations and responsibilities, helping with work, partial fulfilment of the other's role obligations, etc.

4. FUNCTIONS AND OUTCOMES OF SOCIAL SUPPORT

Although social support is closely related to different psychological variables, such as social competence, personality, self-esteem or emotional intelligence (see e.g., Röhrle, 1994), the concept most intensively investigated has been in the context of life stress. Starting these efforts, Cobb (1976) assumed that the primary objective of social support is to protect the individual against the negative consequences of stressful life events. This function he called "**protective buffering**". Taking over these considerations, Cassel (1976) suggested that social support works as a **social immune system** (like T-cells) that immunises the individual against negative impacts of social stress.

Following the formulation of this hypothesis (best known as the "**buffering hypothesis of social support**"), a lot of studies were conducted, leading, however, to contradictory results (Shoemaker & Brownell, 1984). Some of them found confirmation, whereas others failed. Additionally, some did not find buffering, but found rather main or direct effects on the health-related variables (bringing the "**main effect hypothesis of social support**" into discussion; cf. Shoemaker & Brownell, 1984). Cohen and Syme (1985) were the first to establish order in the findings: They found that social support—depending on its measurement—regularly leads to buffering as well as direct effects.

Direct effects - or in the language of ANOVA "main effects" - were found when structural or resource facets of the construct were measured, such as the social embeddedness, the number of supporters, the number of available close relationships, family or social integration, etc., and when general or compound measures were applied (for related findings, see also Barrera, 1986; Schwarzer & Leppin, 1989). **Buffering effects** were found for two kinds of measures: those that recorded the perceived availability of specific social support (specifically emotional-, cognitive- and self-esteem-related facets) and those that measured the perceived availability of support from close relationships (spouse, close friends, children) and the positive quality of those relationships (see also Laireiter, 2010).

Measures on enacted social support and supportive behaviours did not result in findings that were interpretable in terms of the main or buffering hypotheses. Most often they were found to be positively correlated with measures of stress and psychological symptoms (depression, anxiety, etc.) and negatively with those of health and well-being. Barrera (1986) and Cohen and Syme (1985) concluded that measures of support behaviours rather reflect the process of help seeking and help giving and do not indicate the effects and outcomes of support interventions. However, this conclusion must be made with caution because most of the measures used in early studies were rather general and unrelated to the process of coping with stressful events. In addition, more recent studies found evidence that can be interpreted thoroughly in terms of buffering (Laireiter, 2010). In these cases, received or provided social support was measured very specifically related to the stress and coping process (see, for example, Laireiter, Fuchs & Pichler, 2004; Laireiter & Nalic, 2010).

Taking stock of the studies on the main and buffering hypotheses, the following conclusions seem reliable (see also Barrera, 1986; Cohen, 1992, 2004; Cohen & Wills, 1985; Schwarzer & Leppin, 1989; Shoemaker & Brownell, 1984):

- Social support results more easily in main or direct effects on health-related variables than in buffering effects because a broader range of support variables is related to main effects than to buffering effects.

- To result in a buffering effect, the support measure has to be closely related to the stress and health variables in a form that matches with the stress and the outcome variables (Cohen & McKay, 1984; Cutrona & Russell, 1990).
- In addition, buffering effects are found very often for measures representing the perceived availability of—most often—psychological facets of support, the perceived availability of this kind of support from significant others and for the positive (and supportive) quality of the relationship with the supporting person.
- Concerning received social support, the evidence suggests that buffering effects are most likely to be observed if support comes from closely related people or from people experienced in dealing with the stress measured, and if it is closely related to the needs and coping efforts of the individual (Laireiter, 2010).
- More general measures and those not related to the stress and coping process obviously reflect the help-seeking and help-giving process going on during phases of stress.

Another important result—of interest for the present book—is that social support was found to have not only positive short-term effects on mood and well-being, but also positive middle- and long-term effects on more serious health-related variables such as mental health, mental disorders and somatic illness, physical complaints and mortality (for overviews, see Cohen & Syme, 1985; Sarason & Duck, 2001). In this regard, it was found in cross sectional as well as in prospective studies that being integrated into stable and well functioning spousal and family relationships and in a group of friends, and perceiving social support as available was positively related to better health status, fewer physical complaints, better cardiovascular functioning and higher self-esteem and better physical and psychological well-being (Sarason, Sarason & Gurung, 2001). In addition, the age-corrected mortality rates of these well integrated and supported people were significantly reduced (Schwarzer & Leppin, 1992).

Other studies (summarised e.g., by Henderson, 1992; Monroe & Johnson, 1992) found (cross sectionally as well as prospectively) that these well supported and well integrated people were less often depressed and more seldom complained of anxiety and anxiety disorders, eating problems and other stress-related symptoms such as burn-out or fatigue (see also Hooley & Hiller, 2001).

Additionally, it was observed that being well integrated into family and social groups, having a lot of friends and perceiving available support also had positive effects on the immediate and long-term outcome of psychotherapy and other health-related interventions such as smoking cessation, change of eating habits and fitness programs (see Röhrle & Laireiter, 2009; Röhrle & Strouse, 2009; for overviews). Helgeson and Gottlieb (2000) and Hogan et al. (2002) found in their

reviews on support interventions that naturally occurring social support had a positive effect on the outcome of institutionally administered social support, such as "friendly visitors" or support interventions during stressful life events.

In its positive and protective function, social support does not work as a single variable but rather in "cooperation" with other resource variables, such as self-esteem, positive affectivity, social competence, emotional stability, optimism, secure attachment, self-efficacy, etc. (Röhrle, 1994). In his conservation of resources theory, Hobfoll (e.g., Hobfoll & Buchwald, 2004; Hobfoll, Lilly & Jackson, 1992) assumes a transactional relationship between social support and other resource variables enhancing and sustaining each other, thus creating and maintaining a positive resource spiral.

Summarising, social support is not just a variable for immediately regulating mood and emotions and coping with life stress, it has also long-standing and cumulative effects on a lot of variables representing psychological and physical health and thus works as an agent in the aetiology and course of mental disorders and physical diseases (see for a related conclusion Schwarzer & Leppin, 1989, 1992; Uchino, 2004; Uchino, Cacioppo & Kiecolt-Glaser, 1996). In addition, it is an important variable in moderating positive outcomes of psychosocial treatments such as psychotherapy and support interventions, and it acts in concert with other social and psychological resources in maintaining the resource spiral of an individual at a high level.

5. POSITIVE VS. NEGATIVE SOCIAL SUPPORT

Research has made obvious that social support does not have only positive outcomes. Sometimes no effects or even negative effects have been found, such as an enhancement in depressive mood, anxiety or distress (see e.g., Rook, 1984; Rook & Pietromonaco, 1987, for early reviews of this literature; Rook, Sorkin & Zettel, 2004; Laireiter, 2010, for more recent ones). An in-depth inspection of these studies by Laireiter and Lettner (1993; see also Lettner, 1994) led to the conclusion that different factors are responsible for these findings: 1., negative outcomes of social support most often were found for received or applied social support, less often for measures of supportive resources or perceived support. 2., negative outcomes regularly were associated with a lack of available or received support as well as with measures containing items of too intensive concerns of the supporter, such as overprotection or over-engagement, too intensive worries and feeling distressed by the distress of the recipient. 3., negative outcomes were notably associated with negative interactions between support provider and recipient during or following the stressful experience, such as disappointing support expectations, giving superficial, ambivalent and phrase-like support, or criticising, devaluating or aggressively treating the help-seeking person. 4.,

negative outcomes of supportive interactions regularly were found when the relationship between the giver and the recipient of support was ambivalent, hostile or superficial, resulting in feelings of shame, guilt or self-devaluation (see also Rook, 1992, Rook et al., 2004).

Starting from this evidence, the author developed a questionnaire measuring negative modes of social support (denoted here as "negative social support") in the context of stressful experiences, and presented it to people having experienced stressful minor or major events and traumatic stress (e.g., traffic accidents, surviving the suicide of a close relative, sudden death of a child, etc.) (Laireiter, 2010; Laireiter, Fuchs & Pichler, 2007). The following findings are relevant here:

- Applying principal components analysis, Laireiter et al. (2007) and Laireiter (2010) found five factors of negative social support with high internal consistencies and adequate construct validity:
 - **Non-support** ($\alpha = .79$): supporter or support not available; no support received, etc.
 - **Disappointing/dismissing** ($\alpha = .86$): disappointing support needs, superficial support, phrase-like support, dismissing support, etc.
 - **Over-involvement** (of the supporter) ($\alpha = .70$): intensive worry, excessive concerns, obtruding support, unhelpful pity, etc.
 - **Criticism/devaluation** ($\alpha = .92$): reproaches, blaming, criticism, devaluation, etc.
 - **Discrimination/hostility** ($\alpha = .90$): hostile actions, leaving alone, negative behaviour, segregation, etc.
- Non-support and negative support had a small prevalence in the context of life stress, much smaller than positive social support.
- Different modes of negative support had different prevalence rates: non-support, over-involvement and dismissing were experienced more often than criticism/devaluation and discrimination/hostility.
- Although non-supportive and negative interactions did not happen very often, both nevertheless showed pronounced effects on the health and well-being of the individual, especially on negative emotions such as anxiety and depression.
- Positive social support was more closely related to positive outcomes (mood enhancement, optimism, gladness, etc.) and negative support more to negative outcomes (anxiety, distress, etc.) (A finding also reported by Rook, 1992).
- Positive social support was found to buffer effects of negative and non-support (Laireiter, Fuchs & Pichler, 2004).

6. HELPFUL VS. LESS HELPFUL SOCIAL SUPPORT

Differing between positive and negative facets of social support creates suggestions for another very important point: the differentiation between more and less helpful modes of social support (Bolger, Zuckerman & Kessler, 2000; Cohen & MacKay, 1984; Cutrona & Russell, 1990). Studies in this field have made clear that there is just a narrow border between more and less helpful supportive interactions, especially under conditions of stress and environmental burdens (Bertera, 2005; Cohen & McKay, 1984; Coyne, Wortman & Lehman, 1988; Cranford, 2004; Cutrona, 1996). Additionally, it was found that several factors influence perceived helpfulness of available and received social support (Cutrona & Russell, 1990; Schuster, Kessler & Asseltine, 1990).

Cohen, together with McKay (1984) and Wills (1985), was one of the first to find evidence for differential outcomes of perceived availability and receipt of social support in the context of stressful life events. In their well known "**stress-support-specificity hypothesis**", Cohen and McKay (1984) argue that available or received social support results only in buffering effects if the coping and emotional needs of the sufferers of stressful life conditions are met. Because most life stress triggers emotional needs, needs for coping and problem solving and for stabilising one's self-esteem, the authors hypothesised buffering effects for emotional-, cognitive- and self-esteem-related modes of social support.

In their review, Cohen and Wills (1985) found some evidence for this hypothesis related to available, but not to received, social support. Further reviews from others supported their findings (e.g., Schwarzer & Leppin, 1989; Wolf, 1998).

Inspecting the studies that Cohen and Syme (1985) as well as Schwarzer and Leppin (1989) had presented as evidence for the stress-support-specificity hypothesis, using more rigour, Laireiter and Baumann (1992) discovered a confounding of the availability of cognitive, emotional and self-esteem support measures by two factors: the closeness of the supporter and the quality of the relationship between supporter and recipient. Most of the supporters in these studies were closely related to the recipients (e.g., spouse, close relative, close friend, etc.) and in some studies, buffering effects were found for indicators of the (positive) quality of the relationship.

Although these considerations were never subjected to empirical testing, studies from other backgrounds found evidence for both interpretations (specificity hypothesis, close relationships hypothesis): Qualitative interview and questionnaire studies on helpful social support found that people feeling intensively distressed most appreciated psychological support (much more than instrumental or informational modes), such as just being there, holding the

person's hand, helping the person to ventilate their feelings, understanding what had happened, enforcing the person's self-esteem, etc. (e.g., Coyne et al., 1988; Dakoff & Taylor, 1990; Laireiter, Baumann, Perkonigg & Himmelbauer, 1997; Lehman, Ellard & Wortman, 1986; Schuster et al., 1990).

In addition, however, Dakoff and Taylor (1990) and some other authors (see for an overview Cutrona & Russell, 1990; Thoits, 1995) found that people under stress have a preference for closeness and support from closely related people such as their spouse, close friends or close family members. In addition, Thoits found that people who had experienced the same stressor and had coped with it successfully are also of great help for distressed people.

In an additional review of the literature, Cutrona and Russell (1990) recognised that the importance of the support mode as well as of the kind of supporter in the stress-coping-process depends on the kind and source of the stressful event, the perceived cause of it and its controllability ("**theory of optimal matching**"). Emotional-, cognitive- and esteem-related support from close individuals are more important in severe and (subjectively) uncontrollable and unpredictable events, whereas smaller events, daily hassles and controllable and predictable events result in the need for instrumental support from individuals who can offer this kind of support, such as supervisors or co-workers for work-related stress (see also Hamming, 2005; Laireiter et al., 1997).

Related to the perceived cause of an event, Russell and Cutrona found that if a stressful event is attributed to internal causes (e.g., because of failure or having caused a traffic accident by inattention), because of self-esteem protection, social support is sought primarily from close and confidential persons such as one's spouse or close friends. If the event, however, is perceived as caused by external reasons (other persons, by chance, etc.) self-esteem protection is not important and social support can be mobilised also from less close individuals.

There is another line of research that is worth discussing here. Bolger and his co-workers (e.g., Bolger & Amarel, 2007; Bolger et al., 2000; Gleason, Iida, Bolger & ShROUT, 2003; Gleason, Iida, ShROUT & Bolger, 2008) explored in a series of studies how behavioural support should be applied so that it will result in positive outcomes on self-esteem and perceived distress. The following results are worth being presented here¹⁶:

In two diary studies that spanned 30 days each, Bolger et al. (2000), and in two experimental studies, Bolger and Amarel (Bolger & Amarel, 2007, studies 1 and 2) found that emotional support (emotional and practical in the experimental studies), which was provided by the spouse or a confederate in a way that was

¹⁶ The author wants to express his thanks to Carolyn Cutrona for directing him to these studies.

not overtly perceivable ("**invisible social support**") relieved distress during the stressful period (final exam; waiting for an exam) much more than support the recipient was aware of having received ("**visible social support**"), which even resulted in greater distress (anxiety, depression).

In an additional study, however (Bolger & Amarel, 2007, study 3), this finding had to be supplemented because the authors found that not only visibility vs. invisibility per se was the relevant factor, but **implied efficacy vs. inefficacy**, which was communicated in the supportive interaction, was also important. If the support messages of the provider indirectly communicated "implied inefficacy" to the recipient (i.e., were devaluating), the outcomes were negative, much more than if no support had been given, whereas communicated "implied efficacy" resulted in very positive results in the sense of positive well-being and high self-esteem.

In addition, it was found that implied inefficacy related to the support provider (self-related implied inefficacy of the provider) also resulted in positive outcomes in the recipient. Using social comparison theory, the authors explained this result as a consequence of a "downward comparison" the recipient made after the message: "No, I don't think that my fellow student will need help, *but I do*".

In an additional study, Gleason, Iida, Bolger and Shrout (2003) found that social support resulted in a reduction of distress only if it was not unilateral but mutual, meaning that both participants gave as well as received social support in the stressful situation, a result also found by Gmelch and Bodenmann (2007) in their study on dyadic coping in couples. If couples in times of stress showed mutual dyadic coping (helped each other), they experienced less distress than those who coped alone or got support or vicarious coping responses from their spouses.

These and other studies (e.g., by Seidman, Shrout & Bolger, 2006; overview: Raffaeli & Gleason, 2009) support the notion that receiving social support is always associated with the risk of undermining the recipient's self-esteem and autonomy and of challenging his/her sense of competence. This risk most often is not intended directly but very often is communicated indirectly by uncontrolled facial, prosodic or verbal expressions (Raffaeli & Gleason, 2009). Reviewing the literature on this so called "**esteem threat hypothesis**" of enacted social support, Raffaeli and Gleason (2009) found that three factors are important for esteem enhancement and stress buffering of social support: 1., the recipient must be given the chance to reciprocate support (and thus to restore some of the agency he/she lost as a recipient), 2., the roles of supporter and recipient should not be fixed, and 3., support has to be provided in a skilful manner, that is, in a self-esteem enhancing way, communicating autonomy, activating resources, enabling reciprocity and equal exchange and thus letting

support appear invisible. It should never be condescending, phrase-like, implying incompetence or devaluing the recipient.

Summarising, it can be concluded that a lot of factors moderate the resourceful power of social support in the context of stress: 1., a minimal matching between the needs triggered by the stressor and the support provided should exist. 2., a positive quality of the relationship as well as closeness between provider and recipient seems necessary. 3., the way support is provided seems to be critical: Only support that is provided skillfully and does not draw attention to the "helper" and "help-recipient" roles results in positive outcomes, as well as support that does not imply incompetence for the recipient and does not draw attention to the stressed person's distress. Social support is most beneficial if it is reciprocal and the recipient also has the chance to discharge his/her debt. At least providing and receiving social support can improve the quality and the closeness of a relationship and thus enhance the additional personal and social resources of both the provider and recipient of it (Cutrona et al., 2005).

7. MODELS OF SOCIAL SUPPORT

There are a lot of ideas about how to substantiate the concept of social support theoretically. Most of them are related to "perceived social support" and reformulate it either as a component of cognitive appraisal processes (Vaux, 1992), as a personality variable related to cognitive schemas (Lakey & Cassady, 1990; Pearce et al., 1997) or as a component of attachment-related cognitive representations (Sarason et al., 1990). Of special relevance for the present paper is the integration of the concept into models of stress and coping resting upon the transactional model of psychological stress by Lazarus and Folkman (1984). The most important of these models was developed by Cohen (1992).

In this model, social support is integrated at four levels into the stress-coping process and operates by positive as well as negative pathways (see for a related view Perrez, Laireiter & Baumann, 2005).

In the first **positive pathway**, social support (defined in concepts of network resources, e.g., as social integration, being a member of a friendship network, family integration, etc.) acts as a "**social shield**" by either helping the person to avoid stressful events or by influencing factors that affect their severity, e.g., their predictability, their duration or their controllability. Second, it acts as a "**cognitive shield**" (Perrez et al., 2005) because interpersonal relationships as well as perceived availability of support can moderate the primary appraisal process into a higher probability of appraising events as either neutral or positive or as less threatening and harmful and more challenging (Thoits, 1995).

At the next level, perceived availability of social support, as a component of the secondary appraisal process, operates as a "**perceived coping resource**" (Vaux, 1992), which leads the individual to believe that he or she will be able to cope with the stress well, and thus triggers positive re-appraisals relatively early in the stress process and leads to less intensive reactions of distress and negative mood.

Fourth, supportive behaviours act at the level of the coping process either as **coping support** or **coping assistance** (Thoits, 1986) in dyadic or social coping processes (Barbee, 1990; Bodenmann, 2000). According to Bodenmann, several ways of coping assistance can be differentiated: 1. supportive individual coping efforts, 2. mutual/reciprocal coping, 3. vicarious and 4. delegated coping. Supplementing Bodenmann Laireiter (2010) and Perrez et al. (2005) argue that supportive interventions have five additional ways to act as coping assistances: by **cheering up** the mood of the individual (Barbee, 1990) directly, by ventilating and thus **regulating emotions**, by helping the person to **maintain self-esteem** and morale by actively helping the person to **endure the situation** and the emotions by just being there, and by **fulfilling obligations** that the aggrieved person is not able to fulfill (Lehman et al., 1986).

Perrez et al. (2005) added an additional (fifth) pathway to Cohen's model, one that directly affects emotions and mood by gratifying social or coping needs. This function best becomes evident when a person lacks support or does not receive expected support, resulting in disappointment and frustration (Harris, 1992).

The **negative pathway** contains the same functions as the positive one. However, it is related to negative facets of social relationships and social interactions as well as to unskilled provisions of social support outlined in the previous sections. Lack of or negative personal relationships as well as negative support (see section 5 of this paper) can trigger or foster stressful events; nevertheless, both are stressful in themselves resulting in an enhancement of stressful experiences. They also can affect primary and/or secondary appraisals (and reappraisals) and the coping process, resulting in negative emotions and mood and negative coping with stress. Last but not least, by not fulfilling social and coping needs, they affect emotions and mood directly in negative ways. In every case, the consequences of these negative transactions are negative outcomes of the stress process and a probable increase of the risk to develop mental disorders and somatic complaints (Perrez et al., 2005).

8. INSTITUTIONALLY PROVIDED SOCIAL SUPPORT - SOCIAL SUPPORT INTERVENTIONS

Because social support in its naturally occurring form is of central importance for refugees and asylum seekers (Berry, 2002; Hernández-Plaza, Alonso-Morillejo & Pozo-Munoz, 2006; Renner, chapter 1 in this book), many countries have developed social programmes and services for these people, either to develop their support systems or to provide social support professionally or semi-professionally by support interventions (Gottlieb, 2000; Hernández-Plaza et al., 2006; Hogan et al., 2002; Nestmann, 2009).

As literature makes obvious, many support interventions have been developed (for overviews see Cohen, Underwood & Gottlieb, 2000; Hernández-Plaza et al., 2006; Hogan et al., 2002; Lakey & Lutz, 1996; Nestmann, 2009; Röhrle & Sommer, 1998), following different aims, settings and foci, using different methods and being focused on different outcome criteria.

- Concerning the **aims**, support interventions are geared either towards reducing psychological risks, improving mood and well-being, promoting health and offering therapy and rehabilitation, or- as in the case of the present population (refugees) - towards improving their adaptation and social integration.
- To reach these goals, interventions are arranged in different **settings** (individual, couples, families, groups or even whole networks).
- The **focus** of these interventions can be either support related by improving perceived or received support or geared towards other goals, e.g., to improve social competences (to be better able to mobilise and receive social support and to get along better in the host country), to amend coping and problem-solving skills (to be better able to cope with the stress, e.g., of the displacement and the acculturation), and to foster social knowledge and social integration (to reduce social isolation and loneliness and to enhance social adaptation and integration) (Hernández-Plaza et al., 2006).
- Different **methods** have been developed to attain these goals, either skills training (social skills, coping skills, problem solving skills, etc.), or regular psychotherapy, couple and family therapy and network interventions (e.g., network assembly, family counselling), or offering support directly (e.g., by self-help and support groups) (Helgeson & Gottlieb, 2000; Hogan et al., 2002), or by integrating one or even more helpers into one's social network (e.g., by so called "friendly visitors", cf. Eckenrode & Hamilton, 2000; Gottlieb, 2000; Lakey & Lutz, 1996; or by establishing personal mentors and sponsors, e.g., Eckenrode & Hamilton, 2000). The programme presented in this book is one of the just mentioned sponsorship programmes.
- Many of these interventions are offered by **professionals** (social workers, psychologists, therapists and nurses). Some, however, are carried out by

(more or less well trained) **lay-persons** or by people who had experienced the same or a related event (**experienced victims**), e.g., self-help groups or lay support in individual or group settings (often called "**peer support**") (Hogan et al., 2002).

- Related to the **outcome**, many support interventions are aimed at enhancing perceived and/or received social support. But they often are also related to the improvement of mental or physical health, to the prevention of risk factors or disorders and to the improvement of competences and psychological and social resources (Hogan et al., 2002; Lakey & Lutz, 1996; Röhrle & Sommer, 1998).

9. OUTCOMES OF INSTITUTIONALLY PROVIDED SOCIAL SUPPORT

To review all the studies that have been conducted to evaluate the outcomes of support interventions is beyond the scope of the present paper. Instead, the results of two papers that have reviewed the general situation (Hogan et al., 2002; Röhrle & Sommer, 1998) will be presented in the following:

The review by Röhrle and Sommer (1998) is a meta-analysis on the effectiveness of professionally provided social support in different settings, modes and methods using different outcome criteria. After a systematic literature search, the authors sampled 33 intervention studies representing controlled clinical trials including enough empirical data to calculate effect sizes. 21 comparisons contrasted support interventions with waiting list or untreated control groups and 23 with alternative active treatments such as stress management or coping skills training.

Related to the comparison between support and untreated control conditions, a mean effect size of $d = 0.71$ (range: - 0.50 – 5.20) was found for the support interventions at the end of treatment. At follow up (at least three months after end of treatment), the effect sizes diminished ($d = 0.32$; range: - 0.59 – 0.70). Compared to alternative interventions, the effect sizes of support interventions were much smaller ($d = 0.09$; range: - 0.6 – 1.4) and remained low during the follow up interval ($d = 0.11$; range: - 0.11 – 0.33).

All effect sizes were heterogeneous and a lot of variables were found to moderate them. Compared to control groups (at the end of intervention and most often also at follow up), the following moderators were important: 1. gender (women benefited more than men), 2. age (children and adolescents profited less), 3. duration of intervention (interventions of more than six months duration resulted in higher effects), 4. getting information on the importance of social support, 5. getting trained in competences to activate network resources, 6. participating in support groups, 7. getting trained in interpersonal competences,

8. being either a client (i.e., having psychological or somatic symptoms), a risk-person (having experienced stressful encounters such as divorce, loss or immigration) or being a family member of the target, and 9. the kind of outcome variable (measures representing emotions such as anxiety, depression or distress and behaviour, such as making use of support or network members, were associated with larger effect sizes than personality, network and symptom variables). Due to methodological reasons (too small a number of individual interventions), no comparison between individual and group settings could be made.

The second general review (Hogan et al., 2002) summarised all published work on interventions related to the improvement of social support by either directly providing support or by developing or improving social or interpersonal skills to make people more competent in improving their support systems or in perceiving them as more adequate. In doing so, diverse populations, interventions and outcome measures as well as studies without systematic controlled trials or even systematic pre-post and/or follow up measurements were included. Thus, a greater sample of studies than in Röhrle and Sommer's work was gathered (100 studies). Because of the great heterogeneity in all variables and because a lot of studies did not systematically report outcomes, the results were presented in a written form using the "box-score" methodology for analysis (for details, see Hogan et al., 2002). In summary, the following results were found: "Of the 100 studies reviewed, 39 reported that supportive interventions were superior to no-treatment or standard care controls, 12 reported that interventions were superior or equivalent to alternate (also successful) treatments, 22 suggested partial benefits of support interventions, 17 suggested no benefit, and in two studies treated participants got worse. In eight studies, there were no controls that allowed comparison. In sum, 73/92 (or 83%) of the studies reported at least some benefits of support interventions relative to either no-treatment or active controls" (Hogan et al., 2002, p. 424).

Looking at the details, support provided by friends and/or family members and by peers was found to be as beneficial as that offered by trained professional helpers, but was more beneficial than support provided by less close people. Social support skills training—that is, training people in interpersonal skills and in skills related to the activation and perception of social support—proved to be very effective. This finding held across both individual and group interventions and for peer and professionally applied interventions. In addition, it was observed that interventions that emphasised reciprocal support, were more effective compared to those concentrating just on giving support to the "client".

Summarising the results, it can be concluded that support interventions obviously are more successful compared to no intervention or care or treatment as usual. Compared to other active treatments, such as psychotherapy, they

result in comparable effects. Additionally, effects seem to remain stable for at least a period of three months. The effects seem to depend on a lot of conditions: Generally, training in social competences—especially in interpersonal and social-support competences—seems to be very promising, as well as do interventions that help to activate personal social networks or change one's perception of his/her social relationships.

The effectiveness of interventions targeted directly at providing support seems to depend on the relationship between provider and recipient, favouring closely related people and professionals compared to more distant ones. The interventions seem to be helpful and promising if reciprocal support is targeted and the outcome variables are either support related or deal with distress, mood and (negative) emotions. Women usually tend to benefit more from support interventions than men, as well as do adults and older people compared to children and adolescents. These results were found in individual as well as in group interventions and seem to be equally valid for peer- as well as professionally conducted interventions. In addition, it was found that interventions tailored specifically to the target population were more effective than general ones.

Related to the aims of the present book, no methodologically sound study has tested the effectiveness of support interventions in refugees and asylum seekers up to now. Thus, this is still an open question.

Although the authors cited agree in their conclusions that social support interventions are promising and the effect sizes are as high as in other psychological interventions (Linden et al., 2009), they caution against drawing premature conclusions and simplifying interpretations, mostly because of rather serious methodological and conceptual problems in most of the studies (for a detailed discussion, see Hogan et al., 2002; Linden et al., 2009; Röhrle & Sommer, 1998; see also Gottlieb, 2000; Helgeson & Gottlieb, 2000). Researchers often did not specify their interventions exactly or used multicomponent interventions that did not allow clear-cut conclusions about the effects of their single components. Very often, as Hogan et al. criticise, authors failed to consider what kind of support was the target of the intervention or what kind of competence was trained. In addition, the dependent variable—in support interventions, most often perceived or received support—very often was not measured. Thus, the hypothesised improvement of (perceived or received) support by the intervention could not be estimated. As Hogan et al. point out, some studies have applied very brief and often rather global measures of social support, whose psychometric properties are either weak or very often have not been tested adequately.

Extensive problems are discussed by all reviewers regarding sample size, sampling, randomisation and statistical methodology. Many studies used very small sample sizes lacking adequate considerations of statistical power. Several studies did not randomly assign subjects to the intervention conditions or limited their samples to specific gender groups (e.g., pregnant women or those with breast cancer). Some studies even did not have a comparison group. In terms of methodology, most studies relied on self-reports and did not include other data sources or observational data; several studies did not report descriptive and inferential statistics; thus, they were not eligible for meta-analysis. In half of the studies that Hogan et al. reviewed, follow-ups were not included, and if included, had a rather short length (see also Röhrle & Sommer, 1998).

10. CONCLUSIONS

It was the aim of the present paper to give an introduction to the concept of social support as a naturally occurring variable as well as to the field of social support interventions and their effectiveness. Instead of summarising the most important statements of this paper, some central implications of social support research on support interventions shall be discussed in this last section (see for similar aims Gottlieb, 2000; Heller & Rook, 2001; Hogan et al., 2002; Lakey & Lutz, 1996; Linden et al., 2009; Nestmann, 2009).

As a first general implication, support interventions should be conceptually very closely related to basic research on social support (Linden et al., 2009; Nestmann, 2009). Basic research on social support has afforded so much knowledge on its principles, functions and outcomes that support interventions can profit very much, if they are based on this knowledge (Lakey & Lutz, 1996). The following section will provide support for this statement.

Social support as a naturally occurring phenomenon is positively related to a lot of positive psychological states such as well-being, personal and social competences and mental and physical health. Support interventions should therefore, in their first stance, develop and enhance naturally occurring social support systems, their perception and the adequate working in the natural environment of an individual. In a second way, support interventions have to take into consideration that social support—as a resource variable—is highly related to other resource variables such as self-esteem, positive affectivity, etc. Following this argumentation, two types of interventions can be applied to develop social support and support systems: 1., interventions can focus on the social environment of a person to foster his/her social integration, to assemble his/her personal network, to integrate him/her into a social group or to knit contacts with other persons, to improve his/her existing social relationships or to provide him/her with social support directly (Gottlieb, 2000; Nestmann, 2009).

2., interventions can be applied to the individual him-/herself to develop his/her competences relevant to the improvement of social support, to enhance his/her self-esteem or to change his/her beliefs and schemas. Relationship-related social competence trainings seem to be the method of choice in this context. These trainings are not concerned with assertiveness and conflict resolution but with relationship-building and relationship-maintaining skills (Hogan et al., 2002). A second strategy of relevance here is the restructuring of dysfunctional beliefs about not being supported by others into positive ones by the use of cognitive therapy methods to empower the individual to perceive support in his/her environment that is present, but is not perceived due to irrational beliefs (Linden et al., 2009). At the very least, specific strategies to develop a person's self-esteem also seem to be effective in enhancing the person's support appraisals and perceptions (Potreck-Rose & Jacob, 2008).

Related to support interventions in a closer sense, much evidence has been found that the relationship between the provider and the recipient(s) is a critical variable (Heller & Rook, 2001; Lakey & Lutz, 1996): A positive and accepting relationship obviously is an important general precondition for social support being perceived as helpful (Rafaeli & Gleason, 2009). In addition, referring to the matching theory of Cutrona and Russell (1990), Lakey and Lutz (1996) emphasised that similarity between supporter and recipient is another important facet of the interpersonal components of social support. Not every individual is suitable as a supporter for a specific person: Adolescents, for example, accept support from their peers rather than from their parents, although it may be the same in its nature (Linden et al., 2009). The recipient of social support must be able to identify him- or herself with the supporter, and—in addition—he/she has to accept the supporter as a competent and helpful resource in his/her life.

This principle is of great importance in the present context because refugees and asylum-seekers find themselves as highly distressed persons in a foreign country and are surrounded by people who are not perceived as similar by themselves (Hernández-Plaza et al., 2006). Thus, they have a great need for support, especially from people who are perceived as similar to themselves (Hernández-Plaza et al., 2006). According to Cutrona und Russell (1990), relevant supporters should have encountered similar experiences, but coped with them with at least some success, and also of great importance, they have to be perceived as confidential and similar by the newly arrived refugees and asylum-seekers. Support programmes should look for such individuals because not every individual—especially inhabitants from the host country—will be a suitable supporter or mentor under this perspective.

Social support, especially when it is provided under conditions of stress and trauma, has to meet the distressed person's support and personal needs. This

seems to be a general principle of effective support (Cohen & McKay, 1984; Nestmann, 2009).

In addition, support must not be superficial, phrase-like or even devaluating. On the contrary, it has to be offered in a warm, gratifying, authentic and skilful way (Rafaeli & Gleason, 2009), at best from a person who is perceived as close to the victim and experienced in dealing with the issue. Additionally, there must be strict prevention of negative facets of social support or support-related interactions such as criticising, aggressive rejection or quizzical behaviour. Thus, support intervention programmes have to train their supporters intensively in these competences and in the prevention of non-supportive and stressful behaviours. In this context, however, not only verbal and behavioural skills have to be considered, but also non-verbal and implicit behaviour. The studies of Bolger and his co-workers (2000, 2007) have made clear that the provision of social support is a difficult art. In this process, implicit and casual expressions of e.g., implied incompetence or devaluation are very easily able to destroy all the well-intended endeavours of supportive behaviours or expressions. Enacted social support always has to protect the recipient's self-esteem and has to focus more on his/her resources instead of his/her deficits.

Social support should be discreetly offered; at best it should be invisible (Bolger et al., 2000). This means that the application of support should not be grandiose or demonstrative and should prevent fixing roles or even a hierarchy (e.g., here is the "good" supporter and there is the poor help seeker) (Cutrona et al., 2005).

A closely-related and integral additional principle is equity: Helpful and esteem-fostering social support is always reciprocal and mutual in its nature (Bolger & Amarel, 2007; Gleason et al., 2003; Rafaeli & Gleason, 2009). Support interventions, therefore, must offer the opportunity for the recipient to reciprocate his/her received support, and thus, should facilitate mutual support between the "provider" and "recipient" (Lahey & Lutz, 1996). This competence also must be trained in support intervention programmes because it can be guessed that most people are not aware of this principle.

A further principle of helpful support enactment is that of voluntariness and protection of autonomy. Several studies (e.g., Laireiter & Lettner, 1993; Laireiter et al., 2007) have demonstrated that social support that is perceived as obtrusive and restricting by the recipient, as well as social support that is accompanied by overprotective attitudes and bearings, will not be perceived as helpful and effective. On the contrary, this kind of support was positively related to distress and anxiety and often it was followed by negative mood, depressive symptoms and anger towards the caregiver (see also Dakof & Taylor, 1990; Lehman & Hemphill, 1990; Ruehlman & Karoly, 1991). Helpful and effective social support is a voluntary act of the provider, and additionally must be

voluntarily accepted by the recipient. Every obligation and constraint to provide or to accept social support is a risk for negative outcomes or side-effects (Rafaeli & Gleason, 2009).

In addition, social support must not constrict the freedom of action of the recipient (Rook, 1992). On the contrary, it should foster autonomy and self-control as well as the competence of the recipient to cope with a problem or to solve his/her problems by him/herself (Gleason et al., 2008; Rafaeli & Gleason, 2009). Thus, the general principle of self-management therapy (Kanfer, Reinecker & Schmelzer, 2000) seems to be valid for informal help and social support too.

As a last point (which was not intensively discussed in the antecedent chapters), the dependency of outcomes of support interventions from personal features of the provider and the recipient of social support should be mentioned here. It was found that women are more likely to accept social support; women are also the most important sources of support, especially to their husbands and children, but also to their elderly parents (Laireiter, 2009b). In addition, some studies found that support provided by women resulted in greater benefits than support provided by men (Hogan et al., 2002). According to Hogan, this finding raises the question of whether support interventions should utilise females as the primary source of support interventions.

In addition, providers' as well as recipients' personality characteristics can influence outcomes. Röhrle (1994), for example, in reviewing the literature found that persons low in positive network orientation, who were either not used to accepting support or were mistrusting and dismissing of support from others, did not profit well from support provisions, as were people high in trait hostility and trait mistrust and low in extraversion. Although there is no direct evidence for this consideration, one may assume that people high in trait hostility and mistrust will not be the best providers of social support either. Support intervention programmes should therefore select their supporters as well as their clients carefully, especially according to their ability and willingness to provide and to accept social support.

11. REFERENCES

- Barbee, A.P. (1990). Interactive coping: The cheering-up process in close relationships. In S. Duck & R. Cohen Silver (Eds.), *Personal relationships and social support* (pp. 56-65). Newbury Park: Sage.
- Barker, C. & Pistrang, N. (2002). Psychotherapy and social support: Integrating research on psychological helping. *Clinical Psychology Review*, 22, 361-379.

- Barrera, M. jr. (1981). Social support in adjustment of pregnant adolescents: Assessment issues. In B. Gottlieb (Ed.), *Social support and social networks* (pp. 69-96). Beverly Hills: Sage.
- Barrera, M.jr. (1986). Distinctions between support concepts, measures, and models. *American Journal of Community Psychology, 14*, 413-445.
- Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista & G. Marín (Eds.), *Acculturation. Advances in theory, measurement, and applied research* (pp. 17 – 37). Washington, DC: APA.
- Bertera, E.M. (2005). Mental health in U.S. adults: The role of positive social support and social negativity in personal relationships. *Journal of Social and Personal Relationships, 22*, 33-48.
- Bodenmann, G. (2000). *Stress und Coping bei Paaren*. [Stress and coping in couples] Göttingen: Hogrefe.
- Bolger, N., & Amarel, D. (2007). Effects of support visibility on adjustment to stress: Experimental evidence. *Journal of Personality and Social Psychology, 92*, 458-475.
- Bolger, N. Zuckerman, A. & Kessler, R.C. (2000). Invisible support and adjustment to stress. *Journal of Personalaty and Social Psychology, 79*, 953-961.
- Bretherton, I. & Munholland, K.A. (2008). Internal working models in attachment relationships: Elaborating a centraj construct in attachment theory. In J. Cassidy & p.R. Shaver (Eds.), *Handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 102-127). New York: Guilford Press.
- Caplan, G. (1974). *Support systems and community mental health*. New York: Behavioral Publications.
- Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology, 102*, 107-123.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*, 300-314.
- Cohen, S. (1992). Stress, social support and disorder. In H.O.F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp.109-124). Washington, DC: Hemisphere.
- Cohen S. (2004). Social relationships and health. *American Psychologist, 59*, 676 - 684.
- Cohen, S. & Hoberman, H.M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology, 13*, 99-125.
- Cohen, S. & McKay, G. (1984). Social support, stress and the buffering hypothesis: A theoretical analysis. In A. Baum, J.E. Singer & S.E. Taylor (Eds.), *Handbook of psychology and health* (Vol.4) (pp. 253-267). Hillsdale, NJ: Lawrence Erlbaum.

Chapter 2: Social Support

- Cohen, S. & Syme, S.L. (Eds.). (1985). *Social support and health*. Orlando: Academic Press.
- Cohen, S., Underwood, L.G. & Gottlieb, B.H. (Eds.). (2000). *Social support measurement and intervention. A guide for health and social scientists*. Oxford: Oxford University Press.
- Cohen, S. & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*, 310-357.
- Collins, N.C., & Feeney, B.C. (2004). Working models of attachment shape perceptions of social support: Evidence from experimental and observational studies. *Journal of Personality and Social Psychology*, *87*, 363-383.
- Coyne, J.C., Wortman, C.B. & Lehman, D.R. (1988). The other side of support: Emotional overinvolvement and miscarried helping. In B.H. Gottlieb (Ed.), *Marshalling social support* (pp. 305-330). Beverly Hills, CA: Sage.
- Cowen, E. (1982). Help is where you find it: Four informal helping groups. *American Psychologist*, *37*, 385-295.
- Cranford, J.A. (2004). Stress-buffering or stress-exacerbation? Social support and social undermining as moderators of the relationship between perceived stress and depressive symptoms among married people. *Personal Relationships*, *11* (1), 23-40.
- Cutrona, C.E. (1996). *Social support in couples: Marriage as a resource in times of stress*. Thousand Oaks, CA: Sage.
- Cutrona, C.E & Russell, D.W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B.R. Sarason, I.G. Sarason & G.R. Pierce (Eds.), *Social support: An interactional view* (pp. 319-366). New York: John Wiley.
- Cutrona, C. E., Russell, D. W., & Gardner, K. A. (2005). The relationship enhancement model of social support. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 73-95). Washington, D.C.: American Psychological Association.
- Dakoff, G. A., & Taylor, S. E. (1990). Victims' perceptions of social support: What is helpful from whom? *Journal of Personality and Social Psychology*, *58*, 80-89.
- Dunkel-Schetter, C. & Bennett, T.L. (1990). Differentiating the cognitive and behavioral aspects of social support. In B.R.Sarason, I.G.Sarason & G.R.Pierce (Eds.), *Social support: An interactional view* (pp. 267-296). New York: John Wiley.
- Eckenrode, J., & Hamilton, S. (2000). One-to-one support interventions: Home visiting and mentoring. In S. Cohen, L.G. Underwood, & B.H. Gottlieb (Eds.), *Social support measurement and interventions: A guide to health and social scientists* (pp. 246-277). New York: Oxford University Press.
- Gleason, M.E.J., Iida, M., Bolger, N. & Shrout, P.E. (2003). Daily supportive equity in close relationships. *Personality und Social Psychology Bulletin*, *29*, 1036-1045.

Gleason, M.E.J., Iida, M., Shrout, P. E., & Bolger, N. (2008). Receiving support as a mixed blessing: Evidence for dual effects of support on psychological outcomes. *Journal of Personality and Social Psychology*, *94*, 824-838.

Gmelch, S. & Bodenmann, G. (2007). Dyadisches Coping in Selbst- und Fremdwahrnehmung als Prädiktor für Partnerschaftsqualität und Befinden. [Dyadic coping in self-report and report by the partner as predictors of the quality of partnership and well-being] *Zeitschrift für Gesundheitspsychologie*, *15*, 177-186.

Gottlieb, B.H. (2000). Selecting and planning support interventions. In S. Cohen, L.G. Underwood, & B.H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 195-220). New York: Oxford University Press.

Griffith, J. (1985). Social support providers: Who are they? Where are they met? And the relationship of network characteristics to psychological distress. *Basic and Applied Social Psychology*, *6*, 41-60.

Hamminger, M. (2005). *Die Rolle des Sozialen Netzwerks und der Sozialen Unterstützung bei der Bewältigung von Alltagsbelastungen*. [The role of social network and social support in coping with daily hassles] Diplomarbeit. Universität Salzburg.

Harris, T. O. (1992). Some reflections on the process of social support and nature of unsupportive behaviours. In H.O.F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp. 171-191). New York: Hemisphere.

Helgeson, V. S., & Gottlieb, B. H. (2000). Support groups. In S. Cohen, L.G. Underwood, & B.H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 221-245). New York: Oxford University Press.

Heller, K. & Rook, K.S. (2001). Distinguishing the theoretical functions of social ties: Implications for support interventions. In B.R. Sarason, & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 119-139). Chichester: John Wiley & Sons.

Henderson, S. (1992). Social support and depression. In H.O.F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp. 85-92). New York: Hemisphere.

Hernández-Plaza, S., Alonso-Morillejo, E. & Pozo-Munoz, C. (2006). Social support interventions in migrant populations. *British Journal of Social Work*, *36*, 1151-1169.

Hobfoll, S.E & Buchwald, P. (2004). Die Theorie der Ressourcenerhaltung und das multiaxiale Copingmodell – eine innovative Stresstheorie. [Conservation of resources theory and the multiaxial coping model – an innovative stress theory] In P. Buchwald, C. Schwarzer & S.E. Hobfoll (Hrsg.), *Stress gemeinsam bewältigen – Ressourcenmanagement und multiaxiales Coping* [Coping with stress conjointly – management of resources and multiaxial coping] (pp. 11-26). Göttingen: Hogrefe.

Hobfoll, S.E., Lilly, R.S. & Jackson, A.P. (1992). Conservation of social resources and the self. In A.O.F. Veiel & U. Baumann (Ed.), *The meaning and measurement of social support*. (pp. 125-141). Washington, DC: Hemisphere.

Hogan, B.E., Linden, W. & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review*, 22, 381-440.

Hooley, J. M., & Hiller, J. B. (2001). Family relationships and major mental disorder: Risk factors and preventive strategies. In B. Sarason & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 61-87). Chichester: John Wiley & Sons.

Ingram, K. M., Betz, N. E., Mindes, E. J., Schmitt, M. M. & Smith, N. G. (2001). Unsupportive responses from others concerning a stressful life event: Development of the unsupportive social interactions inventory. *Journal of Social and Clinical Psychology*, 20, 173-207.

Kahn, R.L. (1979). Aging and social support. In W. Riley (Ed.), *Aging from birth to death. Interdisciplinary perspectives* (pp. 77-92). Boulder, CO: Westview Press.

Kanfer, F., Reinecker, H. & Schmelzer, D. (2000). *Selbstmanagement-Therapie. Ein Leitfaden für die klinische Praxis*. [Self-management therapy. A guideline for clinical practice] Berlin: Springer.

Kaplan, B., Cassell, J. & Gore, S. (1977). Social support and health. *Medical Care*, 15, 47-57.

Laireiter, A.-R. (1993). Begriffe und Methoden der Netzwerk- und Unterstützungsforschung. [Conceptions and methods of network and support research] In A.-R. Laireiter (Hrsg.), *Soziales Netzwerk und Soziale Unterstützung: Konzepte, Methoden und Befunde* [Social network and social support: Conceptions, methods and results] (pp.15-44). Bern: Hans Huber.

Laireiter, A.-R. (2009a). Soziales Netzwerk und Soziale Unterstützung. [Social network and social support] In K. Lenz & F. Nestmann (Hrsg.), *Handbuch Persönliche Beziehungen* [Handbook on personal relationships] (pp. 75-101). Weinheim: Juventa.

Laireiter, A.-R. (2009b). Zur funktionalen Äquivalenz von Sozialer Unterstützung und Psychotherapie. [On functional equivalence of social support and psychotherapy] In B. Röhrle & A.-R. Laireiter (Hrsg.), *Soziale Unterstützung und Psychotherapie* [Social support and psychotherapy] (pp. 123-189). Tübingen: dgvt-Verlag.

Laireiter, A.-R. (2010). *Psychologische Netzwerkforschung. Konzepte, Methoden und Befunde*. [Psychological network research. Conceptions, methods and results] Unveröffentl. Habilitationsschrift. Universität Salzburg.

Laireiter, A.-R. & Baumann, U. (1992). Network structures and support functions: Theoretical and empirical analyses. In H.O.F.Veiel & U.Baumann (Eds.), *The meaning and measurement of social support* (pp.33-55). New York: Hemisphere.

Laireiter, A.-R., Baumann, U., Perkonigg, A. & Himmelbauer, S. (1997a). Social support resources in interpersonal relationships (social networks) under stressful conditions of life. Results from two pilot-studies. *European Journal of Applied Psychology*, 47, 123-128.

Laireiter, A.-R., Fuchs, M. & Pichler, M.E. (2004). *Soziale Unterstützung und Lebensereignisse: Die Rolle positiver und belastender Unterstützung*. [Social support and life-events: The role of positive and stressful social support] Referat anlässlich des 44. Kongresses

der Deutschen Gesellschaft für Psychologie. Göttingen, 30.9.2004. Abstract in: T. Rammsayer, S. Grabianowski & S. Troche (Hrsg.), *44. Kongress der Deutschen Gesellschaft für Psychologie* (S. 269). Lengerich: Pabst.

Laireiter, A.-R., Fuchs, M., & Pichler, M.-E. (2007). Negative Soziale Unterstützung bei der Bewältigung von Lebensbelastungen. Eine konzeptuelle und empirische Analyse [Negative social support in the adaptation to life stress: A conceptual and empirical analysis]. *Zeitschrift für Gesundheitspsychologie*, *15* (2), 43-56.

Laireiter, A.-R. & Lettner, K. (1993). Belastende Aspekte Sozialer Netzwerke und Sozialer Unterstützung: Ein Überblick über den Phänomenbereich und die Methodik. [Stressful facets of social networks and social support: A review of the phenomenon and assessment] In A.-R. Laireiter (Hrsg.), *Soziales Netzwerk und Soziale Unterstützung. Konzepte, Methoden und Befunde* [Social network and social support: Conceptions, methods and results] (pp. 101-115). Bern: Hans Huber.

Laireiter, A.-R. & Nalic, S. (2010). *Persönliche und soziale Ressourcen in der Auseinandersetzung mit traumatischen Kriegserfahrungen*. [Personal and social resources in coping with traumatic war experiences] Vortrag anlässlich der 9. Tagung der Österreichischen Gesellschaft für Psychologie, 10.4.2010, Salzburg.

Lakey, B., & Cassady, P. B. (1990). Cognitive processes in perceived support. *Journal of Personality and Social Psychology*, *59*, 337-343.

Lakey, B. & Lutz, C.J. (1996). Social support und preventive and therapeutic interventions. In G.R. Pierce, B.R. Sarason & I.G. Sarason (Eds.), *Handbook of social support and the family* (pp. 435-465). New York: Plenum Press.

Lazarus, R. S. & Folkman, S. (1984). *Stress, coping and appraisal*. New York: Springer.

Lehman, D.R., Ellard, J.H. & Wortman, C.B. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology*, *54*, 438-446.

Lehman, D.R. & Hemphill, K.J. (1990). Recipients' perceptions of support attempts and attributions for support attempts that fail. *Journal of Social and Personal Relationships*, *7*, 563-574.

Lettner, K. (1994). *Negative Aspekte Sozialer Netzwerke und Sozialer Unterstützung*. [Stressful facets of social networks and social support] Unveröff. Dissertation. Universität Salzburg.

Linden, W., Hogan, B.E. & Habra, M. (2009). Interventionen gegen mangelnde Soziale Unterstützung: Wie effektiv sind sie und wer profitiert davon? [Interventions against lack of social support: How effective are they and who is profiting?] In B. Röhrle & A.-R. Laireiter (Hrsg.), *Soziale Unterstützung und Psychotherapie* [Social support and psychotherapy] (pp. 623-641). Tübingen: dgvt-Verlag.

Lowenthal, M. & Haven, C. (1968). Interaction and isolation: Intimacy as a critical variable. *American Sociological Review*, *33*, 20-30.,

- Monroe, S.M. & Johnson, S.L. (1992). Social support, depression, and other mental disorders: In retrospect and toward future prospects. In H.O.F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp.93-105). New York: Hemisphere.
- Nestmann, F. (2009). Netzwerkindervention und Supportförderung – ein Plädoyer für Praxis. [Network interventions and support promotion – a plea for practice] In B. Röhrle & A.-R. Laireiter (Hrsg.), *Soziale Unterstützung und Psychotherapie* [Social support and psychotherapy] (pp. 589-621). Tübingen: dgvt-Verlag.
- Perrez, M., Laireiter, A.-R. & Baumann, U. (2005). Psychologische Faktoren: Stress und Coping. [Psychological factors: stress and coping] In M. Perrez & U. Baumann (Hrsg.), *Lehrbuch Klinische Psychologie – Psychotherapie* [Sourcebook Clinical Psychology and Psychotherapy] (S. 272-304). Bern: Huber.
- Perrez, M. & Reicherts, M. (1992), *Stress, coping and health. A situation-behaviour approach. Theory, methods, applications*. Seattle, WA: Hogrefe & Huber Publishers.
- Pierce, G.R., Sarason, I.G. & Sarason, B.R. (1990). Integrating social support perspectives: Working models, personal relationships, and situational factors. In S. Duck (Ed., with R.C. Silver), *Personal relationships and social support* (pp. 173-189). Newbury Park, CA. Sage.
- Pierce, T., Baldwin, M.W. & Lydon, J.E. (1997). A relational scheme approach to social support. In G.R. Pierce, B. Lakey, I.G. Sarason & B. R. Sarason (eds.), *Sourcebook of social support and personality* (pp. 19-47). New York: Plenum Press.
- Potreck-Rose, F. & Jacob, G. (2008). *Selbstzuwendung, Selbstakzeptanz, Selbstvertrauen. Psychotherapeutische Interventionen zum Aufbau des Selbstwertgefühls* [Self-attention, self-acceptance, self-esteem. Psychotherapeutic interventions to establish self-esteem] (5., überarb. Aufl.). Stuttgart: Pfeiffer bei Klett-Cotta.
- Procidano, M.E. & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology*, 11, 1-24.
- Rafaeli, E. & Gleason, M.E.J. (2009). Skilled support within intimate relationships. *Journal of Family Theory & Review*, 1, 20-37.
- Röhrle, B. (1994). *Soziale Netzwerke und soziale Unterstützung*. [Social networks and social support] Weinheim: Beltz PVU.
- Röhrle, B. & Laireiter, A.-R. (2009). Soziale Unterstützung und Psychotherapie: Zwei eng vernetzte Forschungsfelder. [Social support and psychotherapy – two closely connected fields of research] In B. Röhrle & A.-R. Laireiter (Hrsg.), *Soziale Unterstützung und Psychotherapie* [Social support and psychotherapy] (pp. 11-46). Tübingen: dgvt-Verlag.
- Röhrle, B. & Sommer, G. (1998). Zur Effektivität netzwerkorientierter Interventionen. [On the effectiveness of network interventions] In B. Röhrle, G. Sommer & F. Nestmann (Hrsg.), *Netzwerkinderventionen* [Network interventions] (S. 13-47). Tübingen: dgvt-Verlag.
- Röhrle, B. & Strouse, J. (2009). Der Einfluss Sozialer Netzwerke auf den psychotherapeutischen Erfolg – Eine Meta-Analyse. [The effect of social networks on psychotherapy outcome. A meta-analysis] In B. Röhrle & A.-R. Laireiter (Hrsg.), *Soziale*

Unterstützung und Psychotherapie [Social support and psychotherapy] (S. 277-296). Tübingen: dgvt-Verlag.

Rook, K.S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology*, *46*, 1097-1108.

Rook, K.S. (1992). Detrimental aspects of social relationships: Taking stock of an emerging literature. In H.O.F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp.157-169). Washington, DC: Hemisphere.

Rook, K. S., Sorkin, D. H., & Zettel, L. A. (2004). Stress in social relationships: Coping and adaptation across the life span. In F. R. Lang & K. L. Fingerman (Eds.), *Growing together: Personal relationships across the life span* (pp. 210-239). New York: Cambridge University Press.

Rook, K.S. & Pietromonaco, P. (1987). Close relationships: Ties that heal or ties that bind? In W.H. Jones & D. Perlman (Eds.), *Advances in Personal relationships* (Vol. 1, pp 1-35). Greenwich, CT: JAI Press.

Ruehlman, L.S. & Karoly, P. (1991). With a little flak from my friends: Development and preliminary validation of the Test of Negative Social Exchange (TENSE). *Psychological Assessment*, *3*, 97-104.

Sarason, B.R. & Duck, S. (Eds.). (2001). Personal relationships. Implications for clinical and community psychology. Chichester: John Wiley & Sons.

Sarason, B. R., Pierce, G. R. & Sarason, I. G. (1990). Social support: The sense of acceptance and the role of relationships. In B.R. Sarason, I.G. Sarason & G.R. Pierce (Eds.), *Social support: An interactional view* (pp. 97-128). New York: Wiley.

Sarason, B.R., Pierce, G.R., Shearin, E.N., Sarason, I.G., Waltz, J.A. & Poppe, L. (1991). Perceived social support and working models of self and actual others. *Journal of Personality and Social Psychology*, *60*, 273-287.

Sarason, B. R., Sarason, I. G., & Gurung, R. A. R. (2001). Close personal relationships and health outcomes: A key to the role of social support. In B. R. Sarason, & S. W. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 15-41). Chichester: John Wiley & Sons

Schuster, T.L., Kessler, R.C. & Asseltine, R.H. (1990). Supportive interactions, negative interactions, and depressed mood. *American Journal of Community Psychology*, *18*, 423-438.

Schwarzer, R. & Leppin, A. (1989). *Sozialer Rückhalt und Gesundheit. Eine Meta-Analyse*. [Social support and health. A meta-analysis] Göttingen: Hogrefe Verlag für Psychologie.

Schwarzer, R. & Leppin, A. (1992). Possible impact of social ties and support on morbidity and mortality. In H.O.F.Veiel & U.Baumann (Eds.), *The meaning and measurement of social support* (pp. 65-84). Washington: Hemisphere.

Seidman, G., ShROUT, P.E. & Bolger, N. (2006). Why is enacted social support associated with increased distress? Using simulation to test two possible sources of spuriousness. *Personality and Social Psychology Bulletin*, 32, 52-65.

Shoemaker, S.A. & Brownell, A. (1984). Towards a theory of social support: Closing conceptual gaps. *Journal of Social Issues*, 40, 11-36.

Thoits, P.A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. *Journal of Health and Social Behavior*, 23, 145-159.

Thoits, P.A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, 54, 416-423.

Thoits, P.A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35, 53-79.

Thompson, R. A. (2008). Early attachment and later development: Familiar questions, new answers. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 348-365). New York: Guilford.

Uchino, B.N. (2004). *Social support and physical health: Understanding the health consequences of relationships*. New Haven, CT: Yale University Press.

Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 119, 488-533.

Vaux, A. (1992). Assessment of social support. In H.O.F. Veiel & U.Baumann (Eds.), *The meaning and measurement of social support* (pp. 193-214). Washington: Hemisphere.

Vaux, A., Riedel, S. & Stewart, D. (1987). Modes of social support. The social support behaviors (SS-B) scale. *American Journal of Community Psychology*, 15, 209-232.

Veiel, H.O.F. & Baumann, U. (Eds.). (1992). *The meaning and measurement of social support*. New York: Hemisphere.

Veiel, H.O.F. & Ihle, W. (1993). Das Copingkonzept und das Unterstützungskonzept: Ein Strukturvergleich. [The concepts of coping and social support: A structural comparison] In A.-R. Laireiter (Hrsg.), *Soziales Netzwerk und Soziale Unterstützung: Konzepte, Methoden und Befunde* [Social network and social support: Concepts, methods and results] (pp.55-65). Bern: Huber.

Weiss, R.S. (1974). The provisions of social relationships. In Z. Rubin (Ed.), *Doing unto others* (pp. 174-205). Englewood Cliffs, NJ: Prentice Hall.

Wolf, I.A. (1998). *Effekte von Stress, sozialer Unterstützung und Persönlichkeitsvariablen auf psychisches Befinden*. [Effects of stress, social support and personality on well-being] Dissertation. Philips Universität Marburg.

Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30-41.

CHAPTER 3

SOCIETIES OF ORIGIN: CHECHNYA'S AND AFGHANISTAN'S POPULATION, CULTURE, AND HISTORY

INGRID SALEM¹⁷

1. CHECHNYA

1.1 Population and Culture

The "Chechnyans" were given their name by the Russians in the course of the seventeenth century. They refer to themselves rather as "*Notsho*" or "*Natshi*" (= nation, people) and have a strong feeling of kinship towards their neighbors, the Ingush.

For many centuries they had a unique societal structure of Teips or clans without nobility or sovereigns, which were based on shared ancestors as well as proximity of land. These ethnically heterogeneous clans differed in regard to geographical provenience (valley or mountain clans). Today the estimated 170 clans of different size still play an important role in Chechnyan society (Simonsen, 2005).

By observing the "*adat*", the Caucasian moral law, the Council of Elders governed familial and societal matters such as marriage, clan liability, vendetta, or jurisdiction. Social behavior was also determined that way. Reciprocal help, hospitality, and paying attention to nature were obligatory. Later, starting approximately in the 16th century and as a concomitant of islamization, judiciary culture was co-determined by the "*sharia*", although Chechens continued to identify with local communities rather than with the Islamic denomination.

Social behavior, however, has remained unchanged until today. The code of conduct is rooted (among other influences) in the geographic and climatic conditions of the country. Refusing hospitality could cause the death of a person seeking shelter in the cold winter of the high mountains – frost, hunger, being

¹⁷ Correspondence should be addressed to ingrid.salem@uni-klu.ac.at

attacked by beasts or highwaymen were common dangers. Therefore, tradition demanded that a guest had to be offered a seat by the warm fireside, a meal, as well as accommodation. Although the open fireplace has been substituted by central heating long ago, and the danger of encountering wild animals or highwaymen has been banned, the tradition of hospitality is still alive and today, welcoming a guest is an honorable and pleasant event for all Chechens.

The narrow mountain roads of Chechnya could lead to precarious situations in the case of hot tempered conflicts between travelers – thus politeness and willingness to compromise were called for. Altogether, the difficult circumstances of life demanded willingness to co-operate and helpfulness from everybody. These kinds of virtues are still being kept up today and Chechens continue to practice strong solidarity.

Chechens were always expected to behave with respect towards strangers, regardless of their provenience or faith. It is commonly said that hurting the feelings of someone of different faith is even worse than hurting those of a Muslim. As opposed to the latter, on doomsday, one would not meet this person face to face and thus this sin would never be forgiven.

The oldest man of the family clan is still regarded as the most important decision-maker. He solves conflicts and his advice is followed in case of problems of any kind. A Chechen man also is obliged to defend his family and his friends. Carrying a weapon, to date is regarded a sign of courage and willingness to defend. For Chechens, freedom is essential and thus a greeting commonly used is: "Come in – freely and peacefully".

Chechens follow a very rigid code of conduct even in daily life: Problems within the family are not discussed among spouses, but rather the husband converses with his brother. If measures are to be taken as a consequence of a daughter's behavior, the father does not address her directly but informs his wife, who, in turn is responsible for the daughter changing her behavior. Women are not entitled to make decisions and they have to obey to their husband's directives.

Still, women are highly respected by Chechen men. Most importantly, the mother and the wife's family are to be esteemed and respected. To date, disrespectful behavior towards women is regarded as shameful. As the "guardians of the fire in the hearth", women used to be highly respected. Wars and blood feuds, for example, could be terminated prematurely only by a woman. When a woman appeared at the theater of war, all combat operations had to be abandoned. When a woman took off her headdress and dropped a handkerchief between two combatants, the fight had to be terminated. When an enemy touched the seam of a women's cloth, weapons had to be laid down.

Women also actively participated in resistance against the foreign rule and tales and songs abound about the heroic deeds of women. Important examples are the anti-Russian demonstrations organized by Chechen women in 1995 and 1996 in Groznyy, which attracted worldwide attention.

Old people also have an exceptional position and each family cares for its older members, especially the parents. Usually parents live with one of their sons and the daughter-in-law is obliged to care for her husband's parents in the first place. Only until they are provided for adequately, is she allowed to observe her other duties. Grandparents enjoy more respect by children than parents do and misbehavior is not tolerated. In addition, child-care is regulated in detail. A father may not have sufficient time to look after his own children, but he is obliged to take his time to care for his brother's children, if they ask him to do so.

Customs, like weddings, visiting friends and relatives, a host's duties, funerals, or vendetta are regulated strictly. Some families attend to these standards anxiously, while others do not observe traditions closely any longer. It may be due to their long-term resistance against Russian foreign rule, that Chechens acquired the reputation of a "barbarous" and "bloody-minded" people. Besides, in spite of emigration and waves of evacuation they preserved a strong national and religious feeling of coherence (Götz & Halbach, 1994).

1.2 History

Chechnya, located in the Northern Caucasus has always been a march-through region for the multitude of ethnic groups and people of the steppe empire migrating from the interior parts of Asia towards the Mediterranean Sea. Thus the inhabitants of the country had to defend themselves against intruders at all times. Till the downfall of the Mongolian-Tartar Empire the inhabitants of this region were able to defend themselves even against repeated attempts of subjection by the troops of Genghis Khan.

The Russian exertion of influence on Chechnya already began during the 16th century when Ivan the Terrible decided to station his Cossack troops in the area. Against the resistance of the Northern Caucasian population the Russians set up a whole system of border fortifications (the "Caucasian line"), reaching from the Caspian to the Black Sea.

Sheik Mansur, the national hero of the Chechnyans had only had one single purpose in life -the resistance against the *czardom* and a coalition of the different clans ("Holy War" against the Russians –1785). He was succeeded by Imam Schamil, who fought the Russians and their policy of colonization with

imperturbable passion for all his life as well. Only after his capture in 1859 were the Russians able to control some of the military bases alongside army routes – the civil population in the mountains still grimly resisting in any possible way. Up to this day those two leaders have been worshiped as national heroes and stand for the resistance against the Russian foreign rule and colonial violence. In order to weaken the will of the Chechnyan population to resist the Russian rule, a policy of deportation had been implemented in the middle of the 19th century, displacing at least one-fifth of the Chechnyans to Turkey, Syria, and Palestine. Many more followed voluntarily to those regions later on.

The commencement of communism brought further assaults and spates of ethnic cleansing to Chechnya. Thousands were abducted to Kazakhstan or "distributed" to neighboring provinces. Stalin had accused them of collaborating with the Germans and an estimated fourth of the population perished in the following deportations which culminated in 1944 (Isaenko & Petschauer, 1999).

The anti-Stalin policy enforced by Khrushchev in 1956 granted the survivors the right to return to their homes – this leading to permanent conflict and frictions between the repatriates and the Russians residing in Chechnya. During the following years Russia invested considerably in the oil industry. The economical gains of these investments were still solely on the part of the Russian population of Chechnya, the Chechnyans themselves were repelled to the rural areas and largely excluded from the economical progress.

At the beginning of the nineties, 30% of the rural population was out of work. In 1990 the Chechnyans declared their independence; in 1991 the president and the parliament were elected. Dzhokhar Dudajew, a former major general of the Russian army, was elected president polling 85% of the votes. Chechnya's refusal to join the Russian Federation, led to a rorback policy. It wasn't the oil supply of the country keeping Moscow interested in the area – it was the necessity to conduct the oil pipelines for the exportation of Russian oil through the country which kept the interest in the country alive (Ebel, 2005).

In the media Dudajew mutated to a "bandit" but since this strategy didn't show the desired effect of weakening Chechnya, Russia decided on a policy of blockade. Another way of trying to enfeeble the state and enforce the attachment to Russia was the promotion of oppositional party leaders.

Since none of those strategies led to the aspired goal, Russian troops invaded Chechnya in 1994¹⁸. This first war lasted for two years and ended with Dudajew's death. Presidential elections in 1997 brought forward Aslan Maschadov and an area of violence and counter-violence opened up. Maschadov

¹⁸ Chechnya's geography can be seen for example at <http://boes.org/child/russia/mapchechnya4.html>

took cover in the underground and called out on combat against the Russian invaders.

The bombing of residential buildings in Moscow and other Russian cities in 1999 killed more than 300 persons. Chechens have been accused for carrying out this terrorist attack which finally led to the second Chechen War in 1999. During Winter 1999/2000 heavy fights took place and what the remains of the city of Groznyy from the first Chechen War were devastated by the artillery bombardment. In Summer 2000, the war came to a close officially but the postwar era was not a peaceful one: the guerilla warfare began. Chechens carried out terror attacks against the occupying power and the Russians abducted and imprisoned or killed Chechens, a lot of persons have disappeared since those days. Taking hostages for ransom is a profitable business for both sides and Chechen rebels use to finance their weapons with the pressed money for continuing their resistance (Tishkov, 2004).

In 2002, Chechen separatist leader Mowsar Barajew and his fighters took about 1,000 hostages during a performance in a Moscow theater. Many of them died during the liberation campaign. In 2003, Putin appointed and enforced a pro-Russian presidential candidate (Akhmad Kadyrow) by eliminating all rival candidates through exerted pressure or ulterior appointments. Kadyrow was assassinated in 2004, he was followed by Alu Alkhanov in October 2004, also supported by Putin. The few election observers called the election a charade because the factual ruler was already Akhmad Kadyrow's son, Ramsan, who could not run for presidency in accordance with the constitution because he was too young at this time. Although Alkhanov was known to be Moscow-friendly, he did make demands for some concessions regarding tax reductions and the right to invest revenues from Chechen oil industry uniquely into the country's own economy.

In 2004, a terror commando group took more than 1,000 pupils, parents, and teachers as hostages in the North Ossetian city of Beslan. During the liberation assault, some 300 persons died, among them more than 180 children. The Chechen rebel leader Bassajew claimed responsibility for this. In 2005 Maschadow, declared of being a terrorist by the Russian government and was assassinated. Moscow-backed Ramsan Kadyrow has been confirmed as president of the Chechen Republic in 2007 (Scholl, 2007).

The terrorist attacks are continuing to this day: Chechnyan rebels are suspected to be responsible for a bomb attack on a train between Moscow and St. Petersburg in 2009. The most recent incident has been a terrorist outrage in March 2010, carried out by female suicide bombers (so-called "black widows", who want to take revenge because they have lost their husbands or close

relatives in the course of the armed conflicts) in two underground stations in Moscow. In both attacks dozens of innocent civilians have been killed.

All in all the Kremlin tried to take influence on the political events in every possible way. International media coverage was manipulated or even obstructed, internet sites containing inimical topics were deleted and journalists often were taken into custody or even murdered in order to prevent unwanted media coverage.

An example of political persecution of disagreeable persons was Anna Politkovskaya's assassination in 2006, which caused a sensation worldwide. As a figurehead of critical journalism she had been fighting vigorously against the way the Russian government handled political matters regarding Chechnya. The civil population suffered the most. After several wars and an enormous amount of violence directed mostly against those who were unable to defend themselves, the Chechnyans had to live in economic misery and uncertainty and at loss of nearly all public services.

Ten thousands of Chechnyans had to live in refugee-camps under the most unworthy circumstances. After their often forced return home they mostly had to live in the ruins of their houses. The security of the civil population was endangered by the Russian army as well as by the resistance fighters. Human rights violations such as detentions, torture, and abductions were common events – hundreds of people "vanished" and officials reported the discovery of 49 common graves where up to 3000 persons had been hastily buried (Denber, 2004).

Violence didn't stop at the Chechnyan borders - the refugee camps in neighboring countries were often attacked and civilians were murdered. Many refugees were forced to return to their home towns by depriving them of electricity and water supplies or by barring them from food lists. All efforts by governments, institutions and Human Rights organizations to appeal to Russia were in vain, even a mutual statement by Amnesty International, Human Rights Watch, and the Medical Foundation for the Care of Victims of Torture in April 2004 referring to many examples for violations of human rights stayed unheeded during this period.

The Russian officers obviously underestimated the strength of the national movement and had difficulties due to the lack of discipline within the Russian army. They mostly were in control of just the one place they were stationed at – this feeling of lack of control often leading to waves of violence (Jean, 2000).

In spite of all efforts to demoralize the resistance fighters, subvert their feeling of solidarity and implement Moscow's authority, the Chechnyans mostly stayed

united. All in all, however, the long lasting conflict between Chechen rebels and the Russian army in the first place demoralized the civilian population. Everyday situations turned into dangerous endeavors, frequently men had to protect their wives and corruption, torture, abduction, imprisonment, and violence were characteristic of people's lives. Social and personal structures had been destroyed and public systems were unable to protect people, who, as a consequence had to resort to clan structures in order to safeguard survival. Attitudes towards governmental institutions, e.g., towards courts frequently were then and are still problematic. In Chechnya it is regarded as dishonorable to appeal to court in the course of conflict: "Real men" should be able to account for their interests themselves (Isaenko & Petschauer, 1999).

In a study by de Jong et al. (2004), living conditions and health status of internally displaced persons in Chechnya as well as those of refugees from adjacent Ingushetia were examined. The study revealed that the civilian population suffered from an enormous amount of strain and that the sympathy of the international community had been virtually absent.

In the past, there have been two main pillars of the country's economy – agriculture in the extremely fertile valleys and oil production, which looks back on a history of hundred years. Oil production reached its maximum before the Second World War. In the area around Groznyy, refineries had been built which not only were able to process the local output but also handled oil which was delivered from other parts of the country. In addition to oil production, other businesses developed which constructed the machinery necessary for oil and gas delivery. Moreover, there were factories belonging to other branches, like textile and leather processing, the production of medical instruments, or rubber industry. These enterprises depended on the supply with raw materials from other parts of Russia.

All these industrial sectors were disrupted by the wars and the shutdown of kolkhozes and sovkhoses led to even more chaos, the structure of ownership being unclear. As a consequence of continued acts of war, most businesses were destroyed and the land areas devastated and mined. Economic crisis was accompanied by the collapse of civil structures. Both, in the areas of education and health care, not even a poor degree of provision could be guaranteed.

The reconstruction aid promised by the Russians was never granted. Large scale emigration followed and posed additional strain upon the country's efficiency. Both, qualified Chechen and Russian experts left the country, thereby contributing considerably to the aggravation of economic crisis (Wagensohn, 2000).

In Chechnya, the characteristic clan structures promoted organized criminality. Authorities by no means felt obliged, however, to search the background of kidnappings and other crimes, and thus, the legal system was invalidated to a large extent. As a consequence, reliable entrepreneurs and investors avoided Chechnya – a spiral which contributed to the economic decline of the country even further.

This unstable and lawless situation of war had many beneficiaries – oil was stolen, and from the excavated pipelines oil was drawn by those who held the power. Oil business was continued illegally, many criminal groups shared the profitable market and those who were present had the chance to enrich themselves financially within a very short time. Machinery in the oil refineries frequently was disassembled and stolen. Towards this goal, eventually Russian soldiery affiliated with Chechen gangs of thieves in order to be able to "work more effectively".

As Politkovskaya (2002) pointed out, initially Chechen authorities were eager to boost economy and to encourage investment within the scope of law. When they encountered serious difficulties, however, they decided to postpone further activities till the war would end. Drilling locations either were exploited or – if their "owners" were unable to control them sufficiently – were set on fire in order to keep others from exploiting them. In addition to the tremendous profits which were pocketed by criminals, this nonprofessional exploitation of oil wells also led to environmental problems. *Mazut*, a substance derived from the distillation of petroleum which is usually employed as a lubricant or for heating industrial plants, was simply poured away: The plants were destroyed, the machinery stolen and thus there was no further use for this product which was disposed of - free of charge and in an ecologically harmful way, directly to the soil.

Most funds reached the wrong recipients and those involved in this dubious kind of business were not interested in things turning to normal in Chechnya – on the contrary, as long as a well functioning government was absent, Chechnya's oil wells invited shady people who intended to enrich themselves. Corruption and fraud furthermore were common. Relief supplies sent by foreign countries used to disappear and governmental aid had to be shared with corrupt officials by the poor population. Accordingly, medicines which should have been available free of charge, were sold at high prizes on the black market. As a consequence, many villages attempted to live independently on their own and increasingly relied on their traditional kinship. They did not seriously expect to be helped by others any more (Politkovskaya, 2002).

Meanwhile the political situation in Chechnya has stabilized to some extent. War gave way to dubious peace, but still the political power governing the

country is oriented towards the Russian potentates. Although living conditions are improving slowly, the hope of so many who had to leave their home country to return to a peaceful and brighter future remains an illusion.

1.3 Reasons for Leaving the Country

Towards investigating the reasons for emigration in some detail, we have interviewed three Austrian refugee counselors and trans-cultural psychotherapists¹⁹. They agreed that the main reasons for civilians to leave Chechnya base on the ongoing civil war-like situation and the armed conflict between the Russian Army and Chechen separatists. According to the refugees' reports, many Chechen women had experienced sexual violence and in numerous cases family members had been abducted and tortured, often to press ransom. Accusations towards male Chechens of being a separatist, a sympathizer or collaborator or being related to separatists may have led to arrest by the Russian Army. These accused persons' family members are also in danger due to family liability.

Young male Chechens use to flee to escape the conscription to the Russian Army because they refuse to take action towards their compatriots in conflicts. Human rights activists and journalists who criticize the Moscow-backed regime also are in danger of persecution and even assassination.

Rejected asylum applications on the various stages of appeal²⁰ are being constantly published in an Austrian online database²¹. From this database, some specific examples give an impression about individual reasons of flight:

A Chechnyan man, who had an uncle of the same name, had been arrested and tortured in Chechnya before he fled to Austria. His uncle, who wrote anti-Russian regime-critical songs, had been granted asylum in Finland, whereas his nephew's asylum application in Austria has been rejected. He lodged an appeal and finally he got the status of a conventional refugee.

Another Chechen lived in the same village from where the resistance fighter Gelaev originated. Between 2000 and 2005 the pitiable man has been arrested and tortured several times because the Russian forces accused him of collaborating with Gelaev. Finally he has been granted asylum in Austria after he had lodged an appeal.

¹⁹ Their names and institutional affiliations are available on request.

²⁰ For details see Chapter 4

²¹ http://www.asylanwalt.at/index.php?page=search&s_type=2003&s_country=643&s_thema=0&s_from=&s_to=19.08.2010&s_docIdentifier=&s_text=&submit=Starte+Suche

In another case a young unaccompanied minor Chechen girl had fled to Austria and has been granted asylum on the second stage of appeal. In her credible interviews she told about the persecution in Chechnya on the grounds of her brother in law having been a resistance fighter. Therefore she was abducted and arrested by Russian soldiers at the age of twelve for more than three weeks as she was expected to reveal the whereabouts of her kinsman.

2. AFGHANISTAN

2.1 Population and Culture

The population of Afghanistan consists of many different ethnic groups, which differ considerably in many ways but also have similarities in quite some domains. The largest and probably also the most well-known ethnic group are the Pashtuns²². They constitute 40 percent of the population, speak a Persian dialect called "Pashto" and are also quite similar to the Persians in appearance and personality and are considered to be courageous and tough. This reputation had the British as well as other adversaries in awe regarding their braveness and fearlessness.

The majority of the *Mujahideen* stem from this ethnic group. However, many of the clans antagonize each other and since they identify mostly with their individual leaders, these discrepancies were a major factor in the civil war, following the withdrawal of the Russian military forces. Those leaders were headstrong and quite independent and did not want to submit to a national government.

The *Pashtuns* are considered to be tough and hardy since they are used to live under the most difficult conditions. They adhere rigidly to the code of honor regulating their collective daily life. Although they are very religious, they still retain many culturally embedded customs and conventions without religious background. They are Sunni Muslims but their belief is rather tinted by cultural characteristics. The law of succession provides for sons to inherit equal parts whilst daughters are not, although the *Qur'an* determines daughters as equally entitled to inherit.

Their cultural values are reflected by the already mentioned code of honor, called "Pashto" by the *Pashtuns* themselves and "*Pashtunwali*" (the way of the *Pashtuns*) by other ethnical groups in Afghanistan. One example is: "*Badal*" –

²² The ethnic groups of Afghanistan can be seen for example at <http://www.mapsofworld.com/afghanistan/maps/afghanistan-ethnic-map.jpg>

the right to exert vengeance or even blood revenge. Since *Pashtunis* have to take revenge for any sustained injustice, no matter how long it might take till an opportunity arises. In the same way, someone who has been treated wrongfully is entitled to compensation – mostly the extent of these reparations is defined by the "*Loya Jirga*", a group of wise men.

The second largest part of the population is composed by the *Tajiks* with approximately 30%. They are the largest ethnic group of all the tribes speaking Dari, a dialect which comes in numerous variations and is very strongly related to the Persian language – thus they are also called "*Farsivans*" – the ones who speak Persian. Most of the educated elite in the country are part of this ethnic group, which is the reason for their intense rivalry with the *Pashtuns* and for the competition regarding political power. The *Hazaras* are of Mongolian origin and they also speak in a Persian dialect – just like the *Parsiban*, the *Aimaks*, the *Nuristanis* and the *Baloch*. The *Hazaras* account for ten percent of the population, they are of *Shiit* denomination and very often unprivileged economically as well as socially. During the monarchy many *Hazaras* filled the position of servants in the stately manors of the rich *Pashtuns* in Kabul (Hosseini, 2003). Other smaller ethnical groups, speaking dialects related to the Turkish language are the *Uzbeks* and the *Turkmens*.

Common ground between all of them is their religion: ninety-nine percent of the population are Muslims, 80% are Sunnis, 19% are *Schiites* – the northern part of the country (e.g. the *Tajiks*) is less conservative than the southern part (e. g., the *Pashtuns*). Another characteristic which they have in common is their love of liberty and their patriotism, although they are often at odds with each other, they show unity towards the outside world.

Afghanistan is a mix of different peoples with different origins. They don't necessarily like each other, but they leave each other alone. The nomads - like the *Kochis*, the *Mongols*, the *Turkomen*, the *Kirghiz*, the *Uzbeks*, and so on and so on - they see themselves as different people, but they unite to fight an invader (Lessing, 1987, S. 73).

Family ties are the main pillar of Afghan society. These close bonds are found among all family members and across all generations within the mostly very large and widely ramified family clans. The oldest male family member is the patriarch, he is the all-dominant figure and his decisions are never questioned. Family honor, pride and respect among the family members are highly upheld values found in all ethnic groups. There are ten thousand small villages with less than a hundred houses, here there are no schools or shops and very often no government officials. Three persons of authority are in charge of social interaction within these small communities, the "*Malik*" – the headman, the "*Mirab*" in charge of the distribution of the water supplies and the "*Mullah*".

The Mullah's manifold tasks include religious education, holding the Friday sermon, weddings and funerals as well as arbitrating disputes and advising people on personal problems regarding multiple scopes of life such as health issues, blood feuds or disagreements over water supplies or land. Generally a great land owner ("*Khan*") takes up both positions – he is at the same time "*Malik*" and "*Mirab*".

Baggy cotton pants are part of the traditional costume in Afghanistan, men wearing long cotton shirts with a broad sash around the waist. The headdress consists of a cap with a turban worn on top. When working on the fields the men take off the turban. Women either wear long cotton shirts as well or loose colorful skirts and blouses. Those who do not wear a *burka* (which is mostly the case in rural areas) wrap large shawls around their head. They often wear their eye-catching jewelry on a daily basis since the amount of jewels worn by the women demonstrate the prosperity of the family and serve as a savings for a rainy day at the same time – in the way of a movable vault.

During the ongoing war, many women were threatened or even killed because of the jewelry they were wearing. Many sewed the jewelry into the hems of their skirts or into their children's clothes to avoid being robbed or assaulted, a strategy that very often did not work out.

Family life takes place within the so called "*kala*"- here the owner of the estate lives with his extended family. Parents, wives (up to four), married and unmarried children, unmarried women all live together. The staple food in the villages is *nan* bread with soup or stew. Yoghurt, vegetables and fruits normally complete the daily menu. The variety of food supplies has decreased drastically during the many years of war, especially fruits, vegetables, and meat have become scarce in many areas of the country.

In rural regions the women help in the fields, older children tend the flocks of sheep or goats or mind their mostly numerous younger siblings. Since many families have lost all male members in the war, the women are forced to manage all the field work on their own. The center of social life in the village is the mosque. There the religious meetings are held but small villages use the building as a guest house as well. Rich families had their own facilities for guests who were always very welcome because of the news they had to tell. Till now this way of living together with extended family has been retained unchanged, even in the town areas.

During peaceful periods, nomads passing by on their way to pastures in higher locations, stopped for some days and brought some distraction to the village. The nomads were allowed to graze their animals and the villagers sold tea,

petroleum and corn to them, in turn buying wool and milk products from them (Dupree & Gouttiere, 1997).

All these social interactions dominating rural life in Afghanistan ceased to exist during the endless years of war, whole districts have become inaccessible because of landmines, families have been separated and care for widows and orphans had been ignored within the extended kinship because of lack of resources. Many areas have been prone to famine and the different war times have resulted in blood feuds outlasting several generations.

Solidarity and a strong sense of responsibility are highly developed within families. Thus, a husband may feel a higher commitment and stronger feelings towards the members of his extended family than towards the own wife or any other person. This kind of values is typical for collectivistic societies and often leads to difficulties and problems, especially for Afghan refugees living in Western cultures.

One of the most important features of Afghan culture is the overflowing hospitality embraced by every member of society, regardless of social standing or location, everyone loves to pay calls on friends and relatives and is happy to receive visitors although festivities are mostly celebrated separately by men and women (Robson & Lipson, 2002).

It is crucial for Afghan families to entertain as opulently as possible and great importance is attached to scrupulous cleanliness. Traditionally the wife is supposed to stay at home with the children and take care of the housekeeping and of all female members of the family living in the household. This role perception has changed over the last decades, many women went to work and although they still pertained to traditions like having a bunch of children (preferably boys) or spending their time in the company of women rather than with men, they didn't rank behind the male population in what concerned education and work enthusiasm. Although King Amanullah Khan who ruled the country from 1919 to 1929 had already said:

"Religion does not require women to veil their hands, feet and faces or enjoin any special type of veil. Tribal custom must not impose itself on the free will of the individual."

The Taliban regime enforced a rigid and highly controversial interpretation of Islamic body of thought. Women were denied the right to education or professions of any kind, they could only leave their domiciles veiled from head to toe and in company of a male family member. These drastic sanctions were little appreciated by the general public, but even less conservative Afghans conceive any interest in the matters of a woman from another family as affront,

sometimes leading to revenge by the part of the offended family. Such reactions can be explained by the high value set on the importance of privacy within the family.

Doris Lessing (1987) pointed out that liberal Muslims would allude to some passages in the text of the *Qur'an* supporting the idea of equality of rights: "Women are the twin halves of men", "Paradise is under the feet of your mother", or "What is a woman's property must not be taken from her" (p. 103), adding, that one could only hope for changes to come.

The most important feast in Afghanistan is "*Nawroz*", celebrated on the 21st of March. It marks the beginning of the New Year in the Afghan calendar and originates in Zoroastrianism, a religious denomination that was brought to Afghanistan from Persia, long before Islam was introduced. Of course all Muslim holidays are celebrated as well, such as "*Eid al Fitr*" at the end of Ramadan or "*Eid al Qurban*", a feast in preparation of the journey to Mecca where the traditional sheep is slaughtered.

The health condition of the Afghani population was poor already prior to the Soviet occupation, medical care was mostly limited to larger town areas and the ongoing wars have degraded the situation several fold – today, nearly 30 years later, this fact has not changed for the better, healthcare is still alarmingly rudimentary.

The average life expectancy is 40 to 45 years, every fourth Afghani child dies before the age of five and since most medical doctors have left the country during the endless years of war, the care ratio amounts to 95,000/1 in the field of medical facilities and care. The majority of the population relies on the help of local healers, midwives, herb gatherers and barbers taking care of the culturally required circumcisions, but also of childbirth, arteriotomy or the extraction of teeth. The 1.5 million war invalids constitute a further problem, the number growing daily due to landmines, other scattered military equipment and consistent continuing fighting.

Potable water supply is difficult, many springs and wells have been demolished or contaminated, the soiled water causing the bigger part of infectious diseases. Prior to 1969, schooling was optional, families had the right to choose, if they wanted schooling for their offspring. After that compulsory education for children between seven and 15 was implemented. After only ten years, in which the administration struggled with the implementation of this law, the war terminated the slow warm-up to educational innovations, even before they had been properly implemented. It is estimated that only one third of all school-aged children have ever attended any kind of classes in the past 25 years.

Families who were interested in the education of their offspring had possibilities of schooling up to university level. Between 1938 and 1967, additional colleges were established, next to the university in Kabul, a second one was opened in Jalalabad. Till 1961 those higher educational establishments could only be attended by male students, the language of instruction was Dari. Since then all educated Afghans are able to speak Dari, regardless of their ethnic background.

Although the Soviets tried to upkeep the schooling system, they failed due to resistance by the population. The subsequent civil war destroyed the few remaining schools and educational institutions. The University of Kabul was closed, the scientists mostly left the country. Children were educated at home, in the mosques or not at all. Under the reign of the Taliban, only boys were educated in the religious *Qur'an* schools, the girls were not allowed to go to school at all. Although the amount of illiterate people in Afghanistan always was substantial, also due to the lack of schools in rural areas, this rate has increased drastically in the many years of war that followed (Max Planck Institute, 2010)

In 2000, 60 to 80% of the population were illiterate. This rate has increased in the last decade leading to an amount of nearly 90% in the last years. Only a very small percentage of the population has received a minimum of school education.

Afghanistan had been one of the poorest countries worldwide even prior to the many decades of war. Agriculture depends to a great extent on irrigation (it has to be noted that even then, only six percent of the country can be used agriculturally), harvest is jeopardized frequently by drought - thus leading to famine for the major part of the population. Only few regions, like the Hindu Kush have sufficient rainfall for agricultural use. Nevertheless Afghanistan was the largest exporter of grapes and also produced a fair amount of other fruits and vegetables prior to the war. Landmines present an additional problem in this respect, rendering whole areas useless for agricultural or other use.

Since the moderately fertile pasture land is mostly situated in lower and higher mountain ranges, the Afghans traditionally led a nomadic life. Nowadays they are mostly at least semi-sedentary, only moving their herds of sheep or goats (seldom cattle) to higher pastures. Wool is a popular export item, especially the wool of *Quarakul* sheep, bred in the north of the country.

Afghani carpets are well known and renowned world-wide, they are mostly of fine quality and exported to many Western countries. This line of manufacture would bear some potential for expansion, especially since it would be a source of income for women and young girls. Stitching leather and jewelry making could also be strengthened and would present further possibilities to boost the poor economy of the country. Generally the produced handicraft is of very high

quality, such as meticulously embroidered clothing, utility objects, calligraphy, filigree jewelry, linen weaving or pottery.

Afghanistan also has a long tradition of cultivating opium – it is estimated by the United Nations Office on Drugs and Crime (UNODC) that about 90% of the world's opium poppy crop are grown here (UNODC, 2010). Despite embargoes, cultivation continued and highly active smuggling rings resulted. The government as well as the international community have tried – with little success – to ban crop growing. Farmers were offered lump sums for their fields, but considering the poverty of the rural population and the enormous spans in benefit, these attempts have failed repeatedly. It is estimated that the Taliban make about 300 million Dollars a year from drug trafficking (globalsecurity, 2010). In 2008, an amount of 7,700 metric tons of dry opium was produced, which means a slight decrease compared to 2007 but more than a doubling since 1994 with a production of about 3,400 metric tons. In most other countries cultivation and production decreased considerably, for instance in Myanmar, Lao, or Pakistan (UNODC, 2009). The opium is processed to heroin and smuggled out of the country by different and often changing routes (Filipov, 2002).

Cross country roads are in bad condition and many areas can only be reached by pack animals. Although some roads have been restored, transport connections are in a poor state. In December of 2003, the most important road in Afghanistan, the highway between Kabul and Kandahar, was finalized and cut the travel time from two days to about five hours (globalsecurity, 2003). The road serves to supply the NATO forces and as a target for Taliban attacks it belongs to the most dangerous roads in the country with more than 300 attacks in a recent five-week period (cf. McClatchy, 2010). Still, the 482-kilometer stretch needs already to be repaired. An extension of road networks is being planned, but ambitious projects, such as the 3,000 km Ring Road connecting the large cities with each other are criticized by experts (Nasuti, 2010).

The only railway connection from the North to the South of the country as well as the tunnel under the Salang-pass was built during the first Russian occupation. The airport in Kabul has been repaired, closed and reopened more times, than one might want to count. The freight shipping on the Amu Darja river on the border to Uzbekistan and Tadjikistan might also be one of the possibilities to revive trading and restore some economical normality to the war-torn country.

Despite all the financial help by the Western countries, Japan and the Arabic neighbors, 50 to 70 percent of the population is unemployed. Relief projects are mostly directed towards humanitarian goals, the reconstruction of infrastructure

and the development of the poor economy should be additional goals for the impoverished and destroyed country.

2.2 History

Afghanistan's changeful history relates considerably to the feature of the rugged landscape and its geo-strategic importance as a landlocked country across main trade routes. First settlements probably date back at least as far as 1500 BC. The settlers were Indo-Germanic nomads. Between 600 BC and 350 BC, Afghanistan was part of the Persian Empire and after the occupation by Alexander the Great an autonomous kingdom was established which was then reoccupied by the Scythians and other nomadic groups coming from the Northeast. Greek and Buddhist influences led to long periods of prosperity. The main factors for the manifold interests in the country were important trade routes, such as the Silk Road connecting the Mediterranean countries with China as well as the geographical conditions which - by their deserts and mountains - got in the way of conquerors, thus securing India's riches.

For many centuries multiple religious denominations prevailed till Islam started to spread with blanket coverage during the eighth century AD. Similar to many other Islamic countries, Afghanistan was overrun by Genghis Khan during the thirteenth century, his troops devastating and ravaging the country. For the following centuries the rulers were Mongolian, Persian and Indian, at certain times even dividing the country between themselves. It was only in the 18th century Afghanistan was declared independent under the rule of Shah Ahmed Durrani.

Final stability was achieved only at the beginning of the 20th century, after the Pashtuns had established a ruling dynasty which was able to subdue also the Northern regions of the vast country. Simultaneously an agreement between the czardom and British India turned Afghanistan into a neutral buffer state (Gieler, 2003).

Repeatedly the British had tried to conquer the country in order to defend their supremacy in India against the advancing Russians. Afghanistan was turned into a British protectorate but in the years following the second of altogether three wars fought by the British, Abdurrahman Khan, one of the *Pashtun* leaders, was able to unify most regions, thus paving the way for a united kingdom.

Following his death in 1901, his son Habibullah came into power and he was able to upkeep the neutrality during World War I. After Habibullah's assassination in 1919, his son Amanullah regained the sovereignty. He tried to modernize the country by reforming the school system and giving some amount

of liberties to women. This was not well received by the powerful mullahs and he was forced to resign in 1929. After a short reign by one of the *Tadzhik* leaders, Nadir Shah was proclaimed king.

The following decades were characterized by – more or less effective efforts to modernize and stabilize the country, mostly these attempts were fiercely opposed by the religious, conservative leaders. Nadir Shah was killed in 1933 and succeeded by his nineteen year old son Zahir.

Zahir Shah ruled the country for the next 50 years, although the actual power was exercised by his prime minister Mohammed Daud Khan. After 1950 the Russians tried hard to gain influence in Afghanistan, supporting Daud Khan in economical as well as in military issues. During those years of his political power the clever prime minister was able to use the competition between the Americans and the Russians for the access to the strategically important country for his own purposes (Klimburg, 1966).

After a coup led by Mohammed Daud Khan in 1973 followed by a dictatorship, the country came under communist dominance. Zahir Shah went into exile to Rome. Apart from a number of reforms, the new regime tried to repress the importance of religion which led to grim resistance by the population followed by revolts. In trying to intervene by putting down the rebellious incidents in 1979, a war was triggered lasting for nearly ten years.

These conflicts were not merely directed against the invading Soviets but had far more complex reasons: the democratic people's party governed by Mohammed Tariki had been followed by a division within the political landscape. The two opposing parties were dominated by the intellectual *Tadzhiks* (*Parcham* party) and the rural *Pashtuns* (*Khalq* party).

The first two leaders of the newly communist Afghanistan belonged to the *Khalq* party but still were suspected by the Soviets to have strong national tendencies, something little appreciated by the Russians. They then put into power the former chief executive of their secret services, Nadjibullah. After his demission in 1992, different groups of *Mujahideen* (fighters in the Holy War) started to fight one another, leading to the cruel and brutal civil war which lasted till 1995 (Baxter, 1997).

From this time the *Taliban*, religious extremists coming from Pakistan, started to seize the country and by 2001 at least 90% of Afghanistan was ruled by a very rigid Islamic regime. The population – especially women, were pressurized in multiple ways (Palmer, 1998). Schools and universities were closed, education for girls and professional occupation for women was strictly forbidden and

women had to be accompanied by a male member of the family when leaving the house, as well as having to wear a veil (*hijab*).

Television, sports and music were banned as well and men had to wear beards. Although the Taliban acted as moral guardians, their substantial economical profit by trafficking opium was only reduced by massive protests of the international community in 2000, when they had to cut down the crop growing of poppy by two thirds of the quantity. As much as this fact was welcomed and well received internationally, one has to note that many Afghans were deprived of their only means of income (Hayes, 2004).

The terrorist attacks of 9/11 which were attributed to Osama bin Laden were a major trigger for the overthrow of the ruling Taliban regime. The USA had been awarded the right to self-defense by the United Nations Security Council. Since Osama bin Laden was suspected to have set up camp in Afghanistan and since his assumed proximity to the Taliban gave ample reason, the regime was overthrown by the United States. The price for overthrowing this government were massive military attacks on the crisis-ridden country by the Americans. The attempt to hit the wire-pullers of the terrorist attacks on America cost the lives of ten thousands of civilians.

In 2001, the foreign-backed *Pashtun* Hamid Karzai was appointed president of the interim government. In 2004, Afghanistan has got a new constitution and became an Islamic Republic with Karzai as elected president. A breakable peace could be reached, huge parts of the population - having been born in the 30 years of continuing war or having lived for most of their lives under unpeaceful conditions - knew peace only in their fantasy. The majority had fought in the war or had been attacked or had experienced both cases, there was hardly a person in Afghanistan who had not been personally affected by the consequences of the political instability of those decades.

Despite massive accusations of election fraud the incumbent Hamid Karzai was confirmed for a second term of office in 2009. Since 2003, the North Atlantic Treaty Organization (NATO) commands the International Security Assistance Force (ISAF) through a mandate by the United Nations Security Council (cf., NATO, 2010). These about 100,000 international NATO-led troops from 46 countries try to get the situation under control and to assist the government. But the Taliban militia is still very active in some cities and rural areas and controls important roads as well. Therefore the current political situation is still unstable. Suicide bombings and terrorist attacks are nothing unusual with many victims on both sides and among the civil population.

The total population is estimated to be approximately 29 million, three to four million people live within the refugee camps along the Pakistani border, a

hundred thousand are Internally Displaced Persons (IDPs), many have fled to Europe or America in the course of the many years of ongoing war.

Not only the inhabitants of the country have suffered in those endless years, the environment as well has been affected considerably. Trees and bushes have been cut down and used as firewood in the long cold winters, herds of sheep and goats have grazed bare the meager pastures, leading to a massive soil erosion by rain and winds. Many areas can not be used agriculturally anymore – bare, acarpous and often enough covered with land mines, large parts of the country are deserted (Newell, 1997).

2.3 Reasons for Leaving the Country

With respect to Afghanistan, we have interviewed additional experts²³. Some of these informants work in the scope of refugee counseling and one of them as a trans-cultural psychotherapist. They located the reasons for the flight of hundred thousands of Afghans in the country's insecure political conditions and in the fact that the Taliban have gained power within the last decade. The government is not able to protect the citizens from any kind of persecution. Nevertheless the reasons of flight vary:

For instance, women are suppressed permanently and are not allowed to lead a self-determined life. Working for the international troops (for example as an interpreter) may arise the suspect of the Taliban of being a collaborator with the enemy. A western, secularized life style (such as drinking alcohol, dressing in a non-traditional way or the refusal especially of young women to marry a man of their own choice) can be a threat to life. Blood revenge or long-lasting family feuds can also be a reason to leave the country.

To illustrate in some detail why Afghans use to leave their country, case examples shall be given. These specific examples of Austrian judiciary, concerning appeals against the order to leave Austria, the rejection of the asylum application or against the status of subsidiary protection, have been taken from the above mentioned database.

A young Afghan, whose asylum application had been rejected, submitted an appeal. At the age of ten, as an orphan (his parents have been killed in a bomb attack), he was brought to the former USSR and received "communist education". If being deported from Austria to Afghanistan, he would face persecution and arrest. Even assassination might occur, which happened

²³ Their names and institutional affiliations are available on request.

frequently to communists before. He finally has been recognized as a conventional refugee. In another case, an Afghan from the Hazara tribe fled the country, because the Taliban had recruited members of his family systematically to serve in the militia. He also got refugee status.

A young man, having lived in western countries for years, was meant to be deported to Afghanistan. He feared for his life, because the western style of living has become part of his identity meanwhile. He has started to drink alcohol, he disliked Islam and its traditions, he did neither feast nor pray and accepted the equality of women to men. According to the *sharia*, the Islamic law, this would be considered an apostasy and might have death penalty as a consequence.

3. REFERENCES

Baxter, C. (1997). Historical setting. Afghanistan Country Studies. <http://lcweb2.loc.gov/frd/cs/aftoc.html>. Retrieved on 3rd August, 2010.

De Jong, K., van der Kam, S., Ford, N., Hargreaves, S., van Oosten, R., Cunnigham, D., Boots, G. & Andrault, E. (2004). The trauma of ongoing war in Chechnya. MSF report August 2004. www.msf.org/source/downloads/2004/chechnya_report.pdf. Retrieved on September 20th, 2007.

Denber, R. (2004). Human Rights Watch Report 2004: "Glad to be deceived": The international community and Chechnya. www.hrw.org/wr2k4/7.htm. Retrieved on August 1st, 2007.

Dupree, N. H. & Gouttiere, T. E. (1997). The society and its environment. Afghanistan country studies. <http://www.country-studies.com/afghanistan/the-society-and-its-environment.html>. Retrieved on August 3rd 2010.

Ebel, R. E. (2005). The history and politics of Chechen oil. Chechen Republic Online Articles. www.amina.com. Retrieved on August 23rd, 2007.

Filipov, D. (2002). Drug trade flourishes again in Afghanistan. Boston Globe, Globe Newspaper Company. www.iun.edu/~hisdcl/h232/afghan/drugs.htm. Retrieved on 3rd August, 2010.

Gieler, W. (2003). *Handbuch der Ausländer- und Zuwanderungspolitik. Von Afghanistan bis Zypern*. [Handbook of policy on foreigners and migration. From Afghanistan to Cyprus.] Münster (Germany): LIT.

globalsecurity (2003): Afghanistan's Kabul to Kandahar Highway Opens Officially December 16. <http://www.globalsecurity.org/military/library/news/2003/12/mil-031212-usia01.htm>. Retrieved on 28th July 2010.

Chapter 3: Societies of Origin

globalsecurity (2010). Afghanistan Drug Market: <http://www.globalsecurity.org/military/world/afghanistan/drugs-market.htm>. Retrieved on 27th July 2010.

Götz, R. & Halbach, U. (1994). *Politisches Lexikon Russland* [Political lexicon of Russia]. Munich (Germany): Beck.

Hayes, L. (2004). Who are the Taliban? Afghanistan's ruling faction, 1996-2001. Pearson Education. www.infoplease.com/spot/taliban.html. Retrieved on 03rd August 2010.

Hosseini, K. (2003). *The kite runner*. London: Bloomsbury.

Isaenko, A. V. & Petschauer, P. W. (1999). Traditional civilization in the North Caucasus: Insiders and outsiders. In K. Nader, N. Dubrow & B. H. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss* (pp. 150 - 177) London: Brunner & Mazel.

Jean, F. (2000). Tschetschenien: Moskaus Rache. Arbeitsgruppe: Internationale Politik. Wissenschaftszentrum Berlin für Sozialforschung. <http://skylla.wz-berlin.de/pdf/2000/p00-306.pdf#search='Jean%20Chechnya'>. Retrieved on 2nd October, 2007.

Klimburg, M. (1966). Afghanistan: das Land im historischen Spannungsfeld Mittelasiens. [Afghanistan: The country in the historical field of tension in Central Asia]. Vienna (Austria): Austria-Edition.

Lessing, D. (1987). *The wind blows away our words. A firsthand account of the Afghan resistance*. New York: Random House.

Max Planck Institut für ausländisches und Privatrecht (2010). Lehrbuch zum Familienrecht in Afghanistan. [Textbook for Family Law in Afghanistan]. http://www.mpipriv.de/www/de/pub/forschung/forschungsarbeit/ausl_ndisches_recht_rechtsve_r/islamische_rechtsordnungen/familienrecht_in_afghanistan.cfm Retrieved on 23th August 2010.

McClatchy (2010): Dangerous Afghan highway threatens NATO supply flow. <http://www.mcclatchydc.com/2010/06/29/96778/dangerous-afghan-highway-threatens.html>. Retrieved on 26th July 2010.

Nasuti, M. (2009): The Ring Road: A Gift Afghanistan Cannot Afford. In: <http://www.kabulpress.org/my/spip.php?article4093>. Retrieved on 27th July 2010.

NATO (2010): Nato's role in Afghanistan: http://www.nato.int/cps/en/natolive/topics_8189.htm. Retrieved on 27th July 2010.

Newell, R. S. (1997). Government and politics. Afghanistan Country Studies. <http://www.country-studies.com/afghanistan/afghanistan.html>. Retrieved on 03rd August 2010.

Palmer, C. (1998). The Taliban's war on women. *Lancet*, Aug 29, 352 (9129): 734.

Politkovskaya, A. (2002). *A dirty war*. London: Harvill.

Robson, B. & Lipson, J. (2002). The Afghans. Their history and culture. <http://www.cal.org/co/afghan/apeop.html>. Retrieved on 6th August 2010.

Scholl, S. (2007). *Töchter des Krieges*. [Daughters of war]. Vienna (Austria): Molden.

Simonsen, S.G. (2005). Chechnya and the Chechens. Chechen Republic Online Articles. www.amina.com. Retrieved on 2nd October 2007.

Tishkov, V. (2004). *Chechnya: Life in a war-torn society*. Berkley and Los Angeles: University of California Press.

UNODC (2009): Trends in world drug markets. In: World Drug Report 2009. http://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf. Retrieved on 28th July 2010

UNODC (2010): Afghanistan. <http://www.unodc.org/unodc/en/alternative-development/Afghanistanprogramme.html>. Retrieved on 26th July 2010.

Wagensohn, T. (2000). Krieg in Tschetschenien. [War in Chechnya]. Munich (Germany). Hanns-Seidel-Stiftung.

CHAPTER 4

ASYLUM SEEKERS AND REFUGEES IN AUSTRIA: THE ACCULTURATION EXPERIENCE

MARINA ORTNER²⁴ & MISHELA IVANOVA

1. OVERVIEW

Migration, both voluntary and involuntary, is of global concern, as today it affects more countries than ever all over the world. Wars and long-lasting conflict like in Afghanistan, Iraq, or Sudan, unstable political and economic conditions as well as the climate change are leading to increasing numbers of people who leave their countries involuntarily which means an enormous financial and infrastructural challenge to prospective host communities.

Due to various reasons which are not to be discussed at this point, it is quite difficult to ascertain the precise number of displaced persons worldwide. One of the most reliable sources should be the frequently up-dated statistics by the United Nations High Commissioner for Refugees (UNHCR). A number of about 42 million refugees have been estimated worldwide in 2008. This huge quantity includes some 4.7 million Palestinians who are assisted by the United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA) and 26 million internally displaced persons (IDPs) who are uprooted within their national boundaries but live under refugee-like conditions.

Pakistan is the leading country worldwide in hosting refugees (about 1.8 million), followed by Syria (some 1.1 million), and Iran (980,000 refugees). In a ranking of sending communities, Afghanistan is placed number one, followed by Iraq and Somalia (cf., UNHCR, 2009a and UNRWA, 2009).

²⁴ Correspondence should be addressed to marina.ortner@uibk.ac.at

2. AUSTRIA'S TRADITION AND EXPERIENCE IN REFUGEE AFFAIRS

Austria has a long tradition within the scope of refugee affairs both as a sending and as a receiving society. In the first place, this may be due to Austria's geographic position. The country is located in central Europe on a transit route of military and trading interests since hundreds of years between north and south, east and west.

During the 1930s and in the course of World War II many fellow citizens - most of them members of the Jewish community – have escaped from the persecution by the Nazi regime. This exodus of gifted persons such as physicians, writers, lawyers, painters, tradesmen, and others meant a heavy loss of talent for the country but an advantage and enhancement for receiving societies such as Australia, Canada, or the United States. Many who could not or did not want to escape or simply underestimated the threat by the Nazis have been deported to concentration camps. Therefore not only millions of European Jews lost their lives in this time but also people who have been persecuted because of a physical or mental handicap, for their political attitudes, their ethnic affiliation, or their sexual orientation, as well as people who dared to criticize the regime. Among the most prominent Austrian refugees was Sigmund Freud who emigrated to London in 1938 and the social democrat Bruno Kreisky, who migrated to Sweden in the same year. The latter became Federal Chancellor of Austria in 1970.

In the post-war era, for a long period of time Austria also has been located between the two ideological, political and military blocks of the North Atlantic Treaty Organization (NATO) and the Warsaw Pact. In 1951, the UNHCR established a branch-office in Vienna, because many displaced persons after World War II still needed assistance.

The country became a receiving community in 1956/57, when a huge refugee wave from Hungary reached especially the neighboring eastern areas of Austria during the Soviet assumption of power. The majority moved to third countries, such as to the United States, to Canada, and Australia, as well as other European countries and 18,000 Hungarians stayed in Austria. On account of this experience, the Austrian Integration Fund (Österreichischer Integrationsfonds, ÖIF) has been established in 1960 with the help of UNHCR to cope with prospective refugee waves.

Actually in 1968 during the "Prague Spring" and the invasion by the troops of the Warsaw-Pact in Prague, 162,000 of Czech citizens fled to Austria because of its geographical vicinity. While most of them returned later, 2,000 persons preferred to stay in Austria.

By the seventies of the last century Austria for the first time took in a large number of Non-European refugees on a quota basis of international agreements. In 1980/81, during the uprisings in Poland around the trade union movement Solidarity, thousands of refugees came to Austria. Most of them traveled on to other countries, for instance to the United States or to Australia, where well established Polish communities already existed since World War II at the latest and the refugees might have had relatives or may have found support by their communities. During the war in former Yugoslavia, a huge number of Croatians and Bosnians fled the armed conflict. After 1995 most of them returned back home and 60,000 of them decided to settle in Austria (cf., UNHCR, 2009b).

3. LEGAL FRAMEWORK

To a high degree the refugees' situation depends on their official status. Some of them (1) are **asylum seekers**, others (2) are **Conventional Refugees** according to the Geneva Convention, and others (3) have a special status, referred to as "**subsidiary protection**" ("Subsidiärer Schutz") in Austria. Still others (4) can be granted a "**right of stay for humanitarian reasons**" ("Humanitäres Bleiberecht") according to Austrian legislation. There are two stages of appeal involved with asylum affairs: The first of them is the "Federal Asylum Authority", the second one is the "Asylum Court".

If a person applies for asylum in Austria, he or she will be brought to one of the initial reception centers located in Thalham in Upper Austria or to Traiskirchen in Lower Austria. Some others are advised to register with the authorities at the branch-office at Vienna Airport when arriving on an airplane but this is only an option rarely used by financially strong migrants.

First of all, necessary procedures are initiated, such as to open a file, to take the fingerprints according to the EURODAC SYSTEM²⁵, a medical examination, counseling and interviews about the circumstances of the flight (route, reasons of flight). First, the authorities have to investigate, whether a different country of the Dublin II area should be responsible for the procedure. This treaty which replaced the provisions of the Dublin Convention, regulates which member state of the Dublin II area is responsible for examining an asylum application. If Austria is responsible, the applicant will be transferred to an asylum seekers' home or another accommodation in one of the Federal Countries of Austria according to a quota system.

²⁵ EURODAC SYSTEM: databank to register, compare, and identify fingerprints of asylum claimants

Asylum seekers get basic welfare support which provides food, accommodation, little pocket-money, and medical care but usually they do not have access to the labor market or to social benefits nor can they travel abroad or apply for family reunification.

Asylum seekers can do auxiliary works for the public benefit such as cleaning jobs or gardening for the community for little money. In very rare cases and under certain circumstances a work permit can be obtained by the employment office, but these are exceptions which depend on the labor market situation. Language courses are not mandatory and are offered in refugee camps or hostels by volunteers (students or other persons with a high level of social inclination) or are based on often time-limited local projects. There is not much privacy in the hostels for years and this fact may cause conflict because of ethnic, cultural, or religious reasons due to the shortness of space.

If an asylum seeker is granted asylum according to the Geneva Convention, he or she will be granted four months to find an accommodation of his or her own. The Austrian Integration Fund supports them and organizes language courses, vocational training and gives support to find work and accommodation within three years after the recognition.

Conventional Refugees have a residence permit, access to the labor market and are entitled to social assistance such as family benefits. A conventional passport allows traveling except to the country of origin and they have the right to apply for family reunification. Refugees granted asylum have most of the rights which Austrians have except the right to vote and access to occupations which are linked to Austrian citizenship such as civil servants (for instance as police officers).

Subsidiary protection can be obtained by persons whose asylum application has been rejected because they are not to be regarded as Conventional Refugees, but expulsion is not possible to their country of origin due to the unstable situation or threat of life. They get medical care, a limited-period residence permit and access to the labor market. At present this happens quite often to Afghan refugees following UNHCR recommendations. Family reunification is possible and citizenship can be gained after fifteen years of permanent legal stay in Austria. Points of criticism from experts are the incertitude because of the fact that the residence permits are usually only issued for one year at a time and have to be prolonged according to the situation in the country of origin. Therefore the permission to stay can expire anytime. This happened recently to many Kosovarians, whose subsidiary protection has not been prolonged anymore and who have to leave Austria subsequently (cf., Fronek, 2009). Migrants holding subsidiary protected status get an identity card which is not a travel document and does not enable them to travel abroad except in rare cases for humanitarian reasons.

The **Right of Stay for Humanitarian Reasons** ("Humanitäres Bleiberecht") means that persons who stayed legally in Austria before May 1st, 2004 can apply for a residence permit if they can prove that they can look after themselves which means to have work, health insurance coverage, and accommodation. Instead, they also could find a sponsor²⁶ who takes responsibility for their financial affairs for three years which might be granted to single refugees in rare cases but scarcely to families.

4. ILLEGAL ENTRY OF MIGRANTS

How then do migrants reach Austria? The annual report of 2008 by the Ministry of Internal Affairs reported details about organized human smuggling and illegal migration to Austria. Since the Schengen enlargement in December 2007, Austria is surrounded by Schengen member countries. The Schengen agreement means that there is no systematic passport control on internal boundaries but a tightened surveillance on the external boundaries of the Schengen zone and spot checks within the national boundary lines can take place. Since the enlargement mentioned above, Austria has 1,260 kilometers of boundary line less to keep under surveillance than before. This change can also be seen in the statistics (there were less people smugglers and less smuggled persons in 2008 as compared to 2007). Illegal migrants need the knowledge and experiences of people smugglers to cross the Schengen external boundary line, but once they have reached the Schengen zone they can travel on their own in private cars or by public transport.

Illegal smuggling of people can be a profitable business as long as the smugglers are not being detected. The annual report by the Ministry of Internal Affairs (Bundesministerium für Inneres, 2009a) gave a detailed overview of illegal migration: In 2008, 15,019 persons without holding a valid residence permit including illegal entrants, visa overstayers, and smuggled migrants were detected and there were 8,734 smuggled persons who had paid several thousand Euros each to the smugglers and facilitators among them. For example, the report mentioned a sum of 4,000 Euros to be paid in order to get from Mongolia to Austria (Bundesministerium für Inneres, 2009a).

Koerner (2005) mentioned a young Afghan refugee whose mother had paid more than 6,000 Dollar to take her son to Austria. It is not only costly getting to Europe, it can also be very risky: Especially refugees from Africa often loose

²⁶ This type of sponsorship is not to be confused from the sponsorships addressed by the present research, which definitely excluded financial support

their lives when crossing the Mediterranean Sea in small boats and a French website reported the death of a thirteen year old Afghan boy who fell from a truck in the area of Calais (Diocèse d' Arras, 2009).

Among the nationalities of the 371 smugglers detected were Serbian (48), Austrian (41), German (20), Romanian (19), Russian Federation (19) and others. Smuggled persons mainly came from the Russian Federation (2,015), Afghanistan (881), Serbia (730), Kosovo (559), Iraq (434), and Nigeria (393). 35.6% of the smuggled persons crossed the Austrian boundaries via Italy heading to Tyrol and Carinthia. 16.3% came via Hungary and about 13.3% from Czech Republic. Thirty per-cent have entered the country by car, 28% by truck, 14% by train, and 10% arrived by air. As already mentioned above, in 2008 2,015 nationals of the Russian Federation have been smuggled. Ethnic Chechens count as nationals of the Russian Federation. Forty percent of them have been under 18 years old and therefore family migration is very likely.

For people from Chechnya, the favorite route to Austria is from Poland, where many of them already have applied for asylum. Probably they are being smuggled by car by people of Polish, Austrian, or Chechen origin to Austria. Refugees from Afghanistan use the principal route from Afghanistan via Turkey to the Greek islands in the east of the country. The refugees travel to the city of Patras in Western Greece where they continue to Italy by ferry, then by train or by car or truck to the countries of their final destination. Another route is via the Russian Federation to the Ukraine, where they cross the Schengen external boundary line to Hungary and continue to Austria (Bundesministerium für Inneres, 2009a).

5. VOLUNTARY REPATRIATION OF REFUGEES

UNHCR reported about 604,000 refugees to be voluntarily repatriated in 2008 and this means a decreasing number since 2004 (UNHCR, 2009c). Quite differently, in Austria in the year of 2008, 2,732 persons have decided to return voluntarily to their countries of origin, as compared to 1,158 returnees in 2004. This means more than a doubling within four years. Nationals from Kosovo, the Russian Federation, and Serbia are the top three in the list of returnees (Bundesministerium für Inneres, 2009b).

The International Organization of Migration (IOM) assisted them in returning, some projects in Austria have been established and co-financed by the European Council on Refugees and Exiles (ECRE) and partly also by the European Refugee Fund (ERF). In one of these projects, returnees from Austria have been traced and interviewed in Afghanistan. The main problem for these persons as

refugees in Austria was their lack of perspectives in Europe, as well as disillusion and an additional negative development or emotional strain, e. g. the asylum application being rejected or family problems in Afghanistan. The returnees did not only pay much money to get to Europe but also returned to Afghanistan with little money as the start-up cash given by the IOM was helpful but did not suffice.

The returnees maintained a negative impression of their living conditions in Austria because as asylum seekers they had been excluded from the labor market and had been left with an unclear status for several years. They had returned to Afghanistan disillusioned because all their hopes of a secure livelihood in Europe had been destroyed (Ghousuddin, 2009).

As mentioned in an online report, UK government offered money and assistance to voluntary returnees. But the insecure situation and economical reasons continued to prevent people from returning (BBC, 2006). Another research on Afghan nationals in the UK stated that many of the people interviewed "felt that it was too early to go back to their country, mainly because of structural factors" (Sales, Blitz & Marzano, 2002, p.2).

6. OFFICIAL DATA

According to the non-profit and non-governmental organization "Human Rights First" (2009), Europe currently is hosting about 860,000 refugees. By January 1st, 2008, in Austria 8.332 million people were living. Among them there were 855,000 people with a foreign citizenship, meaning a percentage of 10.3% of the population in total. Compared to 1961, this was an enormous increase, as in those days only 100,000 foreigners were living in Austria (1.4% of the population in total). Austria also has a high percentage of working migrants from Turkey, Germany, and former Yugoslavia. Persons of foreign descent (foreign citizens or Austrian citizens who have been born in a third country) counted 1.385 million people, which are 16.6% of the population in total (Österreichischer Integrationsfonds, 2009).

Asylum claimants constituted 7% of the migrants (cf. Lackner, 2009). The development of asylum claims lodged and recognition rates of refugees according to the Geneva Convention in Austria is as follows: Between 2003 and 2007, Austria was on the fourth position in a European ranking compared to the population in total behind Cyprus, Sweden, and Malta to lodge asylum claims (Österreichischer Integrationsfonds, 2009). With about 37,600 refugees, Austria is in position 36 of countries providing asylum worldwide (UNHCR, 2009a).

In 2008, 12,809 asylum applications by persons coming from 94 different countries have been lodged and 3,512 have been decided positively. During that year, 3,436 asylum applications came from nationals of the Russian Federation, which represented 26.8% of asylum seekers in total. Afghan subjects lodged 1,365 claims (they represented 10.7% of asylum seekers in total). Compared to 2007, this meant a considerable increase of nationals from the Russian Federation (+28,4%) and from Afghanistan (+79,4%) to apply for political asylum (Bundesministerium für Inneres, 2009b). The overall recognition rate of asylum claims as well as the recognition rate of nationals of the Russian Federation and Afghans subjects in 2008 has dropped as compared to 2007 (Bundesministerium für Inneres, 2009c; UNHCR, 2009d).

In 2007, 1,638 persons got subsidiary protection, and in 2008 this number was about the same with 1.599 persons. Statistics only inform about the newly established cases of subsidiary protection but not about the number of renewals. Therefore it is impossible to estimate how many persons live at present under subsidiary protection in Austria (Fronek, 2009).

7. LIVING CONDITION OF REFUGEES IN AUSTRIA ACCORDING TO THE ASSESSMENT OF EXPERTS

In-depth interviews have been carried out with professionals who work with refugees daily and therefore are familiar with their needs and problems and have got insight into the process of acculturation of this special group²⁷. A total of 22 selected experts who work as professionals or volunteers with refugees in different Austrian provinces, including Vienna, have been interviewed to cover experiences in refugee affairs in rural areas as well as in cities. The experts got a deep insight and professional knowledge in refugee and asylum concerns. Among them were scientists from universities, directors of refugee homes, psychotherapists, social workers, and representatives from official authorities and NGOs.

What are the experts' essential points of view and what do we learn about the acculturation process? The refugees mainly come from the Russian Federation, Afghanistan (with various ethnic groups among them, e.g., Pashtuns, Tajiks, Hazaras, Uzbeks, Turkmen) and Iraq, and some others come from Iran, Armenia, Azerbaijan, Nigeria, or Tibet. The recognition rates among the different nations vary considerably. Ethnic Chechens are registered as nationals of the Russian Federation, Kurds can be nationals of Turkey, Iraq, Iran, or others. The refugees apply for asylum because of political, religious, ethnic, or

²⁷ The names of the interlocutors and the transcriptions of the interviews are available on request.

other persecution and because of the insecure and unstable situation or because of civil-war and internal conflict in Chechnya or Afghanistan.

Of course, refugees are glad and grateful to live in a safe environment and to have left war, threat for life, and armed conflict behind them but their situation in the receiving communities depends on their official status: Asylum seekers face other problems than persons granted asylum or persons with subsidiary protection do.

Migrants use to come to Europe with high expectations and hopes for a better life and especially countries in Central, Western and Northern Europe have high pull-factors. Refugees expect their asylum applications to be granted, they want to work and to get medical care free of charge. A standard of living comparable to that of European citizens is quite important especially to parents of young children as they want their offspring to get good education as a prerequisite for a better future. According to our informants, especially Afghan refugees hope to work and to be able to support their kinship in Afghanistan financially.

8. HOW IS PUBLIC PERCEPTION OF REFUGEES IN AUSTRIA?

While the Greek word for "foreigner" synonymously means "guest", being a refugee in Austria is by no means viewed positively by all the people and some mass media use to report in a biased way whenever asylum seekers or refugees are involved in any kind of problematic incidents such as violent conflict or burglaries. Foreigners frequently are criminalized and condemned in advance and suspected to take advantage of the social system, and especially asylum claimants are being stigmatized in this way.

The discussion about voluntary and involuntary migration in Austria is polarized and highly emotionalized, therefore an objective approach is sometimes difficult to attain. The role of some mass media evokes the experts' criticism because of one-sided reporting. By the experts interviewed this kind of reporting is noticed with concern because it may raise misconceptions and wrong images and it may influence public opinion towards xenophobia. Therefore a wide range of reactions such as prejudice and mistrust can lead to discrimination and hostility. Glatthaar (2002) mentioned that xenophobia is more likely in areas where only small numbers of foreigners live, and it is more likely with persons who are not in contact with foreigners personally, it is more likely with persons of advanced age or of low educational standard. Moreover, public opinion does not differentiate between refugees and asylum seekers on the one hand and economic migrants on the other.

In times of worldwide economic crisis and worrying unemployment rates migrants could be seen as possible competitors on the labor market, and this may also influence opinion making on a political level and be used as a simple argument in politics of the day, as many of the experts interviewed have emphasized vigorously.

9. SPECIFIC PROBLEMS AND CHALLENGES

The experts have agreed unanimously that acculturation could not be an obligation to be fulfilled by one side but should be considered as a long-term and mutual process by both sides involved. Refugees must be encouraged to learn the language as soon as possible and to be open-minded towards the new culture by seeking contact to the native-born population. Members of the receiving society should be respectful and open-minded towards migrants and their culture. Information is necessary because it can reduce fears and prejudice and possible discrimination and hostility. Public relations could help a lot towards a better understanding of each other.

Foreigners' crime rates are a current concern in mass media coverage. What do crime statistics really show? Young foreigners between 14 and 40 years of age are 2.2 times more often proved guilty of a crime as compared to young Austrians of the same age. Possible reasons might be their lack of education and vocational training, being reflected by their high unemployment rate. Moreover, foreigners are more likely to live in a socially deprived situation than locals and therefore, the statistical comparison may give a distorted impression (Glatthaar, 2002).

Meanwhile there are many governmental and non-governmental organizations which support refugees and other migrants by knowledge, information, basic assistance, legal advice, interpreters, language courses, or psychotherapy. Many such projects have been implemented, and volunteers for instance come to asylum seekers' hostels regularly to give German courses, to play with the children and so on. By NGOs²⁸ also projects are carried out to support special target groups, e. g., language classes or alphabetization courses exclusively for women - while mothers attend a class, children are being cared for. According to the experts' reports, while there is a long tradition of financing such activities by government, some projects currently are no more financed by the state any longer. Of course there are also many Austrians who help on a private basis with

²⁸ NGO: Non Governmental Organisation. Austrian examples are Ankyra, Aspis, Asylkoordination, Caritas, Hemayat, Interface, SOS-Menschenrechte Österreich and Trapez.

financial support and people provide substantial financial support to organizations working to assist migrants.

A serious problem is the duration of the asylum application process which can take several years until a final decision will be made by the authorities involved. This means increasing psychological pressure to asylum seekers because of being insecure about their immigration status and the question whether asylum will be granted or denied. By the end of July 2007, 200 asylum seekers have been waiting for more than ten years for a decision and 11,000 persons had been waiting for more than three years (UNHCR, 2009d).

The longer the refugees have to wait, the more they will become disappointed and disillusioned. As asylum seekers usually do not have access to the labor market they spend years by waiting. This can be a problem not only for families but especially for unaccompanied minors or single men who do not have emotional support and background of family members. This insecure situation can even lead to aggression and minor offences especially among young single men and unaccompanied minors. More and more members of these special groups currently continue to arrive especially from Afghanistan, and this might be a special new challenge to society. Koerner (2005) underlined the problems and vulnerability of unaccompanied children and adolescents as refugees, when living without a social network or protection by their parents.

The estimated number of ethnic Chechens in Austria varies between 20,000 and 25,000 persons and 85% of the asylum claimants of the Russian Federation are ethnic Chechens. Austria hosts a large Chechen community due to comparatively high recognition rates. In addition, the already well established community of course attracts more people of the same ethnic group. Chechens are strongly linked internally within their communities and the experts interviewed even used the words "parallel society", "ghetto", or "segregation". Only a few of them have closer contact to Austrians due to language and cultural reasons. Because of the long and painful history of persecution, people from Chechnya seem to keep together more than other groups of refugees do. Many of them use to be homesick and intend to return home after the situation has quieted down. Thus it can be well understood that they try to keep their cultural traditions and customs in exile until they can return. Maybe this is also the reason why many Chechens do not speak German or have only a poor command of the language. Clinging to tradition is often noticed in groups of migrants as it helps to stabilize their collective identity and this strong identification with traditional values can also lead to premature marriage of minors in Diaspora (Vasilyev, 2008).

The experts interviewed described Chechens as being more withdrawn than for example Afghans. In their cases, flight and exile are experiences of families and

clans or even of a whole nation, whereas refugees from other countries share more or less individual destinies with an individual flight history.

The refugees' economic conditions are poor and many persons granted asylum live on social welfare. One of the experts estimated that 80% of this group live on public hand. Asylum seekers usually do not have access to the labor market which means their gifts, talents, and working experience go to waste. Experts consider asylum claimants to be in a weak position socially, legally, and economically, which prevents first steps towards an integration process. Sabzi (2001) mentioned a research by the Statistische Bundesamt in Germany, which found that German citizens preferred anyone else than asylum seekers as their neighbors. Similarly, a popular Austrian weekly newspaper reported results from a recent public opinion poll amongst five hundred Austrians, according to which 53% of the questioned persons considered asylum seekers to be more criminal than other groups, only 25% thought that asylum seekers were in need of protection, and only 16% believed that asylum-seekers were willing to integrate (Profil, 2010).

According to the experts, even if asylum claims will be denied, asylum seekers could benefit back home from any kind of education or vocational training such as doing a German or English class or a computer course. Therefore, the experts located an urgent call for action to improve the situation for asylum seekers. On the contrary, a variety of measures and support for Conventional Refugees and subsidiary protected persons is offered to allow small steps towards their integration.

Employers use to complain that some of the refugees tended to refuse job offers which do not meet their alleged professional qualification. Even highly educated refugees scarcely get a job in their original profession because of language reasons or missing certificates so that they will have to work in unskilled positions. This fact means little income at the basis of minimum wages, poor social appreciation and sometimes also exploitation. Even economic migrants who live in Austria for a long period of time often are so-called "working-poor". Foreigners, especially migrants from South- and Eastern-Europe have less income than Austrians have and their unemployment rates are high (Lackner, 2009). As a result there is not much incentive for them to work for little money and some of the experts stated that they would sometimes expect to participate in the social benefits which are at a high level in Austria compared to other countries. Of course this can cause hostility against foreigners in public opinion, and sometimes even expressions like "social parasite" and "asylum tourists" are used in political discussion, increasing antipathy and prejudice towards refugees.

Language obstacles also hinder successful integration into the labor market and therefore high unemployment and underemployment in unskilled jobs are

frequent among refugees, where poor command of the language is a main obstacle in finding a job. Refugees who live in remote areas simply do not have the possibility to do a language class or to make contacts to German speaking people towards practicing their language skills.

Another problem is the fact that some jobs (cleaning or working in a kitchen) traditionally are not suitable to a man in Chechen opinion and society. Therefore it is difficult or even impossible to convince men from Chechnya to accept this kind of work. Moreover, women from Chechnya traditionally are not expected to work as waitresses as this is considered to be a dishonorable work.

Many of the people from Chechnya are severely traumatized and psychotherapy cannot be provided especially in rural areas whereas the situation for instance in Vienna is much better. Staff and money shortage worsened the situation and the same applies for legal advice of many NGOs. Albeit many refugees would need psychotherapy in their native language, only few therapists can speak for instance Arabic, Chechen, or Farsi. Therefore a compromise is necessary and therapists work with the help of interpreters. Leitner (2009) gave a detailed account of the pros and cons of this kind of setting.

But not only war experiences lead to stress symptoms and **Chapter 1** of this book has focused on the fact, that for many displaced persons, acculturative strain is interacting with post-traumatic stress. Dadfar (1994) stated "Indeed, life for traditional Afghan refugees in Western nations is almost as distressing as the trauma of being forced from Afghanistan" (p. 135). In addition to possible traumatization, every refugee has to cope with a new culture, new experiences and a new situation which certainly can be an extremely stressful process.

How do men and women cope with their experiences of flight as stressful life event in the experts' opinion? Our respondents noticed that women use to speak more often about the flight or their living conditions in their host countries and they use to accept help and psychological assistance more readily than men. Reflecting traditional gender roles of collectivist societies, men cannot talk easily about emotions and tend to withdraw. One expert stated: "Women incline to psychosomatic disorders and depression, whereas men incline to aggression not only towards other refugees but even towards their spouse and other family members".

The housing situation is quite difficult because of the deposits and overpriced rents of flats on the free market. In Chechen society it is the men's pride to have many children, but this raises problems when looking for a flat. For families with many children there are even more obstacles compared to single persons or smaller families because sometimes the owners of the flats hesitate to rent them to large families with numerous children. They are afraid of noise and problems

with neighbors or financial difficulties if their tenants live on social welfare. Moreover, in some cases it is clearly stated in a newspaper advertisement that the flat will not be rented out to foreigners. Foreigners in general spend more on housing (about a third of their income) as compared to Austrians (who spend 17% of their income) and live on less space. While natives live on 45 m², for example Turkish migrants live on 20 m² (Lackner, 2009) and even more difficulties may be expected for refugees.

Gender roles are following traditional rules of collectivist society and men perceive themselves as the heads of the family who make decisions (Renner, 2008). Therefore gender related aspects in families from Chechnya and Afghanistan living in exile may represent a challenge to the involved organizations. Men of Chechen descent when claiming asylum, lose their roles as breadwinners and the families live on the basic assistance provided by the host communities sometimes for many years. Therefore men's role is put into question, they feel powerless and suffer from their loss of status.

Coming from a patriarchal society they feel insecure about their male identity. They are not used to talk about their feelings or problems and sometimes speechlessness and frustration contribute to domestic violence. Chechen women mostly are housewives and mothers as they were at home, especially when coming from rural areas. Their roles are similar to what they used to be before the flight but the women's position is upgraded compared to the society of origin. Women often learn for the first time in their lives that they are equal to men and that they also have rights. In case of divorce, they can apply to get custody for the children whereas this could not happen in Chechnya where the children always stay with their fathers. Under such conditions of imbalance between genders, women frequently are more open to accept any kind of assistance. In exile obviously traditional gender roles may be put into question and may be renegotiated.

This is not a new phenomenon: Already Glatthaar (2002) mentioned a research according to which young men of Turkish descent were inclined to domestic violence and conflict among their peer groups because of the different roles of men and women in western society. Upgrading women's role can lead to disorientation, feelings of inferiority, and to a crisis of male identity. Being unable to solve conflict effectually ends in violent confrontation (Glatthaar, 2002).

After war experience and persecution many displaced persons suffer from Post Traumatic Stress Disorder (PTSD) which, in the first place should be treated by psychotherapy. In men, also feeling insecure about their male identity could and should be tackled.

Especially people advanced in age and most men do not learn the new language as quickly as children, younger persons and women do. Therefore it is the women who act as the intermediaries between the families and authorities or organizations.

Refugee children attend school where local projects may offer special linguistic support to them. Children use to learn the language far more quickly than adults do, they even speak the local dialect. Therefore, children often take on the role of an interpreter for their parents even sometimes in situations which are not suitable for children's ears. Therefore, the experts consider an improved command of the language as crucial especially for adults and they recommend to learn the language as early as possible, i.e., while the asylum application is still pending.

Between 8,000 and 10,000 men and women from Afghanistan are living in Austria, while Germany hosts one of Europe's largest Afghan communities with estimated 100,000 persons (GTZ, 2009). The Afghan community is not to be regarded as equally homogeneous as the Chechen community and it is not as well established: People from Chechnya are one single ethnic group, while those from Afghanistan are members of different ethnic groups (see **Chapter 3**, this volume). There is no umbrella organization but some groups exist to support Afghan people in Diaspora; a recent internet research showed a dozen associations with reference to Afghanistan in Austria. The variety of interest groups reflects the ethnic and linguistic heterogeneity of Afghan society. The fact that more young single Afghan citizens continue to arrive in Europe means a different situation in the Afghan refugee scene. They often feel the economic pressure to earn money after being granted asylum or getting subsidiary protection. Their kinship in Afghanistan tried to collect money to enable one family member to reach Europe, who could support the family from abroad by sending money. The experts agreed that Afghan refugees use to learn the language quite quickly and do not want to be dependent on social welfare system. According to them, they tend to be more open towards other refugees and they more readily try to make contact with Austrians as compared to other ethnic groups. They are not as present in the mass media as people from Chechnya use to be, they seem to be more dispersed and they do not tend to seclude themselves in a "closed" sub-group of societies as people from Chechnya are said to do.

10. SUMMARY

According to UNHCR statistics, about 42 million people are uprooted within or outside their national boundaries worldwide. Austria has a long history in

refugee affairs, both as a sending and as a hosting community. In 2008, 12,809 asylum claims have been lodged, with 26.8% from nationals of the Russian Federation and 10.7% of Afghanistan (Bundesministerium für Inneres, 2009c).

Offers and measurements for refugees in Austria depend on their legal status whether they are Conventional Refugees, have subsidiary protection or are asylum seekers. The latter are in the weakest position from a social, economic, and legal point of view. Experts stated that it is not enough to offer food and accommodation to asylum claimants and they located an urgent call for action for instance by reducing the duration of the asylum seeking process, by offering psychotherapy and intensive language classes and by allowing asylum seekers to work in order to fight enforced idleness while awaiting a decision. Chechen and Afghan refugees both belong to Muslim and patriarchal societies. In spite of these similarities, however, their acculturation process takes a different course in many aspects.

The scope of refugee affairs is highly emotionalized and polarized in Austria depending on societal climate. It should be emphasized positively, however, that in recent years many efforts have been made towards offering humanitarian aid and social welfare for refugees and foreigners as a response to their migration.

11. REFERENCES

BBC (2006). Afghans resisting leaving UK. http://news.bbc.co.uk/2/hi/south_asia/6212156.stm. Retrieved on 20th December, 2009.

Bundesministerium für Inneres (2009a). Organisierte Schlepperkriminalität, Illegale Migration, Jahresbericht 2008 [Organized criminality of human smugglers and illegal migration. Annual Report, 2008]. http://www.bmi.gv.at/cms/BK/publikationen/files/JAHRESBERICHT_2008_Final_Version.pdf. Retrieved on 26th November, 2009.

Bundesministerium für Inneres (2009b). Sicherheitsbericht 2008 [Report on national security, 2008]. http://www.parlament.gv.at/PG/DE/XXIV/III/III_00099/fname_173662.pdf#search=%22sicherheitsbericht%202008%22. Retrieved on 31st December, 2009.

Bundesministerium für Inneres (2009c). Asylstatistik 2008 [Asylum statistics, 2008], http://www.bmi.gv.at/cms/BMI_Asylwesen/statistik/files/Asyl_Jahresstatistik_2008.pdf. Retrieved on 31st December, 2009.

Dadfar, A. (1994). The Afghans: Bearing the scars of a forgotten War. In: A. J. Marsella, T. Bornemann, S. Ekblad, & J. Orley, (Eds.): *Amidst peril and pain. The mental health and well being of the world's refugees*. American Psychological Association Press: Washington, DC.

Diocèse d'Arras, Réfugiés à Calais (2009). Et maintenant? <http://arras.catholique.fr/page-11180-cxalais-nouvelles-octobre.html>. Retrieved on 26th December, 2009.

Fronek, H. (2009). Ausweg oder Sackgasse? [Way out or dead end?]. *Asyl aktuell*. Issue 2, p. 11 - 15

Glatthaar, C. (2002). *Ausländerkriminalität in Österreich* [Foreigners' criminality in Austria]. Diploma Thesis, University of Innsbruck.

Ghousuddin, M. (2009). Back to Afghanistan - Interviews with Returnees from Austria. http://www.asyl.at/projekte/evrp/evrp_report_afghanistan_english.pdf. Retrieved on 31st December, 2009.

GTZ (2009). Migration and development. <http://www2.gtz.de/migration-and-development/konferenz-2/english/afghans.htm>. Retrieved on 15th October, 2009.

Human Rights First (2009). Refugees in Europe, http://www.humanrightsfirst.org/intl_refugees/regions/europe/europe.htm. Retrieved on 26th November, 2009.

Koerner, H. (2005). *I am not nobody, I am human*. Doctoral Dissertation, Alpen-Adria-Universität Klagenfurt.

Lackner, H. (2009). Die etwas anderen Österreicher [Austrians, who are a bit different]. *Profil*, 19th October, 2009, Vol 40, (43), p. 32 – 35.

Leitner, T. (2009). DolmetscherInnen als wertvolle VermittlerInnen [Interpreters as valuable mediators]. In T. Schmiedinger & H. Schinnerl (Eds.): *Dem Krieg entkommen* [Escaped from war]. Wiener Neustadt (Austria): Verein Alltag.

Österreichischer Integrationsfonds (Ed.) (2009). *migration & integration, zahlen. daten. fakten* [Migration and acculturation. Statistics, data, and facts]. Vienna: Austrian Integration Fund.

Profil (2010). Nicht willkommene Asylwerber [Asylum seekers not welcome]. 19th July 2010, Vol. 41 (29), p. 13.

Renner, W.: (Ed.) (2008). *Culture-sensitive and resource oriented peer groups*. Innsbruck (Austria): Studia.

Sabzi, R. (2001). *Orient und Okzident im Spannungsfeld der Kulturen* [Orient and occident in the area of cultural conflict]. Dissertation, University of Münster (Germany).

Sales, R., Blitz, B. & Marzano, L. (2002). Afghan Nationals in the UK: Professional capacity and views on return. <http://www.researchasylum.org.uk/?lid=43>. Retrieved on 19th October, 2009.

UNHCR (2009a). Weltflüchtlingsstatistik 2008: 42 Millionen Menschen auf der Flucht [Worldwide statistics on refugees. Forty-two million people fleeing]. <http://unhcr.ch/navigation-oben/presse/einzelansicht/article/393/weltfluechtlingsstatistik-2008-42-millionen-menschen-auf-der-flucht.html>. Retrieved on 31st December, 2009.

UNHCR (2009b). UNHCR in Österreich [UNHCR in Austria]. <http://www.unhcr.ch/grundlagen/ueber-unhcr/unhcr-in-oesterreich.html>. Retrieved on 31st December, 2009.

UNHCR (2009c). Global Trends. www.eacnur.org/media/docs/unhcr%20global%20trends%202008.pdf. Retrieved on 31st October, 2009.

UNHCR (2009d). Asyl in Österreich: Immer weniger Tschetschenen anerkannt [Asylum in Austria: Less Chechens continue to be recognized]. www.unhcr.at/statistiken/einzelansicht/article/11/asyl-in-oesterreich-immer-mehr-antraege-von-irakern.html. Retrieved on 31st December, 2009.

UNRWA (2009). Who is a Palestine Refugee? <http://www.un.org/unrwa/refugees/whois.html>. Retrieved on 31st December, 2009.

Vasilyev, E. (2008). Chechen Youth in the Diaspora – the Austrian Case. In: Österreichischer Integrationsfonds (Ed.), *Chechens in the European Union*. Vienna (Austria): Austrian Integration Fund.

CHAPTER 5

RATIONALE, DESIGN, AND METHOD OF THE PRESENT STUDY

WALTER RENNER²⁹

1. RATIONALE AND DESIGN

From Berry's (1997; 2002; cf. Berry, Poortinga Segall & Dasen, 2006) theory we expected that sponsorship programs would provide social support which would act as a moderating factor towards central variables in Berry's model, namely experienced clinical symptoms, problem appraisal, and adaptation, which would reduce perceived contact discrepancy and discrimination, and promote coping strategies and acculturation.

As pointed out in the Introduction, the central assumption of the study was that sponsorships would have positive effects, provided that sponsors would be properly selected, trained, and supervised. Sponsorships had been planned for six months in order to provide a manageable timeframe both to sponsors and clients and to reduce possible over-protection (cf., Prügel, 1988) as well as possible doubts which might arise on both sides in the case of a longer commitment.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Month		
t1			t2						t3			t4														
t1			t2						t3			t4														
t1			t2						t3			t4			t5											
t1			t2						t3			t4			t5											

Bold vertical lines | indicate times of pre-, post- and follow-up measurements

Grey bars ■■■■■ indicate duration of sponsorships

IG = Intervention Group; CG = WControl Group – Proposed **N = 15** in each of the four groups (**Total N=60**)

Figure 1: Time schedule

²⁹ Correspondence should be addressed to walter.renner@uibk.ac.at or walter.renner@umit.at

Figure 1 gives the initial time plan of the study. It can be seen that the effects on two intervention groups, one from Chechnya and one from Afghanistan should be compared with two respective Wait-List Control Groups. In addition to pre- and post-measurements, a three- and a six-month follow-up measurement should clarify whether the effects of the interventions would remain stable over time. As can be seen from **Figure 1**, we intended to include in the study a total of 60 refugees and asylum seekers, with approximately 50% of them stemming from Chechnya and approximately 50% from Afghanistan.

2. AIMS AND HYPOTHESES

As the present project had been based on Berry's (1997, 2002) theory of acculturative stress, its results were expected to contribute to the further development of this theoretical approach. In addition, the study was expected to contribute to the body of knowledge of Health Psychology, by demonstrating, under which conditions social support to refugees and asylum seekers can be helpful and effective. Moreover, the results should be instrumental towards developing guidelines for practitioners and policy makers for installing sponsorship programs for asylum seekers and refugees in the future.

The **hypotheses** tested are listed in the box below. The results for the hypotheses operationalized by quantitative measures (**H1 thru H20**) will be reported in **Chapter 6**, for those operationalized by qualitative measures (**H i and H ii**) please see **Chapter 7**.

A. We hypothesized that the members of the Intervention Group, as compared to those of the Control Group, between pre- and post-measurement,

=> will show more improvement in perceiving, appraising, and using **social support (H1)** (cf. Measure³⁰ 10 below).

B. As social support acts as a moderator of acculturative stress in Berry's (1997, 2002) model (cf., Chapter 1), we also hypothesized that the members of the intervention as compared to those of the control group, between pre- and post-measurement,

=> will show significantly more improvement of **cognitive control and problem appraisal (H i)** (cf. Measure 5 below),

³⁰ For measures see **Table 2** below

=> will show significantly more improvement in the experience of stress in terms of **somatic complaints (H2)**, **anxiety (H3)**, **depression (H4)** and **post-traumatic stress (H5)**³¹ (cf. Measure 6 below), and

=> will show significantly more improvement in **psychological adaptation**, i.e., more **life-satisfaction (H6)** and **self-esteem (H7)** and less **psychological problems (H8)**, and improved **socio-cultural adaptation (H ii)** (cf. Measure 7 below).

C. As the moderating factors during acculturation (cf., Chapter 1) can be expected to be correlated positively, we also hypothesized that the members of the intervention as compared to those of the control group, between pre- and post-measurement,

=> will show significantly more reduction of **contact discrepancy with respect to "ethnic contact" (H9)** and **"Austrian contact" (H10)** (cf. Measure 9 below),

=> will show significantly more reduction of **discrimination (H11)** (cf. Measure 11 below),

=> will show significantly more improvement of **coping** of the **"Problem Focused" (H12)** and the **"Social Support" (H13)** type and more reduction of the **"Wishful Thinking" (H14)**, **"Self Blame" (H15)** and **"Avoidance" (H16)** type (cf. Vitaliano, Russo, Carr, Maiuro, and Becker, 1985, Measure 12 below), and

=> will show significantly more improvement on both, the **"Cultural Maintenance" (H17)** and the **"Participation" (H18)** dimension of the acculturation questionnaire, thus practicing the "Integration" strategy of acculturation (Berry, 1970; cf., Measure 13 below).

D. We hypothesized that the main results could be replicated for the Control Group in the course of the time-delayed sponsorships between t_2 and t_3 (**H19**).

E. We hypothesized that the improvements found at post-measurement will be found to **remain stable** at 3- and 6-months follow up measurements (**H20**).

F. We also hypothesized a **"dose effect" (H21)** in the sense that

=> the more social support is perceived to be received from the sponsors (cf. Measure 10 below), the higher will be the effects on the dependent variables listed under **"B. and C."**

These hypotheses should be tested **separately** with respect to participants from Chechnya and from Afghanistan.

³¹ As Berry's (1997, 2002) model is not specific to refugees and asylum seekers, we have added post-traumatic stress as an outcome variable with respect to considerations put forward in the Introduction.

3. PARTICIPANTS

Details on the participants, both on the sponsors' and on the refugees' and asylum seekers' part will be given in Chapter 6. At this point, it might suffice to mention that a total of 35 sponsors, ten men and 25 women had taken part in the study. Initially, there were 63 clients, 42 from Chechnya and 21 from Afghanistan, 36 men and 27 women participating in the study. Chapter 6 will also give details on the reduction of sample size in the course of the research.

4. ASSESSMENT METHODS

The self-report questionnaires and the qualitative assessments employed are shown in **Table 1**. It can be seen that the variables correspond to the constitutive elements of Berry's (1997; 2002) theory of acculturation which has been presented in **Chapter 1** of this book. The background of the study with respect to the Societies of Origin (Point 1) has been reported in **Chapter 3** of this book and the results pertaining to the "Society of Settlement" (Point 2) and with respect to the "Acculturation Experience" (Point 3) can be seen from **Chapter 4**.

Variable (cf. Chapter 1)	Assessment Method	Time	# of items	Cronbach's α
Group Level				
1. Society of Origin => Political context => Economic situation => Demographic factors => other aspects(religion...)	Semi-structured interviews with refugees, Caritas, other NGOs, authorities; lit. search, consultation of previous work (Salem, unpublished manuscript)	preliminary phase ³²		
2. Society of settlement => Social support by larger society and ethnic society => Attitudes of larger society, multicultural ideology, ethnic attitudes	Semi-structured interviews with refugees, Caritas, other NGOs, authorities, directors of refugee homes, social workers, medical doctors, psychotherapists	preliminary phase		
3. Acculturation Experience (group level)	Semi-structured interviews with refugees, Caritas, other NGOs, authorities, directors of refugee homes, social workers, medical doctors, psychotherapists	preliminary phase		
Individual Level				
Central Line (Fig. 1)				
4. Acculturation Experience (individual level) => Contact => Participation => Problems	Problem Checklist (cf. Zheng & Berry (1991); will be converted to Goal Attainment Scale (Kiresuk & Sherman, 1968) plus semi-structured interviews: Q1 ³³	Pre	18	
5. Stressors (H1) => Cognitive Control => Problem Appraisal	semi-structured interviews Q2	Pre, Post, FU1, FU2		

³² For explanation of preliminary phase, pre, post, FU1 (=Follow Up 1), FU2 (=Follow Up2) see Fig. 2

³³ See Chapter 7, this book, for Questions **Q1** through **Q10**

Variable (cf. Chapter 1)	Assessment Method	Time	# of items	Cronbach's α
6. Stress 6.1 => Psychosomatic (H2) 6.2 => Anxiety (H3) 6.3 => Depression (H4) 6.4 => Post-traumatic Stress (H5)	6.1 Bradford Somatic Inventory (BSI, Mumford et al., 1991); 6.2, 6.3 Hopkins Symptom Checklist-25 (HSCL-25, Mollica et al., 1987), 6.4 Harvard Trauma Questionnaire Part IV, items 1 through 16 (Mollica et al., 1992), plus semi-structured interviews Q3	Pre, Post, FU1, FU2	BSI: 44/46 men/women HSCL: 25 HTQ: 16	BSI $\alpha = .96/.95$; HSCL-25: $\alpha = .92/.96$; HTQ: $\alpha = .91/.90$ Chechens/Afghans (Renner et al., 2006)
7. Adaptation 7.1 Psychological Adaptation (H6 to H8)	scales for life satisfaction (L), self-esteem (S) and psychological problems (P) successfully employed by Vedder and van de Vijver (2006) plus semi-structured interviews Q4	Pre, Post, FU1, FU2	L: 5 S: 10 P: 15	L: $\alpha = .77$ S: $\alpha = .75$ P: $\alpha = .88$ ³⁴
7.2 Socio-cultural adaptation (Hii)	Goal Attainment Scale (see above) plus semi-structured interviews Q5	Pre, Post, FU1, FU2	1 to 5	
Moderating factors prior to acculturation				
8. => Age, gender, education, religion => health, language, status => pre-acculturation migration motivation, expectation, cultural distance	semi-structured interviews	Pre		
Moderating factors during acculturation				
9. Contact discrepancy (H9, H10)	ethnic (E) and national (N) peer contacts will be measured by the scales successfully employed by Vedder and van de Vijver (2006) ³⁵ . plus semi-structured interviews Q6	Pre, Post, FU1, FU2	E: 4 N: 4	E: $\alpha = .79$ ² N: $\alpha = .78$ ²
10. Social support: appraisal & use (H1)	(Ong & Ward, 2005 ³⁶) plus semi-structured interviews Q7	Pre, Post, FU1, FU2	18	$\alpha = .94$
11. Societal attitudes: Appraisal & reaction (H11)	perceived discrimination will be measured by the scale successfully employed by Vedder and van de Vijver (2006) plus semi-structured interview Q8	Pre, Post, FU1, FU2	9	$\alpha = .83$ ²
12. Coping: Strategies & resources (H12 to H16)	Ways of Coping Checklist (P: Problem-Focused, W: Wishful Thinking, S: Social Support, B: Blamed Self, A: Avoidance), Revision by Vitaliano et al. (1985) plus semi-structured interviews Q9	Pre, Post, FU1, FU2	P: 15 W: 8 S: 6 B: 3 A: 10	P: $\alpha > .85$ W: $\alpha > .85$ S: $\alpha > .75$ B: $\alpha > .76$ A: $\alpha > .73$
13. Acculturation strategies: Attitudes and behaviors (H17, H18)	own questionnaire Cultural Maintenance (C) vs. Participation (P) according to Berry's Personal Communication of 16 th Feb, 2007 plus semi-structured interview Q10	Pre, Post, FU1, FU2	C: 6 P: 6	C: $\alpha = .88$ P: $\alpha = .92$

Table 1: Quantitative Measures and Qualitative Assessments (Q1 to Q10) with respect to Hypotheses H1 to H18

³⁴ Mean Cronbach's α as reported by Vedder and Van de Vijver (2006) in multiethnic samples of immigrant youth

³⁵ Some items were minimally altered in order to meet the requirements of adults instead of youth

4.1 Psychometric Methods (Questionnaires)

The hypotheses put forward above, pertain to the "Individual Level" of Berry's (1997; 2002) theory. Most of them (with the exception of Measures 5 and 7.2 in **Table 1**, which are qualitative ones) were tested by the quantitative measures as listed in **Table 1**. All the questionnaires were prepared in Russian for Chechen and in Farsi for Afghan participants. From previous research (Renner, Salem, & Ottomeyer, 2006; 2007) we expected that participants would fill in the questionnaires (including the Likert-type scales) without great difficulty.

The problems which the participants had indicated in an 18-items checklist ("Problem Check List") were included into the qualitative interviews and participants were asked to what extent their individual problems and difficulties had changed in the meantime.

The Bradford Somatic Inventory (BSI, Mumford et al., 1991), the Hopkins Symptom Check-List (HSCL-25, Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987), as well as items 1 thru 16 of the Harvard Trauma Questionnaire (HTQ, Mollica et al., 1992) had been tested previously and have been found to be reliable and valid with Afghan and Chechen refugees and asylum seekers in our own study (Renner, Salem, & Ottomeyer, 2006). Similarly, Ong and Ward (2005), Vedder and van de Vijver (2006), as well as Vitaliano et al. (1985) reported good psychometric properties of the respective measures listed in **Table 1**.

According to John Berry's Personal Communication of 16th February, 2007 we developed a simple measure of acculturation strategies (Table 2, Point 13), comprising six items measuring Cultural Maintenance (i. e, identification with the culture of origin) and six items measuring Participation (i. e., identification with the host culture) and pre-tested it successfully with a small sample of Chechen and Afghan participants.

The results obtained by quantitative methods will be reported in Walter Renner's **Chapter 6** of this book.

4.2 Qualitative Methods

4.2.1 Interviews with Clients

From **Table 1** it can be seen that the individual level variables also were operationalized by qualitative interviews with the participants. As a considerable part lived in remote areas, and in order to ensure equal conditions for the total

sample, interviews were conducted by native speakers of Russian and Farsi on the phone.

The results of the qualitative interviews with the participants will be reported in **Chapter 7** of this book. This will also pertain to testing the hypotheses with respect to Cognitive Control and Problem Appraisal (Measure 5 in Table 1 above, i.e. qualitative Hypothesis **H i**) and Socio-Cultural Adaptation (Measure 7.2 in Table 1 above, i.e., qualitative Hypothesis **H ii**).

4.2.2 Protocols of Sponsors' Supervision

The sponsors were supervised on a monthly basis by Barbara Juen. She has intense experience in the psychological management of emergencies and disaster, also in a cross-cultural context. Three additional sponsors who lived in remote areas were visited and supervised by the principal investigator on a regular basis. The results of the content analysis of supervision protocols have been summarized in **Chapter 8**.

5. IMPLEMENTATION

With the help of Caritas, in early 2008 we introduced our proposed research to the media, in order to recruit prospective sponsors. After few weeks, a considerable number of men and women had expressed their interest and their willingness to act as sponsors.

On the other hand, starting in April 2008, we were looking for prospective clients from Chechnya and Afghanistan who would appear to benefit from a sponsorship. Towards this goal, we were supported especially by the Caritas refugee office and later on also by the Innsbruck based office of the Austrian Integration Fund as well as by local refugee homes.

Surprisingly enough, there was little interest on the part of prospective clients. Many whom we approached reacted suspiciously and expressed their surprise and distrust as soon as they learned that the sponsors would act free of charge. Many of them expected hidden motives on the sponsors' part and others expressed feelings of humiliation and hurt pride. Many prospective clients gave us the impression that they would readily accept help from a governmental institution or from an NGO, but that they would be reluctant to do so from an individual.

As a result of these difficulties, we were unable to implement the Intervention and the Control Group for all the clients simultaneously (as suggested by **Figure 1** above). Rather, we admitted the clients to the research step by step, randomizing them to the Intervention and the Control group. Thus the first clients were admitted to the Control Group in July and to the Intervention Group in August 2008 and the last ones were admitted in December 2008, two of them to the Intervention, and two others to the Wait-List Control Group. After waiting for six months, these last clients received their sponsorships from June to December 2009. In addition, follow-up measurements also for the Control Group had to be considered.

As a further result of the difficulties in recruiting clients, with Afghan clients being especially difficult to recruit (and in order not to keep prospective sponsors waiting even longer which would have implied the risk that they would lose interest), we decided to accept unequal numbers of Afghans and Chechens (In order to be on the safe side, we had left this possibility open in the grant application). Out of a total of $N = 113$ prospective clients who initially had agreed to participate and who has given their socio-demographic data, fifty after some consideration declined to participate, leaving us with a final sample size of $N = 63$.

From April to September 2008, the prospective sponsors had been trained and prepared for their tasks in four workshops, details of which are summarized in **Table 2**. An additional workshop for a small group of consecutive sponsors has been offered in 2009.

Workshop #	Instructor	Main issues addressed
1	Project leader (Dr. Walter Renner)	Psycho-social situation of Afghan and Chechen asylum seekers and refugees in Austria; main issues to be addressed by sponsorship
2	Consultant of Developmental Psychology (Professor Barbara Juen)	Child care, schooling and development with special respect to language problems and disadvantage as a consequence of prejudice and discrimination; coping with post-traumatic stress in children
3	Consultant of Social Psychology & Psycho-traumatology (Professor Klaus Ottomeyer)	Coping with post-traumatic stress and cultural conflict in adults
4	Consultant of Health Psychology & Lay Counseling (Professor Karl Peltzer)	Previous experience with and practical aspects of sponsorship and lay counseling.

Table 2: Training of prospective sponsors

In the course of the evaluation, clients were contacted on phone by trained native speakers according to the procedure described above (4.2.1) in order to collect qualitative data by structure interviews. In order to motivate clients to take part in the qualitative assessments and to fill in the questionnaires, they were paid a lump sum of € 80.— in the Intervention Group and (with respect to one additional occasion) of € 100.— in the Control Group.

In many cases, however, respondents were reluctant to answer the questions repeatedly (at pre-, post-, and follow-up occasions) and thus interviewing frequently turned out to be a difficult task. Also at these occasions, many clients – although they already had experienced sponsorships – appeared to have difficulties understanding the nature of the sponsors' engagement as well as the purpose of the research.

For details of the sponsorships as the clients have experienced them, see **Chapter 7** and for the sponsors' view, see **Chapter 8** of this book.

6. REFERENCES

- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46, 5 – 68.
- Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. B. Organista and G. Marín (Eds.), *Acculturation. Advances in theory, measurement, and applied research* (pp. 17 – 37). Washington, DC: APA.
- Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. D. (2006). *Cross-cultural psychology. Research and applications* (5th ed.). Cambridge: Cambridge University Press.
- Kiresuk T. J. & Sherman R. E. (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*. 4, 443 - 453.
- Mollica, R. F., Wyshak, G., de Marneffe, D., Khuon, F., & Lavelle, J. (1987). Indochinese versions of the Hopkins Symptom Checklist-25: A screening instrument for the psychiatric care of refugees. *American Journal of Psychiatry*, 144, 497 - 500.
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*, 180, 111 - 116.
- Mumford, D. B., Bavington, J. T., Bhatnagar, K. S., Hussain, Y., Mirza, S., & Naraghi, M. (1991). The Bradford Somatic Inventory. A multi-ethnic inventory of somatic symptoms reported by anxious and depressed patients in Britain and the Indo-Pakistan subcontinent. *British Journal of Psychiatry*, 158, 379 - 386.

- Ong, A. S. J. & Ward, C. (2005). The construction and validation of a social support measure for sojourners. *Journal of Cross-Cultural Psychology*, 36, 637 - 661.
- Prügel, P. (1988). Erfahrungen mit Patenschaften [Experiences with sponsorships]. In M. Blume & D. Kantowsky (Eds.), *Assimilation, Integration, Isolation (Part 2)* (pp. 317 - 368). Munich (Germany): Weltforum.
- Renner, W., Salem, I. & Ottomeyer, K. (2006). Cross-cultural validation of psychometric measures of trauma in groups of asylum seekers from Chechnya, Afghanistan and West Africa. *Social Behavior and Personality*, 35, 1101 – 1114.
- Renner, W. Salem, I. & Ottomeyer, K. (2007). Posttraumatic stress in asylum seekers from Chechnya, Afghanistan and West Africa - Differential findings obtained by quantitative and qualitative methods in three Austrian samples. In J. P. Wilson & C. Tang, (Eds.), *The cross-cultural assessment of psychological trauma and PTSD* (pp. 239 – 278). New York: Springer.
- Vedder, P. & van de Vijver, F. J. R. (2006). Methodological aspects: Studying adolescents in 13 countries. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant youth in cultural tradition. Acculturation, identity, and adaptation across national contexts* (pp. 47 — 69). Mahwah, NJ, London: Lawrence Erlbaum.
- Vitaliano, P. P., Russo, J., Carr, J. E., Maiuro, R. D., & Becker, J. (1985). The ways of coping Checklist: Revision and psychometric properties. *Multivariate Behavioral Research*, 20, 3-26.
- Zheng, X. & Berry, J. W. (1991). Psychological adaptation of Chinese sojourners in Canada. *International Journal of Psychology*, 26, 451 — 470.

CHAPTER 6

QUANTITATIVE RESULTS – HOW PARTICIPANTS RESPONDED TO THE QUESTIONNAIRES

WALTER RENNER³⁷

In the present chapter, the results of testing our hypotheses H1 to H21 by psychometric questionnaires (**cf., Chapter 5**) will be reported. The quantitative results, including a regression model of possible predictors of outcome, will be reported in detail by Renner, Laireiter, and Maier (in print) in a forthcoming journal article and thus can only be summarized here.

1. PARTICIPANTS

1.1 Sponsors

A total of 35 sponsors, 10 men and 25 women, conducted a total of 63 sponsorships. As can be seen from **Table 1**, 53 sponsorships were conducted by single persons and ten sponsorships by married couples.

Sponsor	Number of Sponsorships per Sponsor	Frequency
Single	1	9
	2	9
	3	4
	4	2
	6	1
Couple	1	2
	2	2
	4	1

Table 1: Frequency distribution of sponsorships

³⁷ Correspondence should be addressed to walter.renner@uibk.ac.at or walter.renner@umit.at

In many cases, one person sponsored two spouses, in some cases with a son or daughter coming of age. One woman, who conducted six sponsorships, took care of three married couples, one of them from the intervention, and two from the control group.

1.2 Clients

Initially, a total of **63 clients**, 27 women and 36 men, 42 from Chechnya and 21 from Afghanistan participated. Their mean age was 33.08 years ($s = 10.30$; range 16 ... 58 years). Twenty-five clients participated as single persons, 38 clients participated with their spouses. Sponsorships for couples have been analyzed for each spouse separately, regardless of the question, whether a single sponsor or a couple of sponsors took care of them. From **Table 2** details of the sample can be seen, especially with respect to the development of sample size in the course of the study. Drop outs were due to a loss of interest in continuing participation, no adverse events have been encountered.

		Country of Origin	t ₁	t ₂	t ₃	t ₄	t ₅
Total Sample	IG	Chechnya	25 (14)	20 (10)	18 (10)	14 (7)	
		Afghanistan	9 (2)	5 (1)	5 (1)	4 (1)	
	CG	Chechnya	17 (9)	17 (9)	12 (6)	11 (5)	13 (6)
		Afghanistan	12 (2)	12 (2)	6 (0)	6 (0)	5 (0)
Sub-Sample HTQ > 0.75	IG	Chechnya	11 (6)	9 (4)	9 (5)	9 (5)	
		Afghanistan	6 (2)	4 (1)	4 (1)	3 (1)	
	CG	Chechnya	13 (7)	13 (7)	9 (4)	7 (3)	9 (4)
		Afghanistan	9 (0)	9 (0)	5 (0)	5 (0)	4 (0)

Table 2: Sample size in the course of the study (IG = Intervention Group, CG = Control Group), number of women included shown in parentheses

From **Table 2** the respective number of participants randomized to the Intervention and the Control Group can be seen. As will be explained below, significant results only were obtained for a sub-sample of participants, who had reported considerable post-traumatic symptomatology at t₁ as measured by the Harvard Trauma Questionnaire (HTQ, Mollica et al., 1992).

2. DATA ANALYTIC APPROACHES

With respect to limited sample size, and in order to be on the safe side concerning the assumptions underlying complex statistical methods, the following results have been obtained by simple non-parametric tests of

significance. For exploratory purposes, however, additional multi-level analyses have been computed, the results of which are available upon request. These results largely resemble those found by simple non-parametric methods.

3. TESTS OF HYPOTHESES FOR THE TOTAL SAMPLE AND FOR THE TRAUMATIZED SUB-SAMPLE

Initially we had intended to test our hypotheses separately for the Chechen and the Afghan sub-sample. As reported in **Chapter 5** of this book it was unexpectedly difficult to recruit Afghan clients and thus the respective sub-sample was smaller than expected. We therefore abandoned the idea of testing hypotheses separately for Chechens and Afghans and rather included the country of origin as one of the predictors in the regression model employed by Renner et al. (in print).

In **Chapter 5** of this book we presented the hypotheses tested in the present study. The following **Table 3** will summarize the results obtained when testing Hypotheses 1 to 18 by comparing possible improvement in the Intervention Group and the Control Group between t_1 and t_2 . As reported in detail by Renner et al. (in print), for the total sample none of the hypotheses has been confirmed. With respect to Psychosomatic Symptoms and Problem Focused Coping, the Control Group had deteriorated significantly, while there had been no change on the remaining scales. For the Intervention Group, on none of the scales significant change has been found.

From **Chapter 1** it can be seen that acculturative as well as post-traumatic stress, with special respect to their interaction should be considered when trying to understand the fate of refugees and asylum seekers. Thus, when finding out that in the total sample almost none of the hypotheses could be confirmed, I suspected that individuals with considerable symptoms of traumatization might benefit more than others from the intervention.

In a previous study (Renner, Salem, & Ottomeyer, 2006) we had confirmed the validity of items 1 through 16 of the Harvard Trauma Questionnaire, Part IV (HTQ) (Mollica et al., 1992) for asylum seekers and refugees from Chechnya and Afghanistan. Using a Likert type scale ranging from 1 to 4, we also found, that a cut-off- point of 1.75 differentiated best between individuals with and without a history of trauma.

In the present study, we also had administered items 1 to 16 of the HTQ-Part IV, but this time used a scaling which ranged from 0 to 3 instead of 1 ... 4 as in the

previous study. Thus a mean score of 0.75 was employed in order to split the sample and to select individuals with distinct post-traumatic symptoms.

As can be seen from **Table 3**, for the traumatized sub-sample, Hypotheses 1, 3, 4, 8, and 9 have been confirmed on the 5%-level of significance. In these cases, the Intervention Group had improved significantly, whereas the Control Group had not. As far as significant results had been found, the respective effect sizes ranged from $d = 0.53$ for Ethnic Contact to $d = -1.09$ for Psychological Problems. Like in the total sample, also in the traumatized sub-sample, the Control Group had deteriorated significantly with respect to Psychosomatic Symptoms and Problem Focused Coping from t_1 to t_2 , whereas in the Intervention Group there had been no significant change.

		Expected change	Total Sample	Traumatized Sub-Sample	H19: Replication	H20: Stable at follow-up
H1	Social Support	↑	n.s.	$p < .05$	n.s.	
H2	Somatic Complaints	↓	n.s.	n.s.		
H3	Anxiety	↓	n.s.	$p < .05$	$p < .05$	yes
H4	Depression	↓	n.s.	$p < .05$	$p < .05$	yes
H5	Post-Traumatic Stress	↓	n.s.	n.s.		
H6	Life Satisfaction	↑	n.s.	n.s.		
H7	Self-Esteem	↑	n.s.	n.s.		
H8	Psychological Problems	↓	n.s.	$p < .05$	$p < .05$	yes
H9	Ethnic Contact	↑	n.s.	$p < .05$	n.s.	
H10	Austrian Contact	↑	n.s.	n.s.		
H11	Perceived discrimination	↓	n.s.	n.s.		
H12	Coping: Problem focused	↑	n.s.	n.s.		
H13	Coping: Social support	↑	n.s.	n.s.		
H14	Coping: Wishful thinking	↓	n.s.	n.s.		
H15	Coping: Self Blame	↓	n.s.	n.s.		
H16	Coping: Avoidance	↓	n.s.	n.s.		
H17	Cultural Maintenance	↑	n.s.	n.s.		
H18	Participation	↑	n.s.	n.s.		

Table 3: Summary of Hypotheses tested as reported by Renner et al. (in print)

For obvious ethical reasons, the participants of the Control Group received time delayed sponsorships between t_2 and t_3 , the effects of which also were evaluated. Thus, **Hypothesis 19** could be tested which expected to replicate our findings in the Control Group. From **Table 3** it can be seen that the positive findings only could be replicated with respect to Hypotheses 3 (Anxiety), 4 (Depression), and

8 (Psychological Problems), whereas for Hypotheses 1 (Perceived Social Support) and 9 (Ethnic Contact) the findings were not replicated.

Hypothesis 20 had expected that the improvements obtained at t_2 for the Intervention and at t_3 for the Control Group would remain stable over a three- and a six-months follow-up period after the end of the interventions. The respective results are shown in the last column of **Table 3** and it can be seen that for none of the respective variables significant deterioration had occurred in the course of the follow-up measurements.

Finally, with respect to the three variables which had yielded significant, replicable, and stable results, we tested **Hypothesis 21** regarding a possible "dose effect". In this respect we had expected that, the more social support had been perceived by the participants, the higher would be the effect of the sponsorship as expressed in the change of dependent variables. In order to test this hypothesis for the intervention group, we computed the differential scores for the three variables ($t_1 - t_2$) and correlated them with the amount of social support perceived at t_2 . The results for the sub-sample of traumatized participants in the intervention group ($N = 13$ present at t_2) were as follows: **Anxiety** $r = -.216$ ($p = .478$), **Depression** $r = -.191$ ($p = .531$) and **Psychological Problems** $r = .089$ ($p = .773$). Thus the hypothesis expecting a "dose effect" (**H21**) with respect to perceived social support has **not** been confirmed.

In addition, the expectation of a possible dose effect, has been tested for the traumatized sub-sample of the **Control Group** ($N = 14$ present at t_3). In this case, the differential scores for $t_2 - t_3$ have been correlated with perceived social support at t_3 . Again, no significant results have been achieved (**Anxiety** $r = -.456$, $p = .101$; **Depression** $r = -.217$, $p = .455$; **Psychological Problems** $r = -.347$, $p = .224$).

4. SUMMARY AND CONCLUSIONS

With respect to the limited sample size we had decided not to employ multivariate methods for data analysis. Of course, the simple non-parametric methods did not allow accounting for the dependent variables simultaneously, which yielded the problem of capitalizing on chance by multiple testing. With 18 hypotheses being tested, a Bonferroni correction would have implied replacing the 5% level of significance by an extremely low level of significance which would have been unrealistic in the light of the small sample size. Therefore, it is important to emphasize that the main results were replicated in the Control Group with respect to Anxiety, Depression, and Psychological

Problems, thus making it extremely unlikely that the positive results had been obtained by chance.

What sponsorships did achieve:

The results indicate that sponsorships have a beneficial and alleviating effect on symptoms of anxiety, depression, and psychological problems in refugees and asylum seekers from Chechnya and Afghanistan as far as they are also suffering from symptoms of post-traumatic stress. These effects remained stable over time after the interventions had ended.

The effect sizes achieved by sponsorships with respect to reducing symptoms of anxiety, depression, and psychological problems like feeling tired and weak, feeling tense or keyed up, nervous and shaky, restless, annoyed and irritated, like worrying or losing interest in activities previously enjoyed (cf., the questionnaire by Vedder & van de Vijver, 2006) were comparable to those consistently achieved by various forms of effective psychotherapy (see for example, Smith, Glass, and Miller, 1980 and Grawe, Donati, & Bernauer, 1995).

These findings are in line with the theoretical considerations on social support put forward by A.-R. Laireiter in **Chapter 2** of the present book, suggesting that social support is more effective with a target group of people at risk, who are suffering from psychological symptoms, or who have been exposed to traumatic events and also suggesting rather a palliative effect of social support comparable to psychotherapy than an instrumental one.

What sponsorships did not achieve:

Sponsorships did not have a reliable effect on other clients who are comparably well and who did **not** suffer from post-traumatic symptomatology.

Interestingly, also in traumatized participants, quite contrary to the expectations of lay psychology, sponsorships did not improve their intensity of contact to Austrians, nor did they promote participation in Austrian culture and society. With respect to inter-personal contact, perceived social support, coping behavior, or acculturation strategies no reliable effects of sponsorships have been detected in the present research.

In short:

Sponsorships were found to have a significant **palliative** as compared to a possible **instrumental** effect. The palliative effect was found in traumatized

individuals only and included reduced anxiety, depression, and psychological problems (with effect sizes being satisfactory) but not post-traumatic stress or somatic symptoms. The beneficial effects were found to be stable over a six-months follow up period and were replicated in the Control Group. For detailed recommendations to practitioners, please see the final chapter of this book.

5. REFERENCES

Grawe, F., Donati, R. & Bernauer F. (1995). *Psychotherapie im Wandel. Von der Konfession zur Profession* [Psychotherapy in transition. From confession to profession]. (4th ed.). Göttingen, Germany: Hogrefe.

Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease*, 180, 111 - 116.

Renner, W. Laireiter, A.-R., & Maier, M. (in print). Social support by sponsorships as a moderator of acculturative stress: Predictors of effects on refugees and asylum seekers. *Social Behavior and Personality*.

Renner, W., Salem, I. & Ottomeyer, K. (2006). Cross-cultural validation of psychometric measures of trauma in groups of asylum seekers from Chechnya, Afghanistan and West Africa. *Social Behavior and Personality*, 35, 1101 – 1114.

Smith, M. L., Glass, G. V., & Miller, T. J. (1980). *The benefits of psychotherapy*. Baltimore: J. Hopkins Univ. Press.

Vedder, P. & van de Vijver, F. J. R. (2006). Methodological aspects: Studying adolescents in 13 countries. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant youth in cultural tradition. Acculturation, identity, and adaptation across national contexts* (pp. 47 — 69). Mahwah, NJ, London: Lawrence Erlbaum.

CHAPTER 7

QUALITATIVE RESULTS: HOW PARTICIPANTS PERCEIVED THEIR INITIAL TIME IN AUSTRIA AND HOW THEY EXPERIENCED THE EFFECT OF THEIR SPONSORSHIPS

MARINA ORTNER³⁸, MISHELA IVANOVA & WALTER RENNER

1. HOW PARTICIPANTS EXPERIENCED THEIR INITIAL TIME IN AUSTRIA (BASELINE DATA)

1.1 Theoretical Basis

According to Berry's model of acculturation (**cf. Chapter 1**), the acculturation experience pertains to both, the group and the individual level. With respect to the group level, in **Chapter 4** we already gave details of the societal framework provided to refugees and asylum seekers by the Austrian government and by the host country's people. On the contrary, in the present chapter, we wish to give an overview of personal experiences reported by the participants of the present research.

In addition, still taking Berry's model as the theoretical basis, we are also going to give a short account of stressors (including cognitive control and problem appraisal), of stress reactions (psycho-somatic as well as psychological symptoms like anxiety and depression), of psychological and socio-cultural adaptation as well as of moderating factors like for example social contact with special reference to contact discrepancy, social support, experience of prejudice and discrimination and coping strategies as well as personal resources. Finally – still adhering to Berry's model of acculturation - we wish to focus on attitudes and behavior which might contribute to the individual strategies of acculturation.

It can be expected that groups of refugees and asylum seekers from Afghanistan and from Chechnya differ from each other with respect to the issues just

³⁸ Correspondence should be addressed to marina.ortner@uibk.ac.at

mentioned. Therefore we will summarize our results separately for both societies.

We expect our readers to be more interested in a succinct summary than in elaborated details. Still, it will be necessary to present a minimum of results also on a statistical basis in order to be able to argue with respect to the possible effects of the sponsorships as far as they are reflected by the qualitative data.

1.2 Method

In order to gather qualitative data, all participants were interviewed on telephone approximately at the same dates when they received the psychometric questionnaires (cf., **Chapter 5** for method and **Chapter 6** for results). Thus, the first phone interviews which aimed at assessing baseline data, for both the intervention and the control group, were conducted a few days after participants had agreed to participate in the research. Participants from Chechnya were interviewed in Russian, those from Afghanistan in Farsi.

Interviewers were native speakers highly experienced in working with refugees and asylum seekers. In addition, they were trained by the principal investigator prior to carrying out their task.

Due to the fact that most participants were somewhat suspicious about the nature of the study and particularly its qualitative and quantitative evaluation, the original idea of tape recording the interviews had to be abandoned. Rather, the interviewers prepared written notes in the form of catchwords which subsequently were subjected to content analysis. In the course of this analysis, for each of the ten questions, we estimated, whether **improvement (+1)**, **deterioration (-1)** or **no change (0)** had been achieved. Ratings made by the second author of this chapter were re-analyzed by the first author independently.

These were the questions of the structured interviews (for the theoretical background of the questions, see **Chapter 1** and **Table 2** in **Chapter 5**, this book) – questions were not read to the participants word by word but were formulated by the interviewers in their own words:

(Q1) Cultural Experiences

What were your most important encounters when in contact with Austrian population and society; what were the most striking current problems?

(Q2) Psycho-Social Stressors

Do you experience contact with Austrian population in a rather positive or in a rather negative way?

(Q3) Stress Reactions

Do you currently encounter symptoms of anxiety, depression, or somatic complaints? To what extent? Do you frequently have to think of traumatic experiences from your home country? Please tell me...

(Q4) Psychological Adaptation

How content are you with your current living situation and with yourself? Are there any considerable problems you are currently suffering from? Please tell me...

(Q5) Socio-Cultural Adaptation

How do you get along with everyday life in Austria (living conditions, premises, work, social contact, children at school...) and what are your most important aims?

(Q6) Social Contact

Do you feel that the amount of contact you are having to Austrians and to your own ethnic group is sufficient? Would you like to have more contact with Austrians and your own people? Please tell me...

(Q7) Social Support

How much support do you feel that you are getting from your compatriots and/or from Austrians when dealing with everyday problems and how well are you able to accept this kind of support?

(Q8) Prejudice and Discrimination

To what extent do you usually encounter prejudice and discrimination from the Austrian population? Please tell me...

(Q9) Resources and Coping Strategies

What are your most important abilities and personal resources? To what extent do other people help you in dealing with current problems and difficulties? What else do you do towards dealing with current problems adequately? What are the effects on your well-being and your current life situation?

(Q10) Acculturation Strategies

How intensely do you identify with your culture of origin – even now, after fleeing to Austria? How intensely do you identify with Austrian culture? Please tell me some of your everyday experiences!

1.3 Results

1.3.1 Participants from Afghanistan

A closer look at the answers of the initial interviews with the refugees and asylum seekers of Afghan descent (18 initial interviews in total) showed that **Cultural experiences** (Question 1) were mainly positive: Most statements were full of praise for the Austrian population for being kind and helpful. Only a few people expressed that Austrians were not warm-hearted without giving a detailed explication of what exactly they meant. Some of the interviewees admitted to be homesick, especially if parents or other relatives were still living in Afghanistan. They were also worried about the situation their families had to live in.

Stressors (Question 2): Contact to the Austrian population was mainly positive, but some ratings were qualified by admitting that there was not much contact to Austrians. Only two out of 18 gave a negative rating.

The majority of refugees and asylum seekers of Afghan descent in our interviews (11 out of 18) still suffered from **Stress Reactions** (Question 3), such as depression, anxiety, sleeplessness or nightmares because many remembered traumatic experiences. Some had been in jail or were tortured, some had witnessed the killing or torturing of relatives or others and could not forget these atrocities. Interviewees who had left their family members in Afghanistan were worried about their security, feeling restless and tense. Many asylum seekers feared for their future and felt insecure in Austria while awaiting their asylum decision. Some mentioned that they needed medication in order to be able to relax or to sleep.

Psychological Adaptation (Question 4): The majority of the 18 persons interviewed reported having various problems in Austria but compared to Afghanistan they admitted to live in a secure environment. When asked about their specific needs, one third of them said that they would like to learn German, another third would like to start vocational training. Four out of 18 felt lonesome because their families still lived in Afghanistan. Five would like to change their housing situation. Only one person out of 18 was very satisfied and did not mention any problems.

Socio-Cultural Adaptation (Question 5) refers to the question, how respondents from Afghanistan coped with the challenges of everyday life and what their main problems were. The latter are used to be discussed within the family or the refugees look for advice from NGOs like Caritas. Young men without social and emotional support from their family members often try to

solve their problems on their own. They are inclined to withdraw, watching TV or spending their time by surfing on the Web. A young single man described himself as a "loner".

When asked about their aims for the year to come, first of all they said that they wished to improve their housing situation, to learn German and to find work. Some refugees said that they hoped to get in touch with Austrians and to learn more about Austria's culture.

Refugees or asylum seekers of Afghan descent in Austria have only limited **Social Contact** (Question 6) to their compatriots or they even don't wish to make such a contact. It was not mentioned in the interviews what the reasons were. Probably this is due to the fact that they came from a society with a multiple ethnic background, resulting in a lot of mistrust between the different groups. Thus, it seems that the majority of Afghans in our study don't hold a favorable opinion of their compatriots. Almost all of those interviewed wished to have more contact with Austrians with the main goals to learn German, to make friends or to learn more about Austrian culture. Some contacts were made at work but they were restricted to the professional environment and co-workers were scarcely part of private social networks. Some mentioned a vicious circle: Without having contact to Austrians there is no possibility to learn German and without speaking German there is only little chance to make Austrian friends.

The asylum seekers and refugees get **Social Support** (Question 7) in the first place from organizations such as Caritas. Austrians are described as helpful and the interviewees got the impression that there will be help available if they are in need. They mentioned that the only handicap is the poor command of the German language or they don't know Austrians personally. It is quite remarkable that Afghan migrants don't get much help or even don't expect to be supported by their compatriots because they are facing the same problems. In contrast to respondents from Chechnya (see **1.3.2**), those from Afghanistan are less embedded in social networks and so there is little help available from their ethnic communities.

The majority of the interviewed deny any personal experience of **Prejudice or Discrimination** (Question 8). In rare cases a respondent with an Afghan background gave an example of being discriminated, e.g., by the way he or she had been looked at by locals or by the way, his or her child was treated by local children.

Only a few refugees felt that there was a kind of underlying discrimination without being able to mention a tangible situation. One participant stated: "The Austrians make me aware of the fact that I am a foreigner" but he did not give a distinct example of his reasons to suppose discrimination.

Resources and Coping Strategies (Question 9): Women with an Afghan background in this survey mostly were housewives and therefore they mentioned as their main skills being a good mother, spouse, and housewife. In case of problems they use to consult their husbands and similarly, Afghan men preferably use to discuss the problem with their wives. Men mostly see their skills in professional merits such as being a good worker, a good shoemaker, a good taxi driver, to work diligently, to be gifted in handicrafts. If single men face problems they are inclined to withdraw, to cry, to fall into a depressive mood, or to suffer from sleeplessness.

Acculturation Strategies (Question 10): Afghan culture is important or even very important for the majority of the refugees and asylum seekers interviewed. Especially religion and praying are a large part of their lives and religious ceremonies such as Ramadan, Lent, and the New Years Celebration (*nowrooz*) are highlights of the year. Due to lack of time some do not celebrate such ceremonies and single men do not celebrate on their own even if they take Afghan culture seriously. Only a few respondents said that they were not interested in Austrian culture or that they don't know about it. Families even use to celebrate Christmas with their children by presenting gifts but they avoid Christmas symbols such as a Christmas tree. Of course children come in touch with Christmas customs in kindergarten and school and therefore they also want to get presents like their Austrian classmates do. Only a few of the Afghan respondents said that they were not interested in their ethnic culture anymore because living in Austria now.

1.3.2 Participants from Chechnya

With respect to their **Cultural Experience** (Question 1), the majority of interviewees of Chechen descent (32 initial interviews have been carried out in total) reported positive experiences with the Austrian population. According to most of the participants in this part of the survey, Austrians are kind-hearted, nice, and friendly people. Human relations are described favorably and problems are perceived mainly as being due to language difficulties, which also are held responsible for the fact that profound contacts hardly are established.

Only four respondents mentioned that they had the impression that Austrians disliked foreigners and that they had negative attitudes towards asylum seekers and refugees. No specific example has been given, however, which could underline these statements. One respondent criticized that "all foreigners are used to be lumped together" by Austrians and another man stated that "there are some idiots opposed to foreigners".

Many of the respondents from Chechnya in the interviews wished to make more contact with Austrians. Tidiness, stability, and the chance to find work were mentioned as specific advantages in Austria. Many Chechen interviewees said that they were missing their home country and only five out of 32 said that they don't feel homesick at all.

Psycho-Social Stress (Question 2): Most persons interviewed described the contact to the Austrian population as positive or even as very positive, no one gave a negative rating and only seven persons out of thirty-two rated their contact to the Austrians as neutral.

Many of those interviewed complained of suffering from **Stress-Reactions (Question 3)** like anxiety, sleeping disorders, or depression. Quite frequently they also said that they were preoccupied with the past. Pain in the back or problems with the spinal column, headache, and heart problems were very common. A medical examination did not lead to a conspicuous result in most of these cases and therefore a considerable percentage of psychosomatic disorders are likely. Nervousness, tension, restlessness, and nightmares may occur. Also the uncertain situation about the outcome of the asylum decision leads to additional emotional strain and to fears of the future. Some persons were very concerned what would happen in the case of being deported. Only seven persons reported no problems whatsoever.

When **Psychological Adaptation (Question 4)** was addressed, 75% of the interviewees considered themselves as being satisfied with their lives. Main problems again were poor knowledge of the language, housing, work, and the insecurity about the future. Refugees, as opposed to asylum seekers also faced problems, but basically they expressed that they were glad and thankful to live in peace and security especially for the sake of their children. One man stated "Compared to Chechnya we live in heaven but compared to Austrians we are very poor".

As far as **Sociocultural Adaptation (Question 5)** is concerned, 26 out of 32 people reported to get along satisfactorily with the challenges of everyday life in Austria because compared to the situation in Chechnya everyday life in Austria is quite easy to tackle. Only in six cases, respondents from Chechnya admitted having problems due to various reasons.

Fifty percent of the participants of Chechen descent in this survey wish to learn or to improve their command of the German language. Twelve persons hope to find work or to find a job which better suits their previous education in Chechnya. For example, one nurse currently had a cleaning job but wished to work in her original profession. Eight mentions concerned the housing situation and its improvement because flats are too expensive or too small.

Twenty-six respondents said that they had "sufficient" **Social Contact** (Question 6) to their Chechen compatriots but did not give any details. Seventy-five percent of the respondents wished to make more contact to Austrians. Obviously, quite often the poor command of the language poses a problem. By learning to speak German, they hope to make friends, or to learn more about Austrian culture and mentality.

With respect to **Social Support** (Question 7), about 90% of the interviewees would not have difficulties to accept help. Fourteen out of 32 receive moral support predominantly from their compatriots and 20 out of 32 get support from Austrians. Nine persons said that they did not get social support because they didn't have contact to Austrians or because they don't speak any German.

Almost three fourth of the interviewees of Chechen descent did not experience any **Prejudice or Discrimination** (Question 8). Nine out of 32 reported an isolated case which has been seen as discrimination, e. g. a co-worker remarking that the person in question came to Austria only to earn money or a flat having not been let to foreigners. In other cases details about supposed discrimination were missing.

Question 9 pertained to **Resources and Coping Strategies**. Only six out of 32 respondents of Chechen descent said that they didn't get help or did not want to be helped if there are problems to be solved, as some persons would not want to bother strangers with personal problems. The majority gets help from their families, mainly from their spouses, from neighbors, from teachers, the Caritas, or, if living in a refugee home, from the home's director. Most important coping strategies are seeking for help and advice, collecting information, and talking to others. Personal resources and strengths are characteristics such as: to be proud, honorable, honest, to be a strong character, patient, to be warm-hearted, helpful, balanced, and respectful. Problems which can not be solved quickly, may result in bad mood, nightmares, heart problems, depression, tension, restlessness, and symptoms of stress may follow.

As far as **Acculturation Strategies** are concerned (Question 10), identification with Chechen culture is strong or very strong among the interviewees (28 out of 32) and the interviewees stick to it. On the other hand, one third of them is interested in Austrian culture and customs and would like to learn more about it. Only two persons said that they would be no longer interested in the culture of their home country. The majority expressed open-mindedness, tolerance, and interest towards Austria's culture but only few of them would celebrate actively feasts such as Christmas or Easter except when invited by locals.

2. HOW PARTICIPANTS EXPERIENCED THE EFFECT OF THEIR SPONSORSHIPS

2.1 Theoretical Basis

In **Chapter 5** of this book, the outline of the study has been summarized. According to this, most of the hypotheses have been tested by quantitative measures and **Chapter 6** already gave an account of the quantitative results on the basis of psychometric questionnaires. Two remaining hypotheses, however, have been left to be tested by qualitative methods, namely

H i – with respect to managing stress by **cognitive control** and **problem appraisal** (Question 2), and

H ii – with respect to improved **socio-cultural adaptation** as an outcome variable of the theoretical model (Question 5).

Moreover, an **additional eight questions** have been asked for exploratory purposes and, as an additional indicator of socio-cultural adaptation, a simplified version of Goal Attainment Scaling (GAS, Kiresuk and Sherman, 1968) has been employed. This has been done at the last measurement occasion, by taking the three most severe problems mentioned at t_1 on the Problem Check-List (Zheng & Berry, 1991)

2.2 Method

At the same occasions, when the questionnaires were administered, the phone interviews were repeated (the interview questions already have been given above, see 1.2). The measurement occasions have been shown in **Chapter 5, Figure 1**.

- (1) Towards analyzing the qualitative data, first of all we compared the progress that had been made from t_1 to t_2 , in the intervention, as compared to the control group.
- (2) In cases of significant results, we additionally took the follow-up measurements at t_3 and t_4 into account, in order to see, whether the improvements had remained stable after the sponsorships had ended.
- (3) Following the rationale explained in **Chapter 6**, we separately analyzed the data for traumatized participants (score of > 0.75 on the HTQ). In order to save space and for the sake of clarity, only positive results will be reported.

(4) In a final step we took into account, how the participants of the control group developed in the course of their sponsorships, which they received between t_2 and t_3 . We also have a look at the follow-up results reported by the control group three (t_4 vs. t_3) and six months (t_5 vs. t_3) after sponsorships had ended in order to see whether results remained stable over time.

(5) In addition the ratings on the GAS will be reported.

As in many cases expected frequencies were < 5 , instead of the classical Chi^2 – statistic, the Likelihood-Quotient Chi^2 statistic has been computed (cf., Bühl, 2010). Again, +1 indicates and improvement, - 1 deterioration and 0 stands for no change. Also in this case, the ratings by the second author of this chapter were re-analyzed by the first author independently.

2.3 Results

2.3.1 Results for the Intervention as Compared to the Control Group

For this comparison (t_1 vs. t_2), a total of 45 datasets (18 from women and 27 from men) could be used. There were 22 participants (five from Afghanistan and 17 from Chechnya) in the Intervention Group and 23 participants (11 from Afghanistan and 12 from Chechnya) in the Control Group. The participants' mean age was 40.0 years ($SD = 10.5$, range 18 ... 58 years).

2.3.1.1 Cultural Experiences (Question 1)

As can be seen from **Tables 1 and 2**, neither in the Total Sample, nor in the two ethnic sub-groups significant results were obtained.

		Control Group	Intervention Group	Total
Q1	0	19	16	35
	1	3	4	7
Total		22	20	42

Table 1: Results from Question 1 for Total Sample ($p = .444$, n.s.)

As can be seen from **Tables 3 and 4**, neither in the Total Sample, nor in the Chechen sub-group significant results were obtained (**H i not confirmed**). For the Afghan sub-sample, however, a **statistical trend** points toward a slightly better development in the Intervention as compared to the Control group. At both follow-up occasions (t_3 vs. t_2) and (t_4 vs. t_2), in the intervention group there

were four clients who reported no change, while one client reported deterioration.

			Control Group	Intervention Group	Total
Chechnya	Q1	0	9	13	22
		1	2	2	4
	Total		11	15	26
Afghanistan	Q1	0	10	3	13
		1	1	2	3
	Total		11	5	16

Table 2: Results from Question 1 for Chechen ($p = .574$, n.s.) and Afghan ($p = .214$) sub-sample

2.3.1.2 Psycho-Social Stressors (Question 2 and Test of H i)

		Control Group	Intervention Group	Total
Q2	-1	5	4	9
	0	12	12	24
	1	6	6	12
Total		23	22	45

Table 3: Results from Question 2 for Total Sample ($p = .956$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q2	-1	2	4	6
		0	6	7	13
		1	4	6	10
	Total		12	17	29
Afghanistan	Q2	-1	3	0	3
		0	6	5	11
		1	2	0	2
	Total		11	5	16

Table 4: Results from Question 2 for Chechen ($p = .864$, n.s.) and Afghan ($p = .095^{(*)}$) sub-sample

2.3.1.3 Stress Reactions (Question 3)

As can be seen from **Tables 5 and 6**, neither in the Total Sample, nor in the two ethnic sub-groups significant results were obtained.

		Control Group	Intervention Group	Total
Q3	-1	3	3	6
	0	16	13	29
	1	4	5	9
Total		23	21	44

Table 5: Results from Question 3 for Total Sample ($p = .847$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q3	-1	2	3	5
		0	8	10	18
		1	2	3	5
	Total	12	16	28	
Afghanistan	Q3	-1	1	0	1
		0	8	3	11
		1	2	2	4
	Total	11	5	16	

Table 6: Results from Question 3 for Chechen ($p = .974$, n.s.) and Afghan ($p = .487$, n.s.) sub-sample

2.3.1.4 Psychological Adaptation (Question 4)

		Control Group	Intervention Group	Total
Q4	-1	6	1	7
	0	8	13	21
	1	7	7	14
Total		21	21	42

Table 7: Results from Question 4 for Total Sample ($p = .076^{(*)}$)

In the case of Question 4, a statistical trend pointed toward differences between the Intervention and the Control Group. As can be seen from **Table 7**, six participants have deteriorated in the Control Group, while only one did so in the Intervention group.

At t_3 , there were five participants who reported improvements as compared to t_2 , three other reported deteriorations, and ten reported no change. At t_4 , two participants reported improvements, two reported deteriorations, and in ten cases there was no change as compared to t_2 .

			Control Group	Intervention Group	Total
Chechnya	Q4	-1	4	1	5
		0	4	13	17
		1	2	2	4
	Total		10	16	26
Afghanistan	Q4	-1	2	0	2
		0	4	0	4
		1	5	5	10
	Total		11	5	16

Table 8: Results from Question 4 for Chechen ($p = .062^{(*)}$) and Afghan ($p = .049^{*}$) sub-sample

Looking at the sub-samples in **Table 8**, the same tendency can be seen as in the total sample. With respect to the Chechen sub-sample, a statistical trend and for the Afghan sub-sample a significant result with a more favorable development in the Intervention Group has been found. Taking the follow-up measurements for the Intervention Group into account, at t_3 (as compared to t_2), three of the Chechen and two of the Afghan participants reported further improvements, two Chechen and 1 Afghan participant reported deteriorations and eight participants from Chechnya as well as two from Afghanistan reported no change.

2.3.1.5 Socio-Cultural Adaptation (Question 5 and Test of H ii)

		Control Group	Intervention Group	Total
Q5	-1	3	1	4
	0	11	8	19
	1	5	11	16
Total		19	20	39

Table 9: Results from Question 5 for Total Sample ($p = .149$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q5	-1	1	1	2
		0	4	6	10
		1	4	8	12
	Total		9	15	24
Afghanistan	Q5	-1	2	0	2
		0	7	2	9
		1	1	3	4
	Total		10	5	15

Table 10: Results from Question 5 for Chechen ($p = .884$) and Afghan ($p = .080^{(*)}$) sub-sample

There were no significant results for the total sample or for the Chechen sub-sample (**Table 9**) (**H ii not confirmed**). For the **Afghan** sub-sample, however, a **statistical trend** indicated a slightly more favorable development in the Intervention as compared to the control group (**Table 10**). At t_3 , three Afghan respondents out of the Intervention Group could be reached. Two of them reported no further changes, whereas one reported deterioration as compared to t_2 . At t_4 , four respondents reported no further change as compared to t_2 .

2.3.1.6 Social Contact (Question 6)

		Control Group	Intervention Group	Total
Q6	0	20	19	39
	1	1	3	4
Total		21	22	43

Table 11: Results from Question 6 for Total Sample ($p = .321$, n.s.)

There were no significant differences in the Total Sample (**Table 11**). While among the Chechen sub-sample, the participants of the Intervention and the Control Group unanimously reported no change since t_1 , for the Afghan sub-sample a statistical trend indicated a slightly more favorable development for the Intervention Group (**Table 12**). As far as the follow-up interviews are concerned, at t_3 four Afghan participants from the intervention group reported no change since t_2 . At t_4 , there were three of them who reported no further changes since t_2 .

			Control Group	Intervention Group	Total
Chechnya	Q6	-1			
		0	10	17	27
		1			
	Total		10	17	27
Afghanistan	Q6	-1			
		0	7	2	9
		1	1	3	4
	Total		10	5	15

Table 12: Results from Question 6 for Chechen (not applicable) and Afghan ($p = .063^{(*)}$) sub-sample

2.3.1.7 Social Support (Question 7)

		Control Group	Intervention Group	Total
Q7	-1	3	1	4
	0	14	12	26
	1	5	7	12
Total		22	20	42

Table 13: Results from Question 7 for Total Sample ($p = .487$, n.s.)

Whereas there were no significant results for the Total Sample and the Chechen sub-sample, (**Table 13 and 14**), for the Afghan sub-sample a statistical trend indicated a slightly better development of the Intervention as compared to the Control Group.

			Control Group	Intervention Group	Total
Chechnya	Q7	-1	2	1	3
		0	6	11	17
		1	3	3	6
	Total		11	15	26
Afghanistan	Q7	-1	1	0	1
		0	8	1	9
		1	2	4	6
	Total		11	5	16

Table 14: Results from Question 7 for Chechen ($p = .545$, n.s.) and Afghan ($p = .051^{(*)}$) sub-sample

At t_3 as well as at t_4 , one Afghan participant out of the Intervention group reported deterioration, while three others reported no changes compared to t_2 , respectively.

2.3.1.8 Prejudice and Discrimination (Question 8)

		Control Group	Intervention Group	Total
Q8	-1	3	1	4
	0	15	18	33
	1	5	3	8
Total		23	22	45

Table 15: Results from Question 8 for Total Sample ($p = .406$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q8	-1	1	1	2
		0	9	14	23
		1	2	2	4
	Total	12	17	29	
Afghanistan	Q8	-1	2	0	2
		0	6	4	10
		1	3	1	4
	Total	11	5	16	

Table 16: Results from Question 8 for Chechen ($p = .892$, n.s.) and Afghan ($p = .384$, n.s.) sub-sample

As can be seen from **Tables 15 and 16**, neither in the Total Sample, nor in the two ethnic sub-groups significant results were obtained.

2.3.1.9 Resources and Coping Strategies (Question 9)

		Control Group	Intervention Group	Total
Q9	-1	2	0	2
	0	13	18	31
	1	0	1	1
Total		15	19	34

Table 17: Results from Question 9 for Total Sample ($p = .106$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q9	-1	1	0	1
		0	7	14	21
		1	0	1	1
	Total		8	15	23
Afghanistan	Q9	-1	1	0	1
		0	6	4	10
		1			
	Total		7	4	11

Table 18: Results from Question 9 for Chechen ($p = .225$, n.s.) and Afghan ($p = .636$, n.s.) sub-sample

As can be seen from **Tables 18 and 19**, neither in the Total Sample, nor in the two ethnic sub-groups significant results were obtained.

2.3.1.10 Acculturation Strategies (Question 10)

		Control Group	Intervention Group	Total
Q10	-1	1	3	4
	0	17	13	30
	1	3	3	6
Total		21	19	40

Table 19: Results from Question 10 for Total Sample ($p = .477$, n.s.)

			Control Group	Intervention Group	Total
Chechnya	Q10	-1	0	2	2
		0	10	10	20
		1	1	2	3
	Total		11	14	25
Afghanistan	Q10	-1	1	1	2
		0	7	3	10
		1	2	1	3
	Total		10	5	15

Table 20: Results from Question 10 for Chechen ($p = .253$, n.s.) and Afghan ($p = .867$, n.s.) sub-sample

As can be seen from **Tables 19 and 20**, neither in the Total Sample, nor in the two ethnic sub-groups significant results were obtained.

2.3.2 Results for Traumatized Participants (Score of > 0.75 on the HTQ)

The traumatized sub-sample at the time of the first comparison (t_2 vs. t_1) comprised a total of 29 participants, 10 women and 19 men with a mean age of 34.6 years ($SD = 10.4$, range 18 ... 58 years). The Intervention Group comprised eight participants from Chechnya and four from Afghanistan, while the Control Group was made up of nine participants from Chechnya and eight from Afghanistan. As indicated above, in order to save space, in this case only positive results will be reported. Due to the limited sample size, Afghan and Chechen sub-groups will not be analyzed.

In the case of the traumatized sub-sample, a positive result has been achieved only with respect to Question 5, where a statistical trend pointed to a more favorable development in the Intervention as compared to the Control Group. These results are shown in **Table 21**.

		Control Group	Intervention Group	Total
Q5	-1	3	0	3
	0	7	4	11
	1	4	7	11
Total		14	11	25

Table 21: Results from Question 5 for Traumatized Sub-Sample ($p = .065$).

When interviewed at the follow-up occasion t_3 , in the Intervention Group three participants reported deterioration and six reported no change as compared to t_2 . At t_4 , i.e., six months after sponsorships had ended, one reported deterioration and nine reported no change.

2.3.3 How did the Control Group React to Sponsorships?

As mentioned above, the control group received sponsorship between t_2 and t_3 . Thus, at t_3 they were interviewed again and from the results we concluded, whether their well-being had changed between in the course of the sponsorships (t_3 vs. t_2). At two follow-up occasions they were interviewed again, and we determined whether changes took place during the first three (t_4 vs. t_2) and the first six months (t_5 vs. t_2) following the sponsorships.

With respect to the first comparison (t_3 vs. t_2), the sample comprised 21 participants, 13 men and eight women, seven from Afghanistan and 14 from Chechnya. Their mean age was 32.4 years ($SD = 8.4$, range 18 ... 48 years).

At the time of the second comparison (t_4 vs. t_3), the sample consisted of 16 participants, eleven men and five women, ten from Chechnya and six from Afghanistan. The mean age of this sub-sample was 32.4 years ($SD = 8.3$, range 18 ... 48 years).

For the third comparison (t_5 vs. t_3) data from 17 participants, eleven men and six women with a mean age of 32.1 years ($SD = 9.00$, range 18 ... 48 years) could be used. Twelve participants were from Chechnya and five from Afghanistan.

From **Table 22** the frequency distribution from the Control Group for comparing t_3 with t_2 (i.e., the time of sponsorship) and for the two follow-up comparisons can be seen. It can be seen, that at all three occasions, most participants of the Control Group did not report any changes. In the other cases, positive changes were reported more often than deteriorations occurred.

	t3 vs. t2			t4 vs. t3			t5 vs. t3		
	-1	0	1	-1	0	1	-1	0	1
Q1	1	15	5	1	14	1	1	13	2
Q2	4	15	2	1	10	5	4	9	4
Q3	1	13	6	4	10	2	2	10	5
Q4	3	13	4	4	11	1	4	11	2
Q5	1	13	3	1	10	1	1	9	5
Q6	0	19	1	0	14	1	1	10	6
Q7	0	18	1	1	13	1	0	13	4
Q8	3	15	3	1	12	3	0	15	2
Q9	0	17	2	0	10	0	0	10	4
Q10	0	19	1	0	15	1	0	13	2

Table 22: Frequency distribution, Control Group, comparing t_3 with t_2 (time of sponsorship), t_4 with t_3 (first follow-up, three months after end of sponsorship) and comparing t_5 with t_3 (second follow-up, six months after end of sponsorship)

2.3.4 Results from the Goal Attainment Scale

Participants from both, the Intervention and the Control Group at the end of the study, i. e., at t_4 and t_5 respectively, have been asked, to what extent they had achieved their most prominent goals. These goals were taken from the Problem

Checklist (Zheng & Berry, 1991), which had been administered together with the psychometric questionnaires at t_1 .

From **Table 23** the judgments at t_1 can be seen. At this occasion, the total sample of $N = 63$, 27 women and 36 men, participated: The participants' mean age was 33.0 years ($SD = 10.3$, range 16 ... 58 years). The Intervention Group comprised 34 participants, 25 from Chechnya and nine from Afghanistan, while in the Control Group there were 17 from Chechnya and 12 from Afghanistan, i.e., $N = 29$ participants with both ethnic groups taken together.

From **Table 23** it can be seen that problems pertaining to **personal future**, to **love and marriage**, **family and child rearing** as well as to **homesickness** and **loneliness** were most salient. At the end of project, 36 participants, 14 women and 22 men, could be reached and agreed to give ratings with respect to the degree to which they perceived that they had reached their most important goals. Their mean age was 34.4 years ($SD = 11.3$, range 16 ... 58 years).

		Amount of problems...				
		Not at all	A little	Some -what	Very much	Extremely
1.	Financial	6	8	27	12	7
2.	Scholastic	6	8	22	12	10
3.	Work	21	12	7	10	10
4.	House	13	9	14	12	10
5.	Living condition	9	9	17	16	8
6.	Personal future	8	13	7	16	11
7.	Love and marriage	26	5	7	11	10
8.	Family and child	25	7	4	8	16
9.	Diet, dress, climate	17	17	18	4	2
10.	Language & communication	2	16	19	14	7
11.	Recreation and rest	3	15	22	10	8
12.	Social relations	11	16	18	7	7
13.	Discrimination	21	15	9	3	4
14.	National problems	39	12	4	4	3
15.	Health and disease	15	22	10	10	4
16.	Accidents	40	4	4	5	3
17.	Homesickness	8	13	9	11	19
18.	Loneliness	17	14	9	6	16

Table 23: Frequency of problems reported by the Total Sample at t_1

Goal Attained (%)	GAS1	GAS2	GAS3
0	14	13	11
5		1	
10	1		
20	4	3	4
30		1	
40			1
50	7	8	6
60			1
70	1	1	
75	1		
80	3	2	3
85	1		
90			1
95	2	1	
100	2	1	

Table 24: Goal Attainment Ratings for the three most important goals

For the purpose of the interviews, up to three most prominent goals were taken from the Problem Checklist. If necessary, two or three problems were combined in order not to exceed the total number of three goals to be rated.

The results of the goal attainment ratings can be seen from **Table 24**. It can be seen that in approximately half of the cases, virtually nothing has been attained according to the participants' rating. In the other cases, however, goals have been reached to a substantial extent, as far as this can be seen from the participants' self reports.

3. SUMMARY AND CONCLUSIONS

For the total sample, positive results on the basis of a statistical trend have been achieved with respect to Psychological Adaptation (Question 4), i.e., participants in the Intervention Group reported to have improved more than those in the Control Group with respect to managing personal problems and being content with their living situation. For the Afghan sub-sample this trend reached statistical significance on the 5% level.

With respect to the other questions asked, only the Afghan sub-sample reported positive results. A statistical trend indicated that the Afghan Intervention Group

achieved more improvement than the respective Control Group with respect to Psycho-Social Stressors (Question 2), Socio-Cultural Adaptation (Question 5), Social Contact (Question 6) and Social Support (Question 7).

One purpose of the qualitative part of the study has been to test **Hypothesis i** with respect to **Psycho-Social Stressors** (Question 2) and **Hypothesis ii** regarding **Socio-Cultural Adaptation** (Question 5). **Both hypotheses were supported for the Afghan sub-sample**, by the **statistical trend** just mentioned, while they were **not confirmed** for the **total sample** and for the **Chechen sub-sample**.

Taking the small sample size, especially of the Afghan part of the sample, as well as the limited reliability of qualitative assessments into account, it seemed advisable to consider also statistical trends when interpreting the qualitative results.

In summarizing them it can be seen that

- => problems addressed in the **Problem Check List** rather were of an **emotional** (personal future, love, marriage, family, children, homesickness, loneliness) than of a **factual** (finances, houses, diet, language...) matter,
- => while in the **initial interviews**, both, **emotional** and **factual** problems were expressed;
- => about **50% of participants have reached their goals** in the course of the time of sponsorships **to some extent**, while approximately 50% reported no goal attainment;
- => from the interviews with the **Afghan sub-sample** substantially **more improvements** than for the **Chechen** were found;
- => as far as improvements occurred, they mostly pertained to the **immediate experience** of social contact, social support, everyday living conditions and psycho-social experiences – and thus can be understood as an immediate outcome of the social support experienced from the sponsors;
- => on the contrary, experiences with **less familiar members of society** with respect to prejudice, discrimination and acculturation as well as coping strategies were not affected;
- => in this respect the qualitative study confirmed the quantitative one with regard to the fact that sponsorships have **palliative** effects rather than **instrumental** ones,
- => as far as improvements were found these improvements tended to remain **stable over time**, as in the course of follow-up interviews considerable deterioration only rarely occurred;
- => the **Control Group** reported **little changes** in the course of their time-delayed sponsorships. This may be due to the fact that many participants

(as they occasionally mentioned) felt disappointed for having been kept waiting for their sponsorships over half a year and subsequently participated in their sponsorships less enthusiastically than it might have been the case in the Intervention Group.

From these findings it can be concluded that **sponsorships have a substantial effect** on the participants' **personal and emotional well-being rather than on their ability to manage everyday difficulties** and that these effects tend to remain stable after sponsorships have ended. In this respect the **qualitative findings converge with the quantitative ones** (see **Chapter 6**).

As opposed to the quantitative findings, however, in the qualitative part of the study, most of the reported effects were limited to the Afghan sub-sample and there was no special effect for participants suffering from symptoms of post-traumatic stress. In the course of the interviews, Chechens even more than Afghans gave us the impression that they were reluctant to speak about their personal problems and they appeared to be especially suspicious of being questioned about the same themes repeatedly. This fact may explain the differential effect for Afghan and Chechen participants in the qualitative part of the study which was not present in the more objective and emotionally less affecting quantitative part.

4. REFERENCES

- Bühl, A. (2010). PASW [SPSS] 18. Einführung in die moderne Datenanalyse [Introduction to modern data analysis]. Munich: Pearson.
- Kiresuk T. J. & Sherman R. E. (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*. 4, 443-453.
- Zheng, X. & Berry, J. W. (1991). Psychological adaptation of Chinese sojourners in Canada. *International Journal of Psychology*, 26, 451 — 470.

CHAPTER 8

A TYPOLOGY OF SPONSORSHIPS- CAN SUCCESS AND FAILURE BE PREDICTED?

BARBARA JUEN³⁹ & HEIDI SILLER

1. CONCEPTUAL FRAMEWORK

In the following chapter we will try to define characteristics of sponsorships both on the side of sponsors as well as on the side of the clients that may predict positive and negative outcome.

In our case sponsorships were defined by periodical contacts providing emotional and/or instrumental assistance. As stated in earlier chapters, these sponsorships shall assist asylum seekers and refugees in the course of their acculturation. Positive effects have been shown for example by Gray and Elliott, (2001), by Pecora and Fraser (1985), Prügel (1988), or by Westermeyer, Schaberg, and Nugent (1995).

Negative aspects of sponsorships that have been found were over-protectiveness of sponsors or failure to differentiate between personal relationships and tasks as sponsors (Prügel, 1988). Other negative characteristics were a poor match of expectations between sponsors and clients leading to disappointment on both sides (Gray and Elliott, 2001). In some cases, as stated before, sponsors followed rather a governmental policy than the refugees' personal needs (Matsuoka & Ryujin, 1989-1990), or acted as the agents of a religious fundamentalist sect (Westermeyer, 1988). Also a mismatch between sponsors' and clients' religious denominations was one of the factors leading to a negative outcome (Beiser, Turner and Ganesan, 1989).

Negative aspects of sponsorships may be avoided by giving sponsors enough training and supervision and by trying to avoid a mismatch between sponsor and client and doing a thorough selection (Prügel, 1988). In the present study, the sponsors' selection, training, and supervision proved to be very important factors in the success of the sponsorships as well as the personal satisfaction of

³⁹ Correspondence should be addressed to barbara.juen@uibk.ac.at

sponsors. Especially supervision has been seen as a chance to exchange experiences and to gain information that could later be used in sponsorships.

In the present part of our study we defined a **negative outcome** as a **break of sponsorship before a relationship could be established**. In order to do this part of qualitative data analysis, group supervision protocols including detailed information on the single sponsorships as well as on their development over the time of six months have been analyzed using qualitative content analysis (Mayring, 2008). In the following we will first try to describe different sponsorship patterns that developed over time. In total, 63 sponsorships were conducted and thus provided data for the present chapter. This material has been collected in the course of supervising the sponsors on a regular basis⁴⁰.

2. TYPOLOGY OF SPONSORSHIP PATTERNS

The following four types of patterns mainly based on the kind of breaks or termination of sponsorships could be found:

- => **Early break** of sponsorship (before establishing a trustful relationship)
- => **Delayed break** of sponsorship (after a phase of more or less trustful relationship a break has occurred for different reasons)
- => **Termination** of sponsorship as **planned** (establishment of trustful relationship until end of six month period)
- => **Change of Relationship and Ongoing Support** (no ending of sponsorship after project because both sides wanted to continue their relationship)

In the following, each of these types will be described and analyzed separately.

2.1 Unsuccessful Sponsorships: Early Break

In **ten cases** it was not possible for the sponsors to build up a trustful relationship. Mostly, this was due to a lack of trust in the clients, who either did not really let the sponsor "into" their lives or one of the family members (mostly the husbands) did not want the others (mostly their wives) to have too much contact with the sponsor. An early break of sponsorship usually occurred in the

⁴⁰ in the majority of cases, supervision was carried out in a group setting by Barbara Juen, assisted by Heidi Siller and Walter Renner on a monthly basis. In single cases, sponsors living in remote areas were supervised on an individual basis by Walter Renner.

beginning of the sponsorship. Clients did not report any tasks to be helped with or did not accept too much support offered by the sponsors. When support had been offered, clients often turned the offer down. Early breaks were seen in single clients more often than in families. This could be due to a mismatch between sponsor and client or due to a general distrust in clients as well as lack of knowledge and information about sponsorship.

In two of the ten cases, sponsorships had to be terminated after the sponsor had sustained an accident and therefore was unable to continue her work with the refugee family.

2.2 Partly Successful Sponsorships: Delayed Break

In **three cases**, after a time of relationship building and acceptance of assistance, a break resulted mostly when the sponsor wanted to reach a certain goal with the client which the other did not want or believe to be able to reach. We assume a certain tendency towards over-protectiveness on the sponsors' part as well as a mismatch of expectations between sponsors and clients as the factors that have been leading to these breaks. In these cases clients started not picking up phone calls from the sponsors or not calling them back, or not coming to meetings as well as other forms of avoidance. After some time, sponsors gave up. Delayed breaks of the sponsorship could also be due to the fact, that sponsorship was often seen as unilateral support for the wife, the husband feeling neglected. If sponsors interacted too much with the children or the wife without the husband's approval, the latter used to react by pulling-out of the sponsorship.

2.3 Successful sponsorships: Termination as Planned

In these **50 cases**, after a first phase, joint expectations were clarified and the clients gave first "test" tasks to sponsors. These first tasks often included accompanying clients to the authorities, or accompanying a parent to teachers' consultation hours. Later also looking for a job or flat were added as important tasks.

Over the course of time, also social contacts like taking clients out for trips to the mountains or to the zoo etc. became more and more frequent especially with the young and often isolated men from Afghanistan or with the children in the case of families from Chechnya.

When sponsorships had lasted for a certain time, some disillusionment used to take place. This resulted on the one hand by clients not meeting the sponsors' expectations, which happened especially with adolescent men who often did not

succeed in going to school, looking for a job or internship as promised or to work on a regular basis. On the other hand disillusionment also resulted from the fact that after a given amount of time instrumental assistance was not so much needed any more and friendship or a trusting relationship had not developed as expected.

On the part of the sponsors, informational assistance was seen as prominent and they seemed to measure the quality of the sponsorship by the amount of instrumental assistance they could provide. Emotional support was seen as an additional benefit but not as the prominent aspect of support.

On the part of the clients, their need for support was not the same in each case. Especially families from Chechnya often appeared to need mostly instrumental assistance but not so much social and emotional support because of their very well functioning social and family networks, whereas young men from Afghanistan who were on their own and did not have social networks were much more open to friendship and were more ready to accept emotional assistance.

2.4 Change of Relationship and Ongoing Support

In **18 of the 50 cases** of successful sponsorships, after the development described above, sponsorship changed more and more into either friendship or a kind of "parentship", depending on the of sponsor's and client's age. These ongoing relationships developed mostly with men from Afghanistan who had a high need for a family substitute.

In the ongoing sponsorships, clients relied on the sponsors not only with instrumental tasks but also expressed their needs for emotional support. Clients were also calling the sponsors more often to talk about everyday life. Sponsors were integrated in the clients' lives as their parent substitutes (in the case of younger men) or as their close friends (in the case of families when the wife or daughter and the sponsor were of similar age). Sponsors were involved emotionally to a large extent, when clients were working towards an important goal under their guidance.

2.5 The Development of Successful Sponsorships over the Course of Six Months

Thus, in our six months of sponsorships, the following phases of successful sponsorship development could be found: (1) Establishing a relationship and clarifying expectations; (2) Building of trust and focus on informational

assistance; (3) Strengthening the relationship by exchanging experiences and emotional assistance (4) Re-establishing distance and redefining roles, and at last, (5) terminating versus redefining the relationship towards a more personal relationship combined with ongoing long-term informational and emotional support.

3. DEFINING MATCH AND MISMATCH

Matching sponsors with clients has proved to be of utmost importance for the success of a sponsorship. Therefore, we now take a closer look on the factors that characterized match and mismatch in our study.

3.1 Influencing Factors on the Sponsors' Part: Gender, Age, Expectations and Attitudes

All the sponsors in the present study received a great amount of training prior to the sponsorship which proved to be a very important factor of success. Most of the sponsors started their sponsorship with a high amount of motivation and skills. Nevertheless, there were some factors that made it more difficult to establish a successful relationship.

One of the influencing factors has been gender, mostly in combination with age. Young women had more difficulties in building up a sponsorship with families from Chechnya, especially if the father did not want to let them "into" the family.

A second complicating factor was the break of expectations when families refused instrumental assistance in the beginning but focused rather on the social aspect of hospitality. In these cases the sponsors were most welcome in the families, were given to eat and drink but did not get any tasks that made them feel important or necessary as sponsors. Another factor mentioned above, was over-protectiveness. This was expressed mainly in high expectations on the part of the sponsors with respect to possible academic achievements by the client. Such excessive demands frequently led to a break.

3.2 Influencing Factors on the Clients' Part: Gender, Age, Expectations, and Attitudes as Well as Cultural Differences and Social Integration

The clients' gender and age as well as their family composition also played an important role. For young women who often had difficulties to be accepted as

sponsors by the older men in the family, sometimes it was possible to establish a relationship to women and children. Young men from Afghanistan were often described as the "easier" clients than families from Chechnya, because they easily built up a relationship to the sponsors and were rather open to change. Adolescent boys often were seen as a "difficult" group in the sense that they did not accept the sponsors' attempts to improve their academic or occupational achievements. The degree of social integration played an important role in a sense that families from Chechnya tended to have very good social networks within their communities and thus needed different kinds of support than the men from Afghanistan who did not have similar networks.

In the beginning, wrong expectations sometimes caused distrust in the clients and later on when clients developed the expectation that the sponsor would be there "for their problems", whenever they needed him or her. A common wrong expectation of clients was about the sponsorship being paid or unpaid work. Many of the clients found it difficult to believe that sponsors did not get any money for their work and had to be assured of that repeatedly.

So in the end, defining match or mismatch has been not so easy because in some of the cases problems could be overcome, whereas in other cases a sponsorship did not develop or was ended prematurely because of the same factors.

4. DIFFERENTIAL ASPECTS OF SPONSORSHIPS

Furthermore, the question is not only about match or mismatch but more about the special kind of sponsorship that results from a special match between sponsor and client. According to our data, also in the successful sponsorships, different relationship patterns evolved according to the special characteristics of sponsors and clients. Differences could be found according to culture of origin (Chechnya versus Afghanistan), age and gender of sponsor, as well as family or single person as clients.

4.1 Clients from Chechnya versus from Afghanistan

In the following we describe similarities and differences in the sponsorship between clients from Chechnya and those from Afghanistan. We will have a look at the specific sponsorship characteristics in the different phases. The main difference between the two groups was that people from Chechnya mostly were in Austria together with their families, whereas clients from Afghanistan mostly were young men who often had come to Austria as unaccompanied minors. Furthermore, most of the Chechen families were highly integrated into their own

cultural groups and networks whereas men from Afghanistan often were without a social network and did not want to have too many contacts with others from their own culture.

Phase One: Establishing a Relationship and Clarifying Expectations

In both cases, first contacts were primarily based on informational assistance. In families first contacts were used to find the position as sponsor within the family and to check if the whole family needed sponsorship or just one member or the family (usually the wife and/or her children). Sponsors helped with getting along with authorities, with searching for jobs, or with ameliorating living conditions. In the beginning sponsors were often astonished about the strong positive effect of their presence when dealing with authorities. There were no large differences between the two groups.

Phase Two: Building of Trust and Focus on Informational Assistance

The next phase in the sponsorships was characterized by a focus on informational assistance. In this phase it was very important for the sponsors to be successful and sometimes in the course of supervision we had the impression that between the sponsors a kind of competition took place who could reach more goals for a client. This was especially stressful for those who did not reach the goals because of external reasons (no possibility to find an apartment for a family of eight or too many debts and too little money in a family, so that no easy solution could be found). During this phase, in most of the sponsorships a trustful relationship developed, which was characterized by the clients actively contacting their sponsors between regular meetings in order to gain information or assistance.

The largest difference between the two groups was not with respect to the contents of this phase but to its duration. With the families from Chechnya, this phase seemed to last longer whereas with the men from Afghanistan, this phase was shorter and Phase Three was reached much earlier. We see this due to the fact that in the two groups there was a different need for emotional support. The socially well integrated families from Chechnya needed much less emotional support than the socially more isolated clients from Afghanistan. One exception to the rule was a woman from Chechnya who was also socially isolated and on her own and needed a lot of emotional support as well as the possibility to visit her relatives in Vienna, which was enabled by the sponsor.

Phase Three: Strengthening the Relationship by Exchanging Experiences and Emotional Assistance

In this phase, sponsors were given more and more information about cultural issues and the biographies of their clients. The sponsors also shared some of their personal lives with the clients but were rather reluctant to bring clients into their homes. One field of tension was the fact that the clients easily overestimated the sponsors' financial capacities when being confronted with their car, house, or other aspects of their living conditions which sometimes led to wrong expectations about the sponsors' ability and willingness to give financial support (in the course of training, financial support had been explicitly discouraged). In this phase, more social contact took place and sponsors and clients also went for outings together or met in a café without informational assistance being the main focus of the meeting.

Men from Afghanistan were taken out more often and much more social and emotional assistance was given to them. Also the children of Chechen families were taken out often to disburden their mothers and to show the children something different. Furthermore, this phase was reached earlier by the clients from Afghanistan than by those from Chechnya.

Phase Four: Re-Establishing Distance and Redefining Roles

This phase mostly was seen in sponsorships with clients from Chechnya. It was characterized by struggles on the sponsors' part to establish a "professional" distance and explain to the clients the limits of their willingness and ability to assist them. As far as the clients were concerned, this phase was sometimes characterized by a certain withdrawal, if the sponsor was "pushing" them too much into a certain direction like getting a job or doing an exam. In other relationships this phase was characterized by the clients wanting more and more informational assistance and the sponsors trying to gain distance and setting limits.

In the sponsorships with clients from Afghanistan, this was the time when the delayed breaks took place mostly out of too much pressure from the side of sponsors.

Phase five: Terminating versus Redefining the Relationship and Ongoing support

In most of the cases, sponsorships were terminated after the given time mostly in a way that clients were told that the regular meetings have an end but that they

may actively contact the sponsor whenever they should need anything. This was mostly the case in the sponsorships with people from Chechnya.

In some cases sponsors redefined their relationship to the clients into a more personal contact. They now said that the client had become a friend for them and decided to continue their relationship and support with more or less frequent contacts depending on the clients' differential needs. In all of these cases, the clients also had a strong need for emotional support and social networking. Most of these cases were sponsorships for clients from Afghanistan. Especially, in case of young men some sponsors decided to continue the sponsorship as the clients needed more support.

4.2 Sponsors' Gender and Age

The sponsors' gender and age played an important role with regard to the specific kind of sponsorship that developed. As mentioned before, young women sometimes were not easily accepted as sponsors by the fathers in the families from Chechnya. In some cases this lack of acceptance even led to a break of the sponsorship. In other cases, after a period of social contact without being given the possibility of informational assistance, the sponsors were allowed to assist the women and children and to build up a relationship. For the young women, the first period of coming into the family as a guest, being nicely treated and given to eat and drink was satisfying on the one hand but also difficult because they wanted to help and were not allowed to. Women more advanced in years had much less difficulties in being allowed to develop a relationship with the women. The female sponsors also seemed to have some difficulties in accepting the different roles of women in their own versus the client's culture. They had to learn that the women could only accept a certain amount of encouragement towards leave their traditional gender role.

Young men had some difficulties in being accepted as sponsors by the fathers too, which we interpret as a cultural factor in a society where the men of advanced age regularly have the role of family supporters and protectors and parts of this role are not easily given to a much younger man.

5. CONCLUSIONS

In summarizing these results, we can state that our sponsorships had developed over time in a characteristic way. For the sponsors it seemed to be very important to reduce the amount of informational support given according to the special needs of the clients in the course of time in order not to put excessive

demands on the client or on themselves. On the part of the clients, culture as well as their social networks played an important role in what kind of support they needed and accepted.

With regard to match or mismatch of sponsors and clients, we can say that age and gender influence the kind of sponsorship as well as the time needed in the beginning to build up trust and be allowed to get into the clients' lives. Furthermore, women had some difficulties in accepting the traditional role models of female clients.

All in all we can describe the **characteristics of successful sponsorships** defined by a supportive relationship over a certain amount of time – in our case six months - as follows:

5.1 Opportunity for Building Trust and Patience in the Beginning

If clients as well as sponsors share enough information, space, and time to get to know each other and if clients understand and accept that sponsors are there to help them, a successful sponsorship can develop. If clients mistrust sponsors or do not understand their roles, or if sponsors lose their patience when it takes too long to be allowed giving assistance, a sponsorship will not develop successfully.

5.2 Adapting Roles and Expectations According to Time and Needs

Over the course of time, sponsors as well as clients must adapt their expectations to the given situation and to the limits both on their part and on part of their clients and the environment. If sponsors put too much strain on their clients or if clients have wrong expectations or remain too passive and negative towards any change, a formerly successful sponsorship may become unsuccessful. In successful sponsorships sponsors did not only give informational assistance but were also able to give emotional support according to their clients' needs. Furthermore, sponsors were able to accept limits that were set by themselves, by their clients' culture, by environment or by their clients' specific abilities, limitations, motivation, and attitudes. Thus, sponsors should learn to accept limits of sponsorships that are set by clients.

6. REFERENCES

Beiser, M., Turner, J., & Ganesan, S. (1989) Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. *Social Science and Medicine*, 28, 183 - 195.

Gray, A. & Elliott, S. (2001). Refugee resettlement research project 'Refugee Voices'. <http://www.immigration.govt.nz/NR/rdonlyres/0E39C519-13CA-48C7-B0249A551642C0AC/0/RefugeeVoicesLiteratureReview.pdf> Retrieved on 4th April, 2007.

Matsuoka, J. K. & Ryujin, D. (1989-1990). Vietnamese refugees: An analysis of contemporary adjustment issues. *Journal of Applied Sciences*, 14, 23 - 44.

Mayring, Ph. (2008). *Qualitative Inhaltsanalyse. Grundlagen und Techniken* [Qualitative Content Analysis] (10th edition, first edition 1983). Weinheim (Germany): Beltz.

Pecora, P. J. & Fraser, M. W. (1985). The social support networks of Indochinese refugees. *Journal of Sociology and Social Welfare*, 12, 817 - 849.

Prügel, P. (1988). Erfahrungen mit Patenschaften [Experiences with sponsorships]. In M. Blume & D. Kantowsky (Eds.), *Assimilation, Integration, Isolation* (Part 2) (pp. 317 - 368). Munich (Germany): Weltforum.

Westermeyer, J. (1988). A matched pairs study of depression among Hmong refugees with particular reference to predisposing factors and treatment outcome. *Social Psychiatry and Psychiatric Epidemiology*, 23, 64 - 71.

Westermeyer, J., Schaberg, L., & Nugent, S. (1995). Anxiety symptoms in Hmong refugees 1.5 years after migration. *Journal of Nervous and Mental Disease*, 183, 342 - 344.

CHAPTER 9

WHAT THE SPONSORS EXPERIENCED – SOME CASE EXAMPLES

MARINA ORTNER⁴¹

Some of the sponsors agreed to write down their experiences and conclusions in the course of the program⁴². In this chapter we wish to give a short account of their reports. The selected examples represent a typical cross-section of the sponsors who participated in this study.

1. SPONSOR HILDE

When Hilde, a 43 year old employee, heard about the sponsorship program she considered it a good idea and decided spontaneously to take part as a sponsor. To be better prepared she gathered information in advance about the living conditions of asylum seekers in general and contacted the director of a refugee home. From her she learned that asylum procedures might take several years.

In September 2008 she met the prospective participant for the first time and Rahim, a 23 years old man from Afghanistan told her the story of his life: As a Pashto he had lived with his family in an Eastern Afghan district, when a missile fired by the Mujahideen killed his parents. At first he stayed with an uncle but due to family reasons his grandfather, the mayor of the village and a man with a former military career, took him to his house. Rahim started to work as a tailor in a factory nearby.

One day his grandfather was kidnapped and vanished. Rahim supposed that he was dead. In 2002, he left Afghanistan with an uncle and his family and, with the help of people smugglers, went to Pakistan and then by plane to Europe. They were stuck in Austria where Rahim applied for asylum under a false name. From the initial reception center he travelled to the Netherlands illegally where another uncle already lived with his family. There he applied for asylum under a false name again and lived in the Netherlands until 2004 when he was brought

⁴¹ Correspondence should be addressed to marina.ortner@uibk.ac.at

⁴² All names have been altered in order to guarantee anonymity.

back involuntarily to Austria according to the Dublin Convention. For a while he lived in a refugee home and got basic welfare assistance but his asylum claim was rejected at the first stage of appeal⁴³ and he considered this to be very unfair.

He joined the sponsorship program and expected Hilde to sort out his asylum concern. Hilde got the impression that Rahim got along quite well with the demands of everyday life in Europe in spite of his traumatic experiences. He still suffered from nightmares and sometimes he felt neither sense nor hope or happiness and kept daydreaming and wishful thinking to escape from unpleasant reality. Hilde gathered information about asylum and immigration law principles and procedures. They met once a week and discussed everyday life problems as well as interventions to prove his successful integration to the authorities. In the meantime the local employment service denied a work permit which meant that all common efforts such as contacting people, filling in forms, and finding a job had been in vain. He had received no invitation for an interview from the asylum court although interventions had been made by phone and in writing during recent months.

Shortly before ending the sponsorship, Hilde had been asked to take over a sponsorship for Rahim's uncle and his family who had been granted asylum in the meantime. Hilde asked Rahim to call her whenever he needed help. In March 2009, their final meeting took place and they made a short summary: At that time, he still had no working permit and his asylum application was still pending.

2. SPONSOR TONY

Tony, 50 year old IT specialist, decided to join the program as a sponsor and had been trained in four workshops to become familiar with the topics concerning refugees and asylum seekers. He learned a lot about the psychological and social situation of refugees in Austria and got in touch with persons who were already experienced in refugee assistance.

He was to be the sponsor for a Chechen family with their three children. He visited them in their spacious flat which was furnished pleasantly and well equipped for infotainment such as TV, PC with internet access, stereo system, etc. Asylum had already been granted and this status included a work permit for the adult family members.

⁴³ Some details of the asylum procedure in Austria have been summarized in Chapter 4 of this book

Tony talked with the two boys, aged 13 and 15, who spoke German quite well in contrast to their father, Ismail, who behaved in a reserved manner in the beginning. He had been a construction worker in Chechnya but was unemployed in Austria due to his poor command of the German language. The 15 year old boy wanted to start training as a computer specialist and Tony offered to ask the company he was working for whether there would be a possibility for a test course. After a time of little contact with the family, the mother called and thanked Tony for assisting her son. Meanwhile she lived separately from her husband because of continual quarreling and because he refused to integrate. In January 2009, the 15 year old boy did a taster course which he seemed to like a lot. After this the boy didn't keep in touch with Tony any longer.

According to his own assessment, Tony could not achieve much because the family was in a difficult situation, the father didn't show much interest in the sponsorship and Tony himself would have needed more spare time to assist the family. He concluded that basic tasks such as contact with the authorities, health care, and search for apprenticeships must be provided by professional governmental institutions, while private initiatives could additionally support integration and contact.

3. SPONSOR MARIA

The couple from Groznyy, whom Maria, a 58 year old retired civil servant now studying at the university, has assisted, decided to leave Chechnya because of the continual threat for life to which the man had been exposed. They were brought by people smugglers via the Ukraine to Poland where they had been in jail. The Polish authorities brought them to the Czech Republic from where the couple headed to Austria. They ended up in the initial reception center and had to share a room with other families. They got sick, were admitted to the hospital and, after recovering, they lived in a small allocated flat awaiting their asylum decision.

Before Maria met the couple she felt a little nervous but the family from Chechnya made her feel comfortable. Language problems made the conversation difficult and so Maria decided to teach them German weekly. She was very pleased about every little success in the learning process. They talked a lot about their home country, about politics, culture and they watched Chechen DVDs together. They listened to Chechen music and saw the exciting dances of this people of the North Caucasus. Maria was very impressed by the hospitality and the respectful contact which they had with each other. Traditional meals, prepared by the wife, sometimes tasted a bit strange to Maria and therefore she requested her not to cook for her anymore. Maria considered it her duty to build

a stable and personal relationship to the asylum seekers and to help them to tackle everyday problems. While awaiting their asylum decisions, refugees are usually not allowed to work and they live on basic social assistance provided by the provincial government. The couple were modest, they felt inferior and had almost no contact with Austrians. They led a very secluded life and spent their time at home watching TV.

The wife suffered from various health problems such as tiredness, sleeping disorder, pain in the back, and headache. She also felt very sad because she had already lost two children and, after medical consultation, she didn't have much hope of giving birth to a child ever again. Her only contact with anyone was the wife's friend and cousin in Upper Austria who had already been granted asylum.

In June 2009, Maria visited the couple for the last time during the sponsorship. The special experience for Maria was the mutual sympathy and affection and therefore she promised to keep in touch. Shortly after this, the couple moved to Upper Austria to the wife's cousin but they regretted this decision soon due to the asylum laws. Asylum seekers are not allowed to move to another province within Austria while the asylum application is still pending. This meant that the authorities of Carinthia suspended the basic social assistance. The couple came back but got only a small room in a remote village without the possibility of cooking for themselves and so the situation had worsened greatly for them. Maria expressed her hope that the pending case will come to a happy end.

Another family from Chechnya with four children and the fifth child on the way had been waiting for a sponsor and Maria felt insecure but curious how she would be received. The family at that time had been living in Austria for more than four years and the father's greatest wish was to be recognized as a conventional refugee.

The eleven year old girl, who attended the elementary school and spoke German almost perfectly, opened the door and the rest of the family gave Maria a warm welcome. People from Chechnya use to be very hospitable, they have a strong sense of family, and receive their guests very kindly. The afternoon passed quickly and the father told of his health problems such as headache which he traced back to traumatic experiences: In Chechnya he had been accused of being involved in an act of terrorism towards Russian soldiers. He had paid much money to move with his family via the Ukraine to Slovakia where they have been imprisoned and then deported to Austria. The family now lives in an allocated flat. Their application for asylum has been rejected and they had to travel to Vienna because their case had been deferred to the second stage of appeal. The father felt very nervous and was rather concerned about the future of his family.

In October 2009, a baby boy was born. After one month, in January 2010, the whole family including the infant received a letter from the authorities concerning the negative asylum notification and the order to leave the country.

Maria also assisted another family with two children from North Caucasus. When Maria arrived she noticed that the flat was clean and light. She was given a warm welcome and experienced unbelievable hospitality and friendliness. The woman spoke German quite well because she had lessons in school and she was attending a German class at present. The family decided to flee because of the continual fear of the father that he might be captured and tortured by Russian soldiers. They travelled by train to Belarus and from there to Poland. After being in jail they applied for asylum in Poland but they really wanted to reach Austria to where they have finally been sent. Since 2005 they live in Austria but their asylum application has been rejected. Being insecure about the future caused unhappiness and psychological problems. The husband had a severe brain operation in 2007 which brought relief for his headache but he still suffers from depression. Surprisingly to Maria he consumed a lot of alcohol and smoked too much. Maria was wondering from where the money came. Sadly enough, once when Maria was there, the husband came home drunk and did not speak to his family. He slept his drunkenness off.

Although their asylum application had been rejected, this family finally was granted subsidiary protection with a residence-permit restricted to one year. After this decision, the husband felt better for a short time but soon he suffered from various problems such as headache, sleeping disorders, and depression again. He kept drinking and smoking which Maria considered not to be a good idea when taking medication. Meanwhile the wife continues trying to find a job and her command of the German language might enhance her chances although, in times of high unemployment rates among Austrians, it could be difficult.

Maria wishes to continue to assist the three families voluntarily, trying to help them to cope with everyday life and problems.

4. SPONSOR LUDWIG

Ludwig, a 63 year old retired specialist, has always considered social engagement as his duty and therefore he already supported fellow people from abroad in the past, for instance immigrants from Armenia. When he learned about the sponsorship project from a radio report, he and his wife decided to join as sponsors. After being trained in the initial workshops he came to know a young man from Afghanistan, let's name him Arman, who shared a room with compatriots in a refugee home. Arman told almost nothing about the story of his

flight. He was holding subsidiary protection status and felt unhappy because he wanted to move out and to find work. The sponsor helped him to find a room, which was not easy when the owners heard that a refugee wanted to move in. Finally Ludwig convinced someone to rent out a room to Arman.

After a few weeks, and with the help of his sponsor, he found a physically demanding job as a warehouseman where he worked six days a week. According to Ludwig, he showed an enormous eagerness to work and at the same time he obtained a leaving certificate from the secondary school because his goal had been to start an apprenticeship.

He wanted to visit his parents, who live as refugees in Iran, and with the help of his sponsors he got an alien's passport and a visa. After three weeks, he came back as a married man. His mother, presuming that he now was well off in Austria, had decided that it was time for him to marry and to found a family with a bride for him. Because he came back to his place of work too late, he was sacked.

Subsequently, however, this man was not able to afford the apprenticeship and so he worked as a kitchen help, towards saving money in order to bring his wife from Iran to Austria. All his dreams about his future were gone. Arman stayed in loose contact with Ludwig and his family. The latter expressed his regret, that when he opened a door for the young man, his mother blocked her son from stepping through.

Afterwards Ludwig met one of Arman's friends, slightly younger than him. This teenager, named Ali, obviously was in a psychologically bad condition and suffered from depression. He remarked that death would be more attractive to him than life. It was necessary to help quickly and Ali confided in Ludwig by telling his problems: When he was a little child, his mother had died and his father did not allow him to attend school, and therefore Ali was illiterate. He had to look after himself since he was very young. He wanted to make his future in Europe and he had a difficult story of flight when he crossed the sea and was already close to death. His asylum application has been rejected, but he was holding subsidiary protection status which entitled him to work without restriction but still he was unemployed.

In order to distract Ali from his problems, Ludwig took him on a family visit to another place in Austria and already on the highway, close to the trucks driving on the right lane Ali felt very bad. Ludwig did not understand the reason, but then he learned that Ali had been hanging under a truck for 24 hours when he tried to get to Europe. When Ludwig visited a cathedral with Ali, again Ali felt very bad because he supposed that he was expected to convert to Christianity. When they leafed through a book about Afghanistan, all the memories and

traumatic experiences came up. So this well-meant trip was not successful at all and Ludwig admitted that he had done the wrong things without knowing. Later Ali also visited his father in Iran and some day Ludwig got a call: Ali asked for advice because his father wanted to engage him to be married. But the young man did not want to comply with his father's wishes and returned to Austria.

He found a job in a kitchen and wanted to start a vocational training course to become a chef but he had to stop because of his poor command of the German language. Meanwhile, he had got another job in a restaurant and wanted to improve his German by starting a vocational training again. In the meantime, he got permission to drive a moped and wants to buy one soon. Ludwig has assisted Ali for more than a year and he told that the young man from Afghanistan had turned to another person, as the consequences of traumatising are scarcely notable anymore. They still keep in touch and Ludwig does not want to leave him alone after the official end of the sponsorship.

The next sponsorship was not a successful one in Ludwig's opinion. He was supposed to be the sponsor of a family from Chechnya with two children. The father, Hussein, was 28 years old and recognized as a conventional refugee which includes unlimited access to the labor market. He could speak German quite well but was unemployed because he stated that he had not come to Austria for work. The jobs he has been offered have been too demanding or not suitable to a Chechen man in his opinion: For instance, he refused to carry out cleaning jobs and therefore, the family lived on social benefits. Hussein ordered goods from mail-order companies without thinking about how he could pay for them. He attached great importance to the latest computer and TV set. Meanwhile his mother and little brother live as refugees with the family and Hussein were bankrupt and he had to use social security benefit to pay back his debts. Ludwig suggested him to take on work but this seemed not to be a good option for Hussein. He believed that he was meant to receive a higher amount than he currently did and he even thought about asking for a lawyer's advice how he could obtain more benefit payment. The situation of this family was judged by Ludwig to be entirely different compared to the situation of the young men from Afghanistan and demonstrates the limits of sponsorship: If participants do not want to cooperate, a sponsor cannot change anything, as everything he or she suggests will not be suitable.

Ludwig's conclusions have been that, if sponsorship is taken seriously, it can be almost a full-time job, but he thinks that it is possible to open doors and to help in bureaucratic concerns. Young unaccompanied minors are especially at risk of backsliding into the drug scene if there is a gap in support after leaving the children's home, where unaccompanied minors usually live. Towards minimizing this risk, assistance should be provided in due course.

CHAPTER 10

IMPLEMENTATION OF RESULTS, SUMMARY, AND RECOMMENDATIONS TO PRACTITIONERS

WALTER RENNER⁴⁴, BARBARA JUEN, & MARINA ORTNER

1. IMPLEMENTING RESULTS

As explained in the Introduction, the research presented in this book has been developed out of experiences by practitioners in the field of humanitarian aid for refugees and asylum seekers. Consequently, in the course of the study, we never lost contact to its practical aspects and possible applications.

Thus, in early 2010, we presented our first quantitative and qualitative results to experts and officials of NGOs as well as governmental institutions in order to inspire them to install sponsorship programs along similar lines. In this respect, in almost all of the cases we pushed at an open door, as the following examples will illustrate:

(1) The head of the **Refugee office at the Provincial Government of Tyrol**, Meinhard Eiter⁴⁵, has immediately adopted the idea of implementing sponsorships for asylum seekers on a local basis. In Tyrol, a number of refugee homes have been installed, mostly in rural areas. According to Mr. Eiter's experience, local people in many cases would be willing to assist asylum seekers, for example, by learning German with the children, by taking families to small trips, or just by spending time with them and giving them emotional support. Mr. Eiter suggested implementing sponsorships on this basis, using the refugee homes as contact points for prospective sponsors. In due course, the directors of the refugee homes might also provide guidance and supervision in the course of the sponsorships.

(2) Similarly, and initially also on a local basis, the directors of **Caritas** in two Austrian provinces, namely **Tyrol**⁴⁶ and **Vorarlberg**⁴⁷, as well as the head of the

⁴⁴ Correspondence should be addressed to walter.renner@uibk.ac.at or walter.renner@umit.at

⁴⁵ see: <http://www.tirol.gv.at/themen/gesellschaft-und-soziales/soziales/fluechtlingskoordination/>

⁴⁶ see Mr. Schärmer's Preface to this book and <http://www2.caritas-innsbruck.at/ueberuns.cfm>

Caritas refugee office in **Vienna**⁴⁸, have accepted the idea with great interest. Caritas Vienna pointed out that they already had installed a project called "donating time" for people in need and they would be eager to implement the results and recommendations drawn from our research. They were critical, however, with respect to the fact that sponsorships in our cases were limited to a period of six months.

(3) Moreover, the director of Caritas Tyrol, Mr. Schärmer, will present the idea to the **nationwide conference of Caritas** in fall 2010 in order to implement the idea all over Austria. In due course, we will also try to involve **Caritas Internationalis** (see Introduction to this book), in order to make the results and suggestions known to practitioners on an international basis.

(4) In the province of **Southern Tyrol**, (Northern Italy) Caritas is planning to conduct a pilot project towards helping refugees on the basis of volunteer work. This program will be similar to a sponsorship program and will incorporate the experiences of the present research. Volunteers shall be selected and trained thoroughly and will be accompanied in the course of their work by Caritas. Migrants are expected to benefit from the specially trained volunteers and should learn how to build networks, how to achieve aims and how to enhance self-esteem and acculturation. According to our study's results, the primary target group will be refugees and asylum seekers suffering from marked symptoms of post-traumatic stress.

(5) In the Introduction, we already explained the scope of action of the **Austrian Integration Fund**. We have informed officers of the Austrian Integration Fund, both on a local as well as on a nationwide basis. In both cases, results were accepted with great interest and the nationwide office in Vienna said that the idea of sponsorships for refugees and asylum seekers might be subject of future projects of the Austrian Integration Fund.

(6) The **Austrian Red Cross (ARC)** has shown great interest in the study from the beginning with respect to previous experiences by the Red Cross with sponsorships for the families of refugees and asylum seekers after family reunion. Unfortunately, this previous project could not be continued due to lack of funding.

Nevertheless, Barbara Juen, the second author of this chapter, as the head of psychosocial support of the Austrian Red Cross has reported the findings of the present study to the management of the ARC in order to promote further sponsorship projects as part of ARC refugee support. She has also presented the results of the project at the roster meeting 13-15 October 2010 at the IFRC (Intl.

⁴⁷ see <http://www.caritas-vorarlberg.at/>

⁴⁸ see <http://www.caritas-wien.at/hilfe-einrichtungen/asylmigrationintegration/>

Federation of the Red Cross/Red Crescent) reference centre for psychosocial support. The results will be used in the EU GRUNDTVIG project which will provide training materials for trainers of volunteers performing social support to individuals in crisis situations (lay counseling). Thus the results will be available to a large group of IFRC national societies who seek support and supervision from the Reference Centre in planning and implementing their projects with vulnerable groups including refugees and asylum seekers.

(7) On an academic level we have presented the results of this study at the "**Alps Adria Conference of Psychology**" at the University of Klagenfurt (Austria) (Renner, Ortner & Juen, 2010) and "**Intercultural Aspects of Mental Disorders**", University of Heidelberg (Ortner & Renner, 2010). We also present the most important results in a scientific paper which we are currently submitting to an international journal as well as in a book chapter as an invited contribution to a volume, entitled "**Lay Help in Crisis Intervention**", which is going to be published in 2011 by the Department of Psycho-Social Medicine and Psychotherapy, Danube University of Krems (Austria).

2. SUMMARY AND RECOMMENDATIONS

From a theoretical point of view the present research provided additional support to the notion of an **interaction between post-traumatic and acculturative stress** (see **Chapter 1**). The quantitative results have clearly shown that refugees and asylum seekers with symptoms of traumatization benefit from additional social support in the course of their sponsorships. In spite of continuous offers of free psychotherapy (see Introduction), this group of people still is in desperate need of additional support, which at least in part, sponsorships are able to provide.

Moreover, **social support** has been shown to be acting as an important **moderating variable** in Berry's model as it seems to have a beneficial effect on some aspects of the two **outcome variables** in Berry's model of acculturation (see **Figure 1** in **Chapter 1**; Berry et al., 2006), namely Psychological and Sociocultural Adaptation:

With respect to **Psychological Adaptation**, but for the traumatized sub-sample only, our hypothesis has been confirmed for "Psychological Problems", but not for "Life Satisfaction" and "Self-Esteem" (see **Chapter 6**). With respect to **Sociocultural Adaptation** the hypothesis has only been tested by qualitative methods. In this case, for the Afghan (but not the Chechen) sub-sample, a statistical trend pointed to the expected direction (see **Chapter 7**).

Important **limitations** of this research pertain to the small sample size which did not allow more detailed analysis, for example with respect to differential results for men and women or for people from Afghanistan and from Chechnya within the traumatized sub-sample. Therefore future research should address larger groups of participants and also thus should try to replicate what we have found. Further limitations concern the practical issues of evaluating sponsorships: According to our experience, **questionnaires should be much shorter** because many respondents suffer from concentration problems and thus have difficulties and sometimes also lack motivation to fill in long, tedious questionnaires. Similarly, the issues addressed by **structured interviews** should be more readily understood. **Repeated interviews** have turned out to be **problematic** as many respondents react suspiciously when repeatedly asked the same questions. Some may even be reminded to interrogations by the authorities in their home countries. From these difficulties, further limitations result with respect to the validity both of questionnaire and interview data.

From testing our hypotheses, which have only partly been confirmed (**Chapters 6 and 7**) and from the sponsors' experiences (**Chapters 8 and 9**) conclusions can be drawn with respect to differential effects of sponsorships as well as to special precautions which should be made.

For future applications it is important to note that in the present study prospective sponsors have been carefully **selected** in preliminary talks with respect to their motivation and availability and subsequently were **carefully prepared** for their tasks in four workshops which gave them an idea about the psycho-social needs of refugees and asylum seekers as well as of basic skills in dealing with their problems. It should also be emphasized that sponsors clearly benefited from **continuous supervision** of their work. While in the present study, this supervision has been provided by a Professor of Psychology, in future applications supervision by qualified experts in refugee work without an academic qualification may suffice, however. These aspects of carefully selecting and matching sponsors with prospective clients, as well as training and enhancing their skills towards building and maintaining adequate relationships are in line with Anton-Rupert Laireiters recommendations in Chapter 2 of this book.

A crucial point, of course is the **sponsorship's duration**. As mentioned above, by experts of Caritas Vienna the present sponsorships have been questioned for lasting only for six months. In future, longer durations may be experimented with. It should be noted, however, that even in this study many potential clients were concerned with respect to getting dependent on their sponsors' help or expressed their distrust as far as their sponsors' motives were concerned (see **Chapter 5**). Longer durations of sponsorships might enhance such concerns and

might make it even more difficult than it was in the present study to motivate clients towards participating. Moreover, of course also many prospective sponsors may be deterred from participating when asked to commit themselves for an even longer period of time. On the other hand, in practice, when sponsorships were effective, in many cases both, the sponsors as well as the clients, decided to extend their personal friendship over the six-months-period of the initial, formal sponsorship (see **Chapter 8**). Taking these observations as well as the danger of over-protection (cf., Prügel, 1988) into account, we still recommend that sponsorships should be **limited to a six-months-period**.

The quantitative results (see **Chapter 6**) have shown that refugees and asylum seekers with a history of traumatization and still suffering from **post-traumatic stress** should be the **first target group** for future sponsorships. The effects achieved by sponsorships rather are **palliative than instrumental** in nature, i.e., sponsorships are effective in reducing anxiety, depression, and psychological problems. On the other hand, sponsorships are not able to build up coping capabilities, to enhance social contact, acculturation strategies or other aspects of getting along successfully in everyday live. Taking the participants difficult and mostly uncontrollable living conditions into account, this finding is consistent with Cutrona and Russell's (1990) review of the literature which indicated that instrumental support was helpful for controllable life events, whereas emotional or palliative support rather was helpful for uncontrollable ones.

With respect to a palliative rather than instrumental effect of sponsorships, Anton-Rupert Laireiter's dimensions of "psychological" vs. "instrumental" support as introduced in **Chapter 2** of this book should be taken into account. As far as sponsorships had beneficial effects, these effects were stable over time, i.e., they continued after the time of formal sponsorship had ended. This finding also agrees with Laireiter's review of the literature on social support in **Chapter 2**. Moreover, he pointed to results which suggest positive long-term effects of social support on physical and mental health, which could not be investigated in the present study due to its time limited nature.

Anton-Rupert Laireiter's theoretical considerations of helpful vs. less helpful kinds of social support are important towards understanding the differential outcome of the present study. In **Chapter 2**, Laireiter introduced Cohen and McKay's (1984) hypothesis of "**Stress-Support-Specificity**" meaning that social support is helpful only in so far as it meets the recipients' need towards managing stress. Accordingly, in the present study the palliative effects of social support were effective only in traumatized participants who actually were in need of this kind of care and assistance. Moreover, our difficulties towards recruiting possible participants (as reported in **Chapter 5**), explaining the purpose of sponsorships to them and convincing them of their beneficial nature

are in line with numerous results cited by Laireiter with respect to an "**Esteem Threat Hypothesis**", meaning that social support may pose a risk to the recipients' self-esteem, as well as to his or her perceived autonomy and competence. This may be especially important when dealing with a refugee population and Laireiter's suggestion towards offering the recipients an opportunity to reciprocate the support received should be taken into account in future.

Overall, the effect sizes reported by Anton-Rupert Laireiter in **Chapter 2** for institutionally provided social support are in the same range as the ones found in the present research (cf., **Chapter 6**) and, as in previous studies the outcome is comparable to the one of psychotherapy. In a forthcoming publication we will deal with possible predictors of positive results and will report, that, in line with Laireiter's review of literature, we also found that women had slightly greater chances of a positive outcome than men. The above mentioned findings of specific effects on anxiety, depression and distress (palliative effects), especially in persons at risk (in our case those participants who had suffered from severe symptoms of traumatic stress) also agree with the predictors summarized by Anton-Rupert Laireiter in **Chapter 2**.

By qualitative means we have found that about 50% of the participants had reached their initial goals at least to some extent. We also found that the sub-sample of Afghan descent reported more improvements in the interviews than the sub-sample from Chechnya did. As outlined in **Chapter 7**, these differential results may be due to the fact, that participants from Afghanistan generally were more willing to express their feelings openly than those from Chechnya and thus should be interpreted with caution.

In accordance with the quantitative results, however, the qualitative results rather pointed to **palliative** as opposed to **instrumental** effects. Participants reported that sponsorships were instrumental with respect to their immediate experience of being helped in everyday life but denied long-term consequences with respect to improved living conditions, vocational integration, or acculturation.

With respect to the **sponsors'** and the **clients' age and gender**, the results presented in **Chapter 8** indicated, that, while help was hardly accepted from younger women especially by the men, women more advanced in years had better chances to be accepted as sponsors. Still, although to a lesser extent, young men had difficulties to be taken seriously as sponsors especially by older clients. In general, the sponsors' supervision revealed that future sponsors are well advised to take into account traditional gender roles of collectivist society (see for example, Triandis, 1995), which still predominate in Afghan and

Chechen cultures. Thus, sponsors and clients should be matched as far as possible with respect to their age and gender.

Interestingly enough, according to **Chapter 8**, as opposed to **Chapters 6 and 7**, sponsors and clients seemed to view their sponsorships quite differently. While, emotional or palliative effects were emphasized by the clients and instrumental effects were minimal, instrumental and informational support seemed to play an important part on the sponsors' part. Overall, sponsors seemed to perceive sponsorships as effective in the overwhelming part of the cases, while the clients' view was more differentiated. The sponsors' and the clients' view as far as it has been expressed in the qualitative part of the study, converge with respect to the fact, however, that clients from Afghanistan were a bit easier to access emotionally. This result also corresponds with the experiences reported by many experts we have interviewed in the course of this study. With respect to additional ethnic groups, the result should be generalized only cautiously.

The following summarizing **catchwords** are intended to communicating our most important results to **practitioners** and **providers** of psycho-social aid to refugees and asylum seekers:

- => Prospective sponsors should be carefully **selected, trained and supervised**;
- => Clients and sponsors should be **matched** as far as possible with respect to their **age group** and **gender** according to the clients' traditional gender roles.
- => quite differently from everyday expectations, many refugees and asylum seekers will decline sponsorships, partly out of feelings of **wounded pride**, partly out of **suspicion** with respect to the sponsors' motives;
- => in order to reduce such concerns, and towards minimizing the danger of over-protection, at least an **initial time-limit of several months** for the sponsorships is being recommended; subsequently, of course sponsors and clients will be free to continue their contact on a less formal basis;
- => Clients from **Chechnya** as opposed to those from **Afghanistan** seem to have special difficulties in accepting support and in expressing their feelings; thus their prospective sponsors should be especially well trained and prepared for their task;
- => Clients suffering from symptoms of **post-traumatic stress** should be the **primary target group**;
- => effects of sponsorships should be expected to be **"palliative" rather than "instrumental"**, i. e., sponsorships can reduce anxiety, depression, and psychological problems but should not be expected to change living conditions or coping capability; this may be contrary to the sponsors'

- perception of sponsorships offering instrumental and informational support in the first place;
- => sponsors should be prepared to **take their time patiently** towards building trust in the **initial phase** of the sponsorships;
 - => sponsors should **refrain from putting too much strain** on their clients, especially with respect to academic aspirations, which might not be shared by their clients and which also might put excessive demands on them;
 - => in the course of supervision, sponsors should be continuously reminded to accept **cultural differences** which might keep their clients from readily accepting their sponsors' conception of taking rapid steps towards successful acculturation.

The present book mainly has focused on the theoretical background of the study, its implementations and its results as far as they might be of interest to mental health practitioners and providers in the work with refugees and asylum seekers. More technical aspects, also including more sophisticated methods towards analyzing the results statistically, will be addressed by a journal article to follow.

This book contains the e-mail addresses of its contributors and we would be happy to hear from both, fellow scientists interested in follow-up research as well as from those who would like to work along similar lines towards helping displaced persons anywhere in the world.

3. REFERENCES

- Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. D. (2006). *Cross-cultural psychology. Research and applications* (2nd ed.). Cambridge: Cambridge University Press.
- Cohen, S. & McKay, G. (1984). Social support, stress and the buffering hypothesis: A theoretical analysis. In A. Baum, J. E. Singer & S. E. Taylor (Eds.), *Handbook of psychology and health* (Vol.4) (pp. 253-267). Hillsdale, NJ: Lawrence Erlbaum.
- Cutrona, C. E & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 319 - 366). New York: John Wiley.
- Ortner, M. & Renner, W. (2010). Differential effects of lay interventions for asylum seekers, refugees, and working migrants from Afghanistan, Chechnya, and Turkey on symptoms of post-traumatic stress, anxiety, and depression. Results from three Austrian randomized controlled studies. *Intercultural Aspects of Mental Disorders, International Conference*, 11th to 13th November, 2010, University of Heidelberg (Germany).

Prügel, P. (1988). Erfahrungen mit Patenschaften [Experiences with sponsorships]. In M. Blume & D. Kantowsky (Eds.), *Assimilation, Integration, Isolation* (Part 2) (pp. 317 - 368). Munich, Germany: Weltforum.

Renner, W., Ortner, M., & Juen, B. (2010). Lay interventions as a means of coping with stress and depression in migrants. *9th Alps-Adria Psychology Conference*, 16th to 18th September, 2010, University of Klagenfurt (Austria).

Triandis, H. C. (1995). *Individualism and collectivism*. Westview: Boulder.