

# Systemic Work in The Context of Interculturality And Non-Heteronormative Sexualities and Genders: Implications for Psychotherapeutic and Social Work Practice in The Field of Refugee Migration

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## Abstract

The importance of the systemic approach in the context of interculturality and non-heteronormative sexualities and genders for psychotherapeutic and social work practice in the field of refugee migration will be discussed. In this context, it will be emphasized that psychosexual development already begins in childhood and that minority stressors can potentially increase the likelihood of psychological problems in the case of non-heteronormativity. Systemic work offers approaches for working on communication patterns and solution strategies. Challenges arise in particular from intercultural and queer-critical stressors, which can lead to social and emotional isolation. Systemic therapy is described as an effective psychotherapeutic method that incorporates the social contexts of mental disorders. The systemic approach also plays a central role in social work in order to meet the diverse requirements. The relevance of cultural sensitivity and intercultural skills is emphasized for systemic work in order to ensure adequate support for refugees and queer people. Finally, the necessity of continuous work to reduce prejudices and develop a natural approach to sexual and gender diversity is highlighted.

## Keywords

Interculturality, sexual diversity, gender diversity, systemic work, therapy, refugee migration, cultural sensitivity, social work

## 1. Introduction

Today, sexualities, genders and relationships are also recognized in the context of child and adolescent development. In terms of developmental psychology, a causal relationship arises from the fact that psychosexual development begins in childhood and continues throughout the human lifespan. Consideration of the pathogenesis of the aforementioned aspects of being human is therefore also relevant from childhood onwards. With reference to the minority stress model, increased minority stressors can be assumed for non-heteronormative sexualities and genders in particular, which can increase the likelihood of psychological problems developing (Günther et al., 2021; Kasproski et al., 2021; Meyer, 2003; Sattler, 2018; Sevelius, 2013; Stang & Wüchner-Fuchs, 2024). From a psychotherapeutic perspective, there are many points of contact, including from a systemic perspective, which can be found in "systemic psychotherapy"<sup>1</sup> and "systemic social work"<sup>2</sup>. In the context of refugee migration, interculturality and non-heteronormative sexualities and genders, therapists and helping disciplines such as social work are often faced with the challenge of working in a diversity- and culture-sensitive manner.

## 2. Systemic therapy and systemic social work

Sydow et al. (2007, p. 1) define systemic therapy as a psychotherapy method that focuses on the social context of

mental disorders as follows: "It is about the interrelationships (in behavior and perception) between 2 or more people [or inner parts; author's note], their symptoms and their wider environment". Compared to other psychotherapy methods, systemic therapy often has a lower number of sessions; "rarely no more than 20 to 25 sessions, often only about five to ten sessions" (Schweitzer & Schlippe, 2015, p. 38).

Systemic therapies, as a generic/collective term, can be distinguished from one another as a variety of different therapeutic methods. For example, a distinction is made between family therapy, structural family therapy, the Milan model, the strategic approach and the constructivist approach (Minuchin, 2015; Retzlaff, 2023; Ruesch & Bateson, 1995; Schlippe & Schweitzer, 2016; Selvini Palazzoli et al, 1981; Shazer, 1987; Shazer et al, op. 2007). In addition, there is a whole range of other systemic therapy methods and integrative approaches (Retzlaff, 2023; Schlippe & Schweitzer, 2016).

The effectiveness of systemic psychotherapy has long been proven. In particular, the effectiveness of systemic therapy can be considered well documented in the areas of substance disorders, psychological and social factors in somatic illnesses, schizophrenia, depression and eating disorders (Sydow et al., 2007). Systemic therapy is recognized in the Federal Republic of Germany as a psychotherapeutic "guideline procedure" and its services, carried out by licensed psychotherapists or physicians, can therefore be billed through the health insurance companies.

<sup>1</sup><https://dorsch.hogrefe.com/stichwort/systemische-psychotherapie> [accessed 26.05.2024]

<sup>2</sup> <https://www.socialnet.de/lexikon/Systemische-Soziale-Arbeit> [accessed 26.05.2024]

Systems therapy interventions can have an influence here by raising awareness of communication patterns, systemic patterns and the individual's attempt to find a solution, and by providing impulses to interrupt patterns and, if necessary, lead to new/restructuring (Sydow et al., 2007).

Systemic social work sometimes takes up the above-mentioned approaches and is established in its practical and historical development as a young paradigm of social work. In this capacity, it is defined by constructivist references, a wide variety of fields of action, a large repertoire of methods and, above all, a systemic attitude that influences or determines social work action as an inner attitude: The attitude dimensions of autonomy, solution orientation, curiosity, neutrality, resource orientation, appreciation/appreciation and circularity thus have a reciprocal reinforcing effect with and on each other (Paulick, 2020a). The presence of the systemic approach in social work can be explained by the complexity of the fields of action and, above all, the "trans- and interdisciplinary interactions of systems theory, constructivism and the developments of systemic practice" (Paulick, 2020b). As an advisory and supportive network discipline between the needs of clients, their duties and rights, various professional groups and individuals as well as global and social conditions, social work faces more than the "double" or "triple mandate" that Staub-Bernasconi (2009) describes as the essence of social work as a human rights profession. Locating the mandates between the needs and motives of the (in)direct clientele, the providers of social work and the profession itself can sometimes not cover all the actors and factors involved (Staub-Bernasconi, 2009).

In the context of sexualities and genders, points of reference for systemic therapy and systemic social work can be seen in the development of communication patterns and solution approaches. Both in the context of the external system and in the context of the internal system, i.e. the interaction of different parts of a person, the aim is to "optimize" communication on the aspect of sexuality and/or gender that is constructed as problematic and to construct solutions.

The practice of social work with refugees is characterized on the one hand by local and individual needs (e.g. accommodation, work, education, health, language, etc.) and on the other hand by international concerns and challenges (e.g. family reunification, passport procurement, deportation, etc.). In the field of tension between local and international social and political influences, Bartosch et al. (2017) initiated the concept of a so-called "multiple mandate" in social work (see Bartosch et al. 2017, p. 410 ff.), which Kolbe and Surzykiewicz (2019) continue and can be maintained in this context - from a systemic point of view.

### 3. Cultural diversity and the situation of queer refugees

From a systemic perspective in particular, globalization, international crises and refugee migration as well as the associated intercultural dimensions<sup>3</sup> of communication and media representation and discourses can pose challenges for the development of people from the queer spectrum, especially

when queer-critical to queer-hostile stressors are perceived as such and lead to suffering (Hottes et al., 2016; Kasprowski et al., 2021).

In addition, refugees face numerous other challenges that significantly affect their quality of life and integration. They often receive inadequate support with food and healthcare, which increases their difficulties in meeting basic needs. Separation from family and social networks leads to emotional stress and social isolation. They also experience exclusion from education and employment, which reduces their chances of economic independence. Psychosocial and economic instability further exacerbates their living situation, while fear for their own future and that of absent relatives is constantly present. Access to medical care is often severely restricted and hostility from the host society or in refugee shelters exacerbates the feeling of insecurity and exclusion (Kolbe, 2019; Kolbe & Surzykiewicz, 2019).

Homosexuality is currently a criminal offense in around 70 countries, lesbians and gays face the death penalty in at least a dozen countries and acceptance of LGBTQIA+ people is remarkably low in some countries<sup>4</sup>. People from other cultures<sup>5</sup> can also become aware of these threats, e.g. through media coverage, and highlight marginalization and discrimination. The history of queer people is characterized by discrimination. Even today, discrimination and anti-queer views can still be found in the German population (Arbeitskreis "Bekämpfung homophober und transfeindlicher Gewalt"; Küpper et al., 2017). There has even been an increase in queer-hostile violence by religious and/or political leaders and refusal of help by the police and state authorities in recent years, in addition to incitement, blackmail and violence (Bundesministerium für Familie, Senioren, Frauen und Jugend., 2023; Lesben- und Schwulenverband e.V.). Stang (2023) shows the discrimination experienced by LGBTQIA+ people in the Federal Republic of Germany. A more differentiated view of queer-hostile attitudes and actions reveals a high proportion of subtle homophobia in the German population at 25 percent (Küpper et al., 2017).

Religion or religiosity also has an ambivalent-negative relationship to queer realities of life (Finger, 2010), is sometimes used as a justification for rejecting equal rights for homosexual people (Thieme, 2017, pp. 177-180) and exists as a global phenomenon of religiously influenced homophobia<sup>6</sup>. For example, fundamentalist dynamics in evangelical discourses position themselves against queer lifestyles and justify this through the "cosmological [...] order of bisexuality and heteronormativity" with reference to the Old Testament (Benthaus-Apel et al, 2017, p. 17). People who experience negative cognitions (e.g. punitive, powerful and domineering God) and emotions towards God also have difficulties developing a positive self-image with an internal attributional style (Murken, 1998). Prejudice and devaluation of other people or groups of people can serve to increase one's own self-esteem in this context (Zick et al., 2011).

<sup>3</sup> Culture and interculturality are understood in this context as

<sup>4</sup> <https://www.lsvd.de/de/ct/1245-LGBT-Rechte-weltweit> [accessed 05/27/2024]

<sup>5</sup> Here, the authors refer to two databases that illustrate the dimensions of the threatening scenarios in different countries and perspectives: [www.ilga.org](http://www.ilga.org) and [www.ecoi.net](http://www.ecoi.net)

<sup>6</sup> <https://www.pdh.eu/2020/07/15/lgbt-und-religion/> [accessed 05/27/2024]

In this context, it should also be noted that religion and spirituality can represent an integration, resilience and coping factor for refugees on the one hand, but also a cause of persecution and an oppressive and stressful factor on the other (Kolbe et al., 2022). This problem is exacerbated by the additional challenges posed by "socio-cultural differences between refugees and the majority population in the countries that host them, as well as healthcare practices that do not correspond to their cultural or religious beliefs" (Kolbe, Kleibl, Surzykiewicz 2022, p. 346). Queer refugees and migrants worldwide encounter a complex mixture of positive legal protection and participation rights on the one hand and negative restrictions and legal practices on the other, which vary depending on the country of residence and also determine the realities of life through different social attitudes and actions<sup>7</sup>: This means that a queer person would most likely only be able to communicate their queer identity in their country of origin under precarious circumstances and would have to flee persecution. It is possible that even in a country with protection rights and a generally open approach to sexual diversity, the person would still not articulate their sexual and/or gender identity, whether out of fear of reprisals in their accommodation or by the host society, or out of the belief that the queer aspect of their life is a religious sin<sup>8</sup>.

In Turkey, for example, the acceptance of homosexuality among the population is particularly low (Gerhards, 2010). Following Gerhards (2010), it can be hypothesized that this is influenced on the one hand by value orientation and on the other by the country's religious heritage. Individual characteristics also depend on the dynamics of Muslim movement formations, which oscillate on the spectrums of conservative/hierarchical versus progressive/egalitarian and tolerance of ambiguity versus the idea of unambiguity (Expertenkreis Politischer Islamismus des Bundesministeriums des Innern und für Heimat). The different styles of action must be taken into account. Fundamentalism has the potential to lead to hatred, intolerance and violence, regardless of which religious references can be found (Urban, 2019). In principle, queer-hostile attitudes and actions are not associated with a specific religion per se, even if, according to Gerhards (2010), negative tendencies can be identified among Orthodox Christians, Catholics and Muslims. Rather, a link to extremism and radicalization can be established. "In any case, religious fundamentalism is very strongly associated with xenophobic attitudes towards, for example, homosexuals, Jews and people of other faiths" (Expertenkreis Politischer Islamismus des Bundesministeriums des Innern und für Heimat, p. 67).

In the Global South, belief systems, religion and civil society are closely interwoven and rarely separate or secularized. Religion is an essential part of political and private life and often the central dimension of existence. For example, people from countries from which many refugees come to Europe consider religion to be a very important part of their lives (WVSA, 2020). In countries where religion plays a more important role, there is often a general mistrust of Western-dominated science and at the same time a strong trust in religion (WVSA, 2020, p. 221). This can sometimes be explained by negative experiences with colonialism and violence (Kolbe et al., 2022) and can lead to

conflicts, lifeworld contradictions and problematic religion-related processes and needs: In the host countries, these refugees are confronted with a lower relevance of religion, so that even in professional social work, religion is often perceived as less important or barely present (Nauerth, 2016). This can also largely be assumed in psychotherapeutic settings. Following the argumentation of Kolbe et al. (2022), which focuses on refugees in general, it can therefore also be assumed that queer refugees and migrants in Germany are confronted with a multitude of religious offers, intensifying civil society positioning and predominantly secularized social work, which often develops inappropriate offers as a result (Kolbe et al., 2022).

For systemic therapy and social work in Germany and the Global North, which are confronted with flight and migration in many areas, an interdenominational and religion-sensitive orientation of services, which can be subsumed in intercultural sensitization, proves to be a possible solution option (Freise, 2017; Kleibl et al., 2017; Kolbe & Surzykiewicz, 2019).

#### 4. Cultural sensitivity skills

In the broader context of global digitalization, internationalization and migration and refugee movements, ubiquitous conditions are emerging that require skills to be developed in order to adequately adapt interaction and communication at these levels (Auernheimer, 2014). This also affects companies, organizations and institutions in the economy (Thomas, 2011), social work (Leenen et al., 2014) and the education sector (Over et al., 2008; Ringeisen, Buchwald, & Spanowski, 2008). Culture-specific characteristics in multicultural learning and socialization environments require appropriate approaches with regard to power relations and hierarchies, individual or collective orientation, attributions of masculinity and femininity (gender) as well as strategies to avoid uncertainty (Schwarzer et al., 2008, pp. 15-19). In addition, it should be made clear that cultural, religious or ethnic origin and affiliation represent a risk of exclusion (Iglesias, 2017; Motakef, 2006) and that the problem should be depicted in the format of a so-called post-migrant society (Foroutan, 2021; Kolbe et al., 2022).

Consequently, it is important for systemic workers to adequately expand their competence horizon in this regard. Related intercultural awareness dimensions are to be understood as part of intercultural competencies. Intercultural competencies encompass skills and abilities that make it possible to recognize, assign, appreciate and respect the cultural imprint of one's own actions, thoughts, feelings and judgments as well as those of others. These skills serve the purpose of mutual adaptation. The prerequisites for this are an understanding of culture, cultural awareness and a cultural self-concept. Intercultural competencies manifest themselves in language, communication, cultural knowledge, action and application knowledge as well as in dealing with cultural diversity (Over & Mienert, 2008; Wagner, 2017, p. 263). Knowledge, skills and attitudes in the context of intercultural competence relate to power asymmetries, collective experiences, images of others and cultural differences (Auernheimer, 2014, p. 62). These competencies depend on individual prerequisites and personal characteristics (Hesse et al., 2008, p. 189).

<sup>7</sup> See: [www.ilga.org](http://www.ilga.org) and [www.ecoi.net](http://www.ecoi.net)

<sup>8</sup> Authors' note: Such cases were part of the authors' counseling and therapy practice.

An early concept of interculturality by Chen (1988) focuses on communicative skills and distinguishes four dimensions, each with four sub-levels, to capture intercultural communication competence: personal attributes (self-disclosure, self-awareness, self-concept, social relaxation), communicative skills (message competence, social skills, flexibility, interaction management), psychological adjustment (frustration, stress, alienation, ambiguity) and cultural awareness (social values, social customs, social norms, social systems) (Chen, 1988, p. 36).

The research findings in the field of intercultural competencies, which examine specific factors influencing successful cooperation in the area of tension between heterogeneity and integration, primarily focus on openness and impartiality (Lloyd & Härtel, 2010; van der Zee & van Oudenhoven, 2000), cognitive complexity (Lloyd & Härtel, 2010), linguistic and communicative skills (Imahori & Lanigan, 1989) as well as social flexibility and tolerance of ambiguity (Bird et al, 2010; Deardorff, 2006). Bolten (2007) emphasizes the dynamic character of intercultural competencies within an expanded concept of culture that gives equal weight to these competencies. He describes the necessary skills in dealing and interacting with members of different cultures as "behavioral competencies such as empathy, role distance, tolerance, flexibility or the ability to 'endure' contradictions" (Bolten, 2007, p. 26).

In this context, Freund (2017) offers a four-dimensional model of culturally sensitive competencies that has been adapted from psychotherapy. The cognitive dimension (1) describes knowledge about religions, religious groups and religious concepts of health and illness. The technical dimension (2) relates to the specifics of working with religious people and the influence of religious factors on health and illness. The affective dimension (3) includes the perception of fascination, irritation, alienation or rejection and conveys benevolence, respect, openness and tolerance. The fourth dimension, self-reflection (4), deals with perceptions of oneself as a religiously or ideologically influenced person as well as reflection on one's own socialization and attitude towards religion and spirituality (Freund, 2017, p. 51).

Intercultural competence is measured and analyzed subjectively and objectively using questionnaires, cognitive structure tests, assessment procedures or other methods in the form of external or self-assessment (Chen, 1988; Lichtblau et al., 2008; Maas et al., 2008; Over et al., 2008). However, these procedures do not always meet the psychometric quality criteria of classical test theory (Göbel & Buchwald, 2008; Hesse et al., 2008). Training and measures to improve intercultural skills have already been developed, but these are often still in need of improvement and have not been sufficiently tested for their effectiveness and transferability (Bolten, 2007; Göbel & Buchwald, 2008; Ringeisen, Buchwald, & Schwarzer, 2008; Ringeisen, Buchwald, & Spanowski, 2008).

## 5. Conclusion

Culturally sensitive work is a necessity and a challenge, especially in the age of globalization and the convergence of different (religious-spiritual) cultural areas as well as gender and sexual diversity (Fliegel, 2022; Kolbe, 2021; Stang & Wüchner-Fuchs, 2024).

With regard to LGBTQIA+ identities, the aim should be to depathologize religious beliefs and myths. Based on the minority stress model, this could be used to intervene on minority stressors, experiences of prejudice and rejection negativity, possibly in conjunction with internalized queer negativity (Günther et al., 2021; Meyer, 2003; Sattler, 2018; Sevelius, 2013; Stang & Wüchner-Fuchs, 2024). Systemic interventions are linked to intrapersonal and interpersonal levels, e.g. prevention campaigns aimed at individuals, companies or organizations (Ernst et al., 2022; Stang & Wüchner-Fuchs, 2024).

In systemic therapeutic and social work practice, it is advisable, in line with Klocke (2021), to identify the individual needs of those affected and provide further support services, intervene in cases of structural and individual discrimination and implement corresponding guidelines and bodies. Furthermore, continuous work should be done to reduce prejudices and establish personal contacts and a natural approach to sexual and gender diversity (Klocke, 2021).

The basic constructivist configuration of resource- and solution-oriented work can offer opportunities to consider both parts of the client's inner (personality) system, e.g. internalized homonegativity aspects, as well as parts of the outer system, on an interpersonal, political, social, religious, etc. level, in a culturally sensitive way. Culturally sensitive and diversity-sensitive systemic work therefore requires an eye for the micro, meso and macro levels.

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