



Schema Therapy for Forced Migrants: Adapting Therapeutic Models for Processing Traumatic Experiences and Loss

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Abstract

This article presents an analytical review and systematization of schema therapy methods adapted for forced migrants who have experienced traumatic events. The relevance of this topic is confirmed by the increasing prevalence of forced migration, which is often accompanied by the loss of familiar environments and the disruption of social connections. The novelty of this research lies in the development of a comprehensive model that integrates rescripting past experiences, imagery-based techniques, and the formation of healthy coping strategies for emotional difficulties. The study examines theoretical and clinical foundations, including the influence of cultural factors, interactions with linguistic environments, and the specifics of socio-psychological conditions within host communities. Special attention is given to mechanisms that enhance emotional balance and restore personal resources in individuals who have lost their homes and stable surroundings. The study aims to describe and analyze therapeutic techniques that reduce anxiety and facilitate the effective restoration of social interactions. To achieve this, source analysis, comparative methods, and the interpretation of clinical observations were employed. The conclusion discusses the potential for integrating the developed model into rehabilitation and social support programs. This article will be of value to psychologists, social workers, and specialists in migration processes.

Keywords: Schema Therapy, Forced Migrants, Traumatic Experience, Rescripting, Migration, Psychological Adaptation, Negative Beliefs, Social Factors, Cultural Characteristics, Emotional Stability.

INTRODUCTION

Migration processes exert a multifaceted influence on an individual's functioning, affecting behavioral, emotional, and cognitive levels. Relocating to a different cultural environment can trigger early maladaptive schemas formed in childhood due to unmet basic needs, leading to heightened anxiety, depressive symptoms, and a diminished ability to adapt effectively. The article examines the potential of applying a schema-therapeutic approach in providing psychological support to migrants, and describes interventions aimed at transforming maladaptive cognitive structures into resilient and functional response models.

Common forms of forced migration have led to a significant increase in the number of individuals deprived of familiar environments and stable interpersonal connections. The loss of home and the disruption of social ties often serve as precursors to deep emotional disturbances, characterized by heightened vulnerability and mistrust of the world. Internal trauma is frequently rooted in previously ingrained beliefs

established during childhood. The complexity of addressing these issues is further compounded by the need to consider the influence of a new cultural environment, language barriers, and differences in social norms, which can intensify feelings of helplessness.

Providing therapeutic support to forced migrants requires a systematic approach capable of addressing the underlying psychological difficulties. Schema therapy, which integrates cognitive and psychodynamic principles, is regarded as a foundation for targeted intervention in internal patterns that hinder full adaptation. Previous studies indicate that disruptions to familiar lifestyles reinforce early negative beliefs, including abandonment, vulnerability to external threats, feelings of inadequacy, and dependence on external assistance. These phenomena make the schema therapy approach particularly relevant in addressing migration-related stress, as it thoroughly examines childhood memories, traumatic triggers, and deeply embedded behavioral patterns.

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The novelty of this analysis lies in the description of an expanded therapeutic model that integrates future-oriented imagery techniques and rescripting while accounting for the cultural and social parameters of the host community. A largely unexplored issue remains the extent to which these factors influence the effectiveness of therapeutic interventions and the quality of emotional stabilization. Additionally, the flexibility of applied techniques must be considered, including the ability to integrate local traditions, engage social institutions, and adapt verbal symbols to cultural codes accessible to migrants.

The aim of this study is to provide an analytical justification and structured development of an approach designed to activate the resource potential of individuals who have experienced the traumatic effects of forced migration. To achieve this, three key objectives have been formulated: analyzing how early maladaptive beliefs are triggered in individuals facing radical changes in living conditions, identifying dominant patterns (abandonment, defectiveness, dependence, vulnerability to threats) and tracing their manifestations in the absence of social support, and proposing practical recommendations for adapting classical schema therapy to the cultural context of the host environment, considering linguistic, social, and religious differences.

The proposed material provides a framework for further implementation of an innovative approach aimed at reducing anxiety levels and normalizing the emotional state of forced migrants. This concept facilitates the deeper integration of schema therapy into rehabilitation and migrant support systems. Such a perspective expands understanding of the potential for targeted correction of internal beliefs formed under traumatic conditions and offers an opportunity to ease the adaptation process to the demands of life in a new setting.

MATERIALS AND METHODS

The preparation of this study is based on a wide range of sources reflecting various aspects of the issue. J. Becker [1] described the relationship between feelings of dependence and increased anxiety in the absence of stable resources. H.A. Carroll [2] examined the consequences of stress factors associated with forced relocation and investigated how they provoke negative beliefs. The Center for Substance Abuse Treatment [3] presented trauma-focused therapy approaches that can complement schema therapy methods. B. Cislighi [4] analyzed gender and social factors that complicate the full integration of migrants. W.K. Hou [5] explored how everyday stressors affect the mental health of forced migrants, while Lu Feng [6] highlighted the impact of ethnoreligious traditions on social adaptation.

Pathways for positive reinterpretation of self-perceptions and emotional responses are reflected in the work of M. Marciniak [7], emphasizing the benefits of cognitive reappraisal techniques. A. Najjarkakhaki [8] analyzed

the relationship between cultural factors and diagnostic challenges in maladaptive behavior. A. Yefimova [9] described the integration specifics of Ukrainian forced migrants, noting practical difficulties in adjusting to a new environment. I. Stock [10] pointed out the connection between socioeconomic factors and the subjective evaluation of psychological well-being in the context of sudden relocation.

The methodological framework included literature analysis, a comparative method, and the systematization of data from clinical practice. The analysis helped identify commonalities and differences in the understanding of early maladaptive beliefs among forced migrants, while the comparative approach facilitated the correlation of various theoretical perspectives on trauma mechanisms and recovery strategies. To refine certain conclusions, the study incorporated the interpretation of clinical observations recorded in the referenced studies.

RESULTS

The research analysis identified specific responses among individuals who have experienced the loss of their home and forced relocation. A common denominator is the intensification of early negative beliefs affecting self-perception and the perception of the external world [9]. This phenomenon becomes evident when traumatic memories overlay existing internal patterns that originate in childhood. A significant factor is emotional vulnerability, associated with the loss of a familiar environment and the disruption of established social connections.

In the classification of dominant beliefs, the prevalence of convictions related to abandonment and feelings of personal inadequacy has been noted [2]. A lack of confidence in the accurate perception of reality manifests as fear of external threats, which is further exacerbated in the absence of stable resources and a supportive environment. Additionally, a strong belief in dependence on external assistance has been identified, which contributes to heightened anxiety in situations requiring independent decision-making and personal responsibility [1].

Thematic analysis has established that each of these beliefs can be triggered when engaging with a new cultural environment that differs in linguistic, social, and ethical norms [8]. Given this characteristic, the developed recommendations suggest a flexible approach to addressing feelings of loss, the dissolution of familiar rituals, and disruptions in the sense of belonging [3]. These recommendations are based on schema therapy, which focuses on processing childhood memories and restructuring behaviors that lead to self-isolation and the development of maladaptive coping strategies.

Beyond addressing activating triggers, the adaptation model also incorporates cultural factors [10]. When working with clients who have relocated to an environment with different ethnoreligious traditions, it is advisable to integrate elements of local social practices that foster a sense of engagement

in the new reality [6]. Therapists are encouraged to adjust language and examples illustrating specific patterns, taking into account the dominant cultural codes as well as religious or gender norms accepted in the host society [4].

The developed model provides a detailed description of methods for strengthening internal resources, enhancing the ability to consciously process emotions related to persistent expectations of danger or repeated loss [5]. Exercises are utilized to develop self-regulation skills, restore positive memories, and reframe personal qualities that were previously perceived as weaknesses [7]. This approach facilitates the formation of stable interpersonal interactions, as confirmed by observations of the psychological dynamics of migrants in clinical practice.

DISCUSSION

Several case studies illustrate the distinctive features of the activation of maladaptive schemas and the ways to correct them. For example, when changing countries, individuals often experience a sense of abandonment, believing that they lack support. Techniques such as rewriting traumatic memories can help reduce internal tension and establish alternative behavioral scenarios. An important question is which methods prove most effective: for some, resourceful imagery works best, while for others, addressing the inner critic yields better results.

Case 1: A hypothetical patient, Marina (34 years old), who moved to the USA from Ukraine, experienced a profound sense of isolation during the first few months. It was found that she had an activated childhood schema stemming from her family's frequent relocations. Rewriting traumatic episodes and working on reinforcing strategies helped strengthen her self-confidence.

Case 2: Ivan (40 years old), who emigrated to Germany, faced anxiety and a tendency to avoid social contacts. Analysis revealed that his difficulties were rooted in a vulnerability schema. The "adult protector" technique proved beneficial, as it enabled him to adapt more quickly to the new environment and reduce his fear levels.

The analysis of internal mechanisms formed in forced migrants highlights a significant need for processing traumatic memories associated with relocation and the loss of a familiar way of life. The integration of rescripting methods is aimed at gradually weakening emotionally charged images linked to feelings of hopelessness and fear of future upheavals. The essence of this approach lies in altering the subjective perception of distressing episodes, enriching them with new meaning, and redirecting individuals toward a more resourceful state. This technique does not simply involve a retelling of past events; it requires the sequential identification of triggers and their symbolic rewriting through role-play dialogues and imagery-based interactions. The structured sequence of these steps is visually demonstrated in Figure 1.

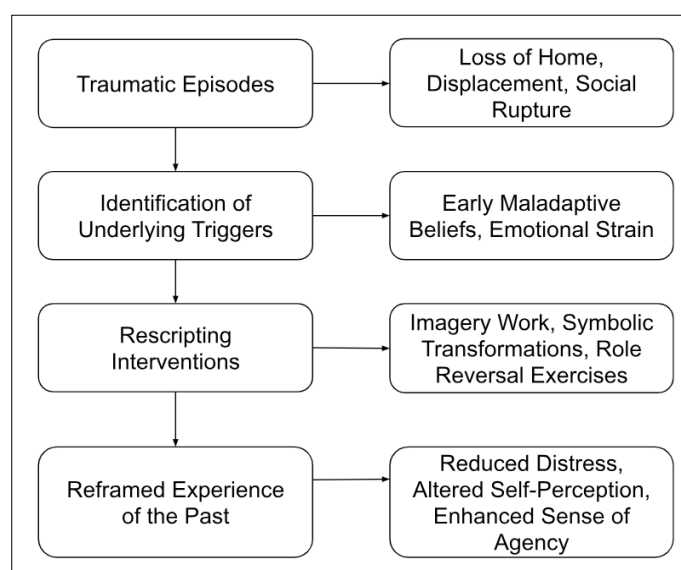


Figure 1. Integration Model of Rescripting Traumatic Memories in Forced Migration

The schematic representation in Figure 1 illustrates the logic of working with negative beliefs that intensify under the influence of past traumatic experiences. The left section presents primary impressions that contribute to overall vulnerability when facing new challenges. The central block reflects the rescripting process, involving engagement with pain and the reconstruction of past experiences through the establishment of alternative emotional anchors. The right section of the diagram represents the transition to internal stabilization, where a revised perception of one's personal history emerges, less burdened by guilt or suppression.

Jeffrey Young's research identifies 18 early maladaptive schemas (EMS), but among migrants, four schemas are particularly pronounced:

- Abandonment: A feeling of being left alone without support or mutual understanding.
- Emotional Deprivation: A persistent impression that there is no one capable of responding to one's emotional needs.
- Social Isolation: A constant sense of detachment from the new community.
- Vulnerability: A fear of unforeseen problems, bureaucratic complications, and financial instability.

To transform these schemas, a range of techniques is employed: rewriting traumatic memories (which reduces attachment to a difficult past), analyzing and softening the inner critic (which reduces self-blame), using resourceful imagery (which enhances the subjective sense of safety), and restructuring destructive beliefs. Group sessions with other migrants provide additional support and help alleviate feelings of alienation.

Among migrants from Eastern European countries, "immigrant perfectionism" is often observed, where individuals strive to prove their success at any cost. In

conditions of limited resources, this can lead to a sharp loss of energy, heightened psycho-emotional tension, and feelings of guilt toward relatives who remain in their homeland.

The use of imagery-based techniques is closely tied to future modeling, intended to expand the psychological possibilities for individuals who have experienced forced migration. Mentally constructing positive scenarios gradually reduces the intensity of apathy and social withdrawal. Anchoring these scenarios in concise but impactful images, where individuals envision themselves realizing new potentials, facilitates the transition from anxious anticipation to a more constructive outlook. This approach is illustrated in Figure 2.

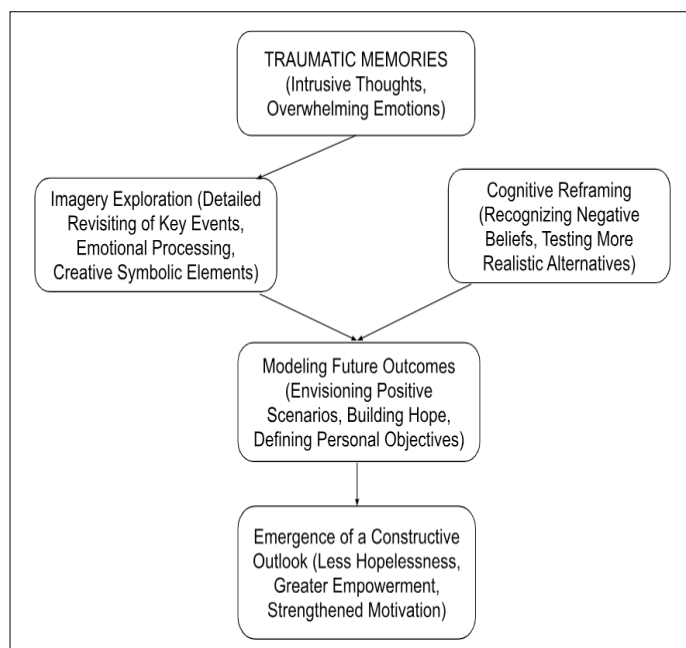


Figure 2. Transition from Traumatic Past to a Constructive Vision of the Future

The diagram in Figure 2 depicts destructive beliefs on the left, which sustain a sense of hopelessness. The central section represents the imagery transformation process, where individuals use imagined visualizations to transcend the boundaries of their current doubts. The right section focuses on new opportunities that arise through the systematic processing of internal constraints and the development of constructive perspectives. The combination of these methods supports a gradual shift toward a more dynamic outlook on personal future trajectories.

Developing healthy coping strategies serves as a foundational element in adapting to new conditions. Research indicates that migrants who establish stable emotional regulation techniques more rapidly develop a sense of security and stability. Schema therapists recommend addressing not only internal barriers but also behavioral patterns that have become ingrained due to chronic stress and prolonged psychological strain. A significant part of this process involves training in self-support skills and social interaction. The structured model is illustrated in Figure 3.

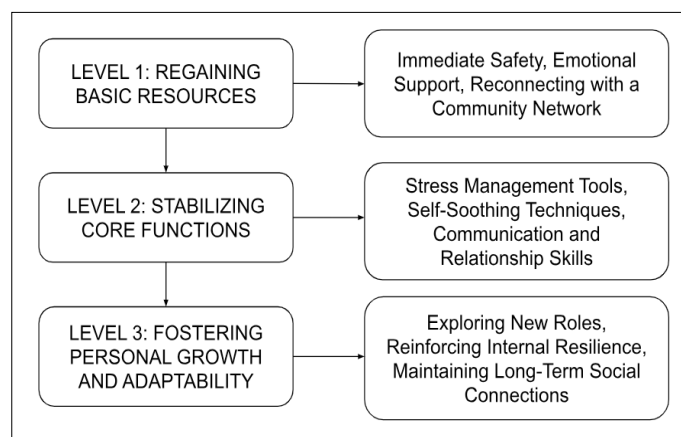


Figure 3. Building Healthy Coping Strategies in Forced Migration

The framework in Figure 3 distinguishes three levels: restoring lost resources, stabilizing core functions, and reinforcing the capacity for positive restructuring. Each of these components involves step-by-step training, ranging from recognizing automatic reactions to implementing emotional self-soothing practices. These practices contribute to strengthening resilience to new stressors, forming a foundation for deeper integration into an unfamiliar cultural environment and the restoration of meaningful social connections.

The proposed approach combines rescripting methods with imagery-based therapy while emphasizing healthy response strategies. This system ensures a structured reduction in anxiety levels and a gradual reassessment of personal experiences, facilitating deeper psychological recovery after forced migration. The multi-level methodology incorporates a flexible combination of individual and group formats, as well as adaptation to the cultural characteristics of the host community. Together, these techniques form a comprehensive approach that enables individuals to process deep-seated emotional blocks and identify points for psychological growth.

It should be clarified how the proposed model fits into rehabilitation programs for migrants and individuals with stress reactions. Non-governmental organizations and medical centers utilize schema therapy techniques to help those who have experienced abrupt changes in living conditions or psychological trauma. Group work helps reduce anxiety and establish new social connections, while remote consultations prove convenient for Russian-speaking migrants who do not have the opportunity to attend in-person sessions.

Schema therapy serves as an effective tool for eliminating destructive beliefs inherited from past traumatic experiences. The study examines how social and cultural parameters influence the process of changing these beliefs. Russian-speaking migrants in the USA and Europe often encounter linguistic difficulties that cause additional distress and hinder full integration. In some cases, refugees from areas

affected by military conflict exhibit more complex reactions, necessitating consideration of national specifics, language proficiency, and local customs. Further research will reveal the extent to which these sociocultural factors impact the overall effectiveness of correcting early maladaptive schemas.

CONCLUSION

The synthesis of the obtained data indicates that forced migration reinforces pre-existing negative beliefs, leading to chronic anxiety and heightened vulnerability among displaced individuals. The conducted analysis examined the activation mechanism of destructive patterns, including feelings of abandonment, fear of external threats, dependence on external assistance, and a sense of personal defectiveness. These beliefs create difficulties in establishing new connections and hinder full adaptation to an unfamiliar environment.

The initial research objectives are reflected in the presented findings. First, the study demonstrated how maladaptive schemas persist and intensify when individuals face unfamiliar living conditions. Second, it detailed the dominant beliefs affecting the self-perception of those who have lost permanent housing and described their pronounced manifestations. Third, recommendations were proposed for adjusting classical schema therapy to address the specific challenges of forced migration, including the integration of imagery-based techniques, the incorporation of cultural codes, and the implementation of social practices that promote emotional stability.

The formulated model demonstrates potential for further expansion in the field of migrant support, as it combines in-depth processing of traumatic experiences with training in self-regulation techniques. This approach confirms the viability of integrating schema therapy into comprehensive rehabilitation programs for individuals who have experienced displacement and sudden environmental changes. The findings are applicable to the development of interdisciplinary psychological support strategies, while the proposed ideas open opportunities for additional scientific and clinical exploration aimed at increasing the effectiveness of assistance for this population.

REFERENCES

1. Becker, J., Koslow, I., Siem, B., & Love, A. (2018). Antecedents and consequences of autonomy- and dependency-oriented help toward refugees. *European Journal of Social Psychology*, 49. <https://doi.org/10.1002/ejsp.2554>
2. Carroll, H. A., Kvietok, A., Pauschardt, J., Freier, L. F., & Bird, M. (2023). Prevalence of common mental health disorders in forcibly displaced populations versus labor migrants by migration phase: A meta-analysis. *Journal of Affective Disorders*, 321, 279–289. <https://doi.org/10.1016/j.jad.2022.10.010>
3. Center for Substance Abuse Treatment (US). (2014). Trauma-informed care in behavioral health services. Substance Abuse and Mental Health Services Administration (US). (Treatment Improvement Protocol (TIP) Series, No. 57.) Section 1, A review of the literature. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK207192/>
4. Cislighi, B., & Heise, L. (2020). Gender norms and social norms: Differences, similarities, and why they matter in prevention science. *Sociology of Health & Illness*, 42(2), 407–422. <https://doi.org/10.1111/1467-9566.13008>
5. Hou, W. K., Liu, H., Liang, L., Ho, J., Kim, H., Seong, E., Bonanno, G. A., Hobfoll, S. E., & Hall, B. J. (2020). Everyday life experiences and mental health among conflict-affected forced migrants: A meta-analysis. *Journal of Affective Disorders*, 264, 50–68. <https://doi.org/10.1016/j.jad.2019.11.165>
6. Lu, F., Yang, W., Yun, J., & Zhang, Y. (2024). The path of social integration of migrants in poverty alleviation relocation: A case study of Dongchuan from Yunnan plateau mountainous areas. *Journal of Rural Studies*, 110, 103381. <https://doi.org/10.1016/j.jrurstud.2024.103381>
7. Marciniak, M., Homan, S., Zerban, M., Schrade, G., Yuen, K., Kobylinska, D., Walter, H., Wieser, M., Hermans, E., Shanahan, L., Kalisch, R., & Kleim, B. (2024). Positive cognitive reappraisal flexibility is associated with lower levels of perceived stress. *PsyArXiv*. <https://doi.org/10.31219/osf.io/m2ujw>
8. Najjarkakhaki, A., & Ghane, S. (2023). The role of migration processes and cultural factors in the classification of personality disorders. *Transcultural Psychiatry*, 60(1), 99–113. <https://doi.org/10.1177/13634615211036408>
9. Stock, I. (2022). Social class and forced migrants' perception of the value of international mobility. *Journal of Ethnic and Migration Studies*, 48(20), 4957–4972. <https://doi.org/10.1080/1369183X.2022.2123438>
10. Yefimova, A. (2024). Adaptation of Ukrainians to forced migration: A study of psychosocial models and factors. *Revista Amazonia Investiga*, 13, 130–141. <https://doi.org/10.34069/AI/2024.81.09.10>