

ARTICLE

The neglected complexities of refugee fathers

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Abstract

Using two different stories from our practice as illustrations, we focus on the uniqueness and complexity of the predicament of refugee fathers. In the context of the current phenomenon of the feminisation of refugees, refugee fathers tend to be overlooked. In this article, we draw attention to the specific difficulties refugee fathers face, as well as illustrating our *synergic* approach to working in this field, which, whilst not neglecting the person's distress and suffering, also identifies the strengths they retain (resilience) and the new positive experiences that they gain by their very exposure to adversity (adversity-activated development). By collaborating *synergically* with the refugee fathers' strengths, in the context of their trauma, it is possible to heal their traumatic experiences and to activate their potential to the maximum.

KEYWORDS

adversity grid, adversity-activated development, feminisation of refugees, refugee fathers, resilience, *synergic* approach, trauma

1 | INTRODUCTION

Recently, especially in Europe, the subject of refugees has been sparking heated and polarised debates. In the midst of these loud political exchanges, another phenomenon has become increasingly noticeable. It is referred to as the feminisation of refugees. Not only are there numerically more refugee women than refugee men, but images of refugee women have saturated the media (see, for example, Donato & Gabaccia, 2016; Hyndman & Giles, 2011; Johnson, 2011) and there has been a corresponding lack of appreciation of the predicament of refugee fathers (Ee, Sleijpen, Kleber, & Jongmans, 2013; Este, 2013; Riggs et al., 2015).

Both of us were involved with both the refugee fathers in our stories. Nikos was the therapist of the Asian man who was stranded in Greece while trying to take his family to Europe, Renos was Nikos's supervisor, and both Nikos and Renos worked at different stages with the Greek father who fostered two refugee teenagers.

2 | MOHAMMED'S STORY

Mohammed intended to leave his country long before the situation became too dangerous. Unfortunately, by the time he organised his getaway in the summer of 2013, he was forced to take too many risks. He took his wife and two

children, a four-year-old son and a nine-month-old daughter, and escaped his war-torn country. They crossed to Turkey and found their way to the Aegean coast, opposite the Greek islands. Mohammed tried to find the safest way to reach Greece. His plan was to minimise risks, get his family to a safe island, and then to negotiate his way up to northern Europe, to the “Promised Land,” where he wanted eventually to bring all the members of his family to start a new life. He promised his mother and his wife's family that he would do his best to make this plan a reality and, above all, to keep his wife and children safe throughout the journey.

Mohammed was a relatively wealthy man. For many years he had worked hard abroad, saving up money, and he was pleased when he negotiated with the traffickers to secure a yacht to take him and his family from Turkey across to a Greek island. Despite paying an exorbitantly high fare, he was satisfied he would have safe passage.

However, the traffickers misled him and, at the last minute, forced him and his family to board an old and unsafe boat. He was furious and argued with them, but he had no choice. As they crossed the narrow passage, approaching the shores of a Greek island, the boat began to take on water. The weather was bad, with strong winds, and the sea was rough. The boat sank. His wife and children were carried away by the strong currents, and Mohammed lost them. The last words he heard were those of his son: “Don't let me go, Daddy.” Mohammed struggled desperately to find them but it was impossible to see anything at night in the stormy sea. He barely managed to save himself, collapsing on the shore, nearly dead from exhaustion.

At that time, the massive flow of refugees from Turkey to Greece had not yet begun. There were no helpers assisting those who were arriving on boats from Turkey, and no one noticed that a small boat had sunk. The overall climate in Greece in relation to refugees and migrants, also, was not yet welcoming and facilitative. During that early period, everyone arriving illegally in Greece was arrested and detained. Mohammed, too, was detained and nobody listened to his strenuous protestations and pleas to set up a search party to find his missing wife and children. Initially, he was kept at the local police station and later taken to a Detention Centre on the island.

A couple of weeks later, a group of Greek human rights lawyers visited the Centre, and Mohammed, grasping the opportunity, succeeded in attracting their attention, told them his story and asked for help. The lawyers responded immediately, securing his swift release and mobilising assistance to search for any possible survivors. Mohammed's story received wide publicity in Greece, and many individuals and organisations volunteered to help with the search. Within a few days, the bodies of two children were found and, through a DNA identification process, were confirmed as Mohammed's children. His wife's body was never found. He was in an inconsolable state, full of pain, rage, regret, guilt, and utter desperation. He attempted suicide twice.

His new friends suggested that he move to Athens where he could receive appropriate care and assistance for his multiple needs, including psychological support. It was then that Mohammed was referred to Babel Day Centre, the only state-funded mental health unit for migrants and refugees, which has been operating in Athens since 2007, long before the recent “refugee crisis.”

3 | SPYROS'S STORY

Spyros lives with his wife and three children on a Greek island. He is in his early 40s and, after completing university, he was lucky enough to find a job in a government department, as an engineer, on his native island. He is an ordinary middle-class man who has succeeded in providing a reasonably comfortable life for his family, consisting of his wife, a boy of eight and two girls of 10 and 13.

When the refugees started crossing from Turkey to the Greek islands on small boats, Spyros felt the need to offer assistance and he joined a group of other island volunteers to help them. The more he got involved, the more his commitment grew. On one occasion, when a boat capsized and several people were drowned, he found himself assisting two Syrian teenagers, a brother and sister, who were the only survivors of their family. Their mother was killed in Syria during the war, and their father decided to bring them to Europe for safety, along with two other siblings. During the crossing, the father and two of his children drowned and only Adnan (16) and his sister Haya (14) survived. Spyros felt

very deeply for the two Syrian orphans and went out of his way to help them. In their total disorientation and unbearable pain, the two siblings felt safe with Spyros and clung to him. Adnan even asked Spyros to be the adult male to participate in the ritualistic washing of his father's and sister's bodies, in preparation for their burial. The body of Firas, their older brother, was not found. Although Spyros is a Greek Orthodox Christian, he felt profoundly touched by Adnan's request and accepted. That experience strengthened their bond to a point where Spyros, with his wife's wholehearted consent and support, went through all the difficult and complicated procedures for fostering the two Syrian orphans.

After a couple of months of living together, inevitably, difficulties and concerns arose. Spyros was worried about the wisdom of his decision to foster the two siblings as he became concerned about the impact of bringing them into his family, and also about his ability as a father to attend to the needs of these two vulnerable refugee teenagers. As both he and his volunteer group on the island were receiving supervision from Babel staff, he asked for special assistance from them with regard to his family situation.

4 | ASSESSING VULNERABILITY AND REFUGEE FATHERS

Refugees are considered vulnerable if they belong to one of the groups identified as requiring greater attention. Those groups are:

unaccompanied or separated children, persons who are disabled or terminally ill, elderly persons, pregnant women or nursing mothers, single-headed families with children, victims of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation, and victims of trafficking. (United Nations High Commissioner for Refugees, 2011, p. 6)

Identifying vulnerability on the basis of a person's being a member of a predetermined group has serious limitations. All involuntarily dislocated persons require attention because all of them have, to varying degrees, experienced forms of distress; however, there is a plethora of contributing factors that affect the way a person experiences external events and circumstances, including:

- personal factors: history, psychological characteristics, coping mechanisms, strengths/weaknesses, status, education, "pre-morbid" personality
- relational factors: support systems, family (personal, extended), community (local, international)
- gender
- race
- age
- power position: degrees of isolation, helplessness, and humiliation
- the circumstances of the actual devastating events: predictability, isolation, duration, lasting consequences
- specific systems of meaning used to account for the events and the experience of these events: political, religious, ideological
- current conditions, circumstances and relationships
- future prospects and, specifically, hope or lack of hope
- plus, a host of socio-political, cultural, economic, legal and other factors. (Papadopoulos, in press)

Both authors participated in a specific project to address asylum seekers' vulnerability (Enhancing Vulnerable Asylum-Seekers' Protection [EVASP]), cofunded by the European Refugee Fund. Based on the 2007 Green Paper on the Future of the Common European Asylum System, this project developed a new way of understanding

vulnerability; instead of following an essentialist approach, identifying set groups, it developed a constructivist approach, “a systematic framework to *indicate* not the asylum seeker's vulnerabilities but the *vulnerable positions* within which . . . [a person] is located by a series of factors and circumstances during a given period of his or her life” (Papadopoulos, 2011a, p. 2).

Despite the positive reception of this project's recommendations, the tendency persists to identify vulnerable refugees in terms of these set “vulnerable groups”; what is of concern is that fathers and men are not included in any of these identified groups. This is not surprising. The predominant stereotypes in our world today view men as tough, survivors, capable of coping with everything, and consequently—given the limited available resources—emphasis is given, invariably, to other groups and not to adult men.

Our position is that nobody should compete or be compared with anybody else as to who is more vulnerable. Every affected person is entitled to assistance; our aim is to draw attention to some crucial dimensions of refugee adult men, specifically fathers, in order to enrich our understanding about the complexities of refugee adversities.

The first point that needs to be made is that any support given to refugee fathers is not solely for their individual benefit, as they are not simply isolated individuals. The role of the father is central in maintaining the functionality of the family as the most supportive system, especially during times of adversity. We are not advocating the stereotyped role of father as the strong person who protects his family but, instead, we simply point to the fact that a father plays a crucial role as an enabler and catalyst of functionality in the family, balancing his position as both a spouse and parent as well as often being the main interface with the outside world. It is essential that all family members, including the father, are given the right support during the tumultuous refugee circumstances, so that each member contributes to the maintenance of the family as a supportive system for all its members. A family with good-enough functionality can provide for all its members the following:

1. internal family cohesion and interactional support;
2. stabilising support to bear experiences of adverse events, however difficult, painful and unbearable they may be;
3. ways of addressing reasonably effectively these experiences;
4. ways of attributing appropriate meaning to these experiences;
5. ways of enabling each member to make best possible use of these experiences and even to benefit from the ways they find to survive them;
6. ways of enabling each to maintain fruitful connections with persons outside the family as well as with relevant outside bodies, organisations and services.

Due to the catastrophic events and multiple pressures that refugee families experience, they are at risk of:

1. neglecting or minimising the importance of their internal family dynamics, difficulties and conflicts;
2. overlooking or being unable to deal with the needs of a particularly vulnerable or traumatised member (or members) of the family;
3. becoming separated from each other physically (during the dislocation) or emotionally; and
4. allowing new realities, new identities, and new imbalances to create destructive divisions within the family.

Fathers are particularly vulnerable in refugee situations because they are likely to be exposed to radically new experiences, including:

1. *outside the family*: loss of employment, financial autonomy, property (such as the family home), social status, supportive friends and network, daily routine;

2. *within the family*: loss of authority (not disciplinary but moral), ability to protect others. Often, the assistance offered to family members by outside workers interferes with the existing family functioning and assignment of roles.
3. *in themselves*: loss of identity as fathers, as men, as spouses, as parents and as family leaders/protectors.

Insofar as they have become refugees, this means that the father “failed” in his role as the family protector and proved to be unable to prevent the involuntary dislocation. Moreover, if members of the family were killed during any phase of the refugee process, the sense of impotence, plus feelings of guilt, would be magnified. In the new country, in contrast to refugee mothers and children who engage directly with daily life and routines (such as going to school, making use of medical services) become easily incorporated into new communities (such as those of school parents and neighbours) and consequently learn the new language faster, fathers tend to remain at home, feeling intimidated by (if not suspicious of) the new life in the new country.

The roles in the families may change so radically that they may even become reversed. We know of many refugee fathers who are sitting at home, apprehensive about venturing out and waiting for their children to come home from school to take them out for a walk in the park. These are radical transformations that bring about fundamental changes in the family.

However, as we all know, these drastic changes in the family roles, functioning and structures do not always have exclusively negative implications. What we endeavour to do in working with refugees is to remain vigilant to our epistemological approaches in order to avoid perceptions of fixed binaries, of polarised outcomes, of black or white distinctions. The changes that occur in families when they become refugees include *both* negative and positive effects and consequences, and our task is to discern as many of them as possible. Treating refugees as exclusively helpless victims or heroic survivors—when they are both—can be very confusing for them and for us. It is, therefore, imperative to develop and maintain an appropriate epistemological framework that enables us to perceive the wide range of responses refugees develop as a result of their exposure to the adversities they experience.

5 | OUR APPROACH

Essentially, the approach we have been following at Babel Day Centre is based on a framework (Gionakis & Stylianidis, 2016; Papadopoulos, 2007, 2015a, 2015b, in press) that enables refugee workers to discern not only the negative effects on individuals, families and communities exposed to adversity, but also to appreciate the strengths they retain from times before the adversity, as well as the new strengths they have acquired as a direct result of being exposed to adversity (Adversity-Activated Development).

The rationale is simple. Under the pressures of being exposed to adversity, plus other pressing burdens (such as attending to urgent needs or minimising damage), as human beings we find it difficult to grasp the complexity of all affecting factors. That is why we say, rhetorically, that the first casualty of trauma is complexity (Papadopoulos, 2002, 2008, 2011b). Under these conditions, we lose our ability to hold onto the complexity of the multiple and radical changes in us, our relationships, our beliefs, our understanding of what is happening, and so on. Yet, as humans, we cannot live without having any understanding (however imperfect) of what is happening around us, between us and within us; therefore, inescapably, we resort to oversimplified formulae of pseudo-understanding. The most common form of this oversimplification is polarisation, perceiving matters in terms of either/or, instead of both/and.

In situations where people are exposed to adversity, polarisation becomes endemic; it spreads like a virus at all levels. Accordingly, the tendency is to perceive the fundamental changes refugees’ lives undergo as producing *either* negative *or* positive effects, conceptualising refugees as *either* traumatised *or* resilient, seeing fathers as *either* damaged *or* as enriched by their refugee experiences. These polarised perceptions are the result of a traumatised

epistemology that traumatises our conceptualisations, producing defective ways of thinking. Consequently, these traumatised epistemologies traumatise both the refugees and those who are trying to help them, insofar as they lead to various forms of hasty pseudo-understanding.

It is for this reason that the Adversity Grid (formerly called Trauma Grid; Papadopoulos, 2007, in press) has been developed and used in these situations: to enable us to keep in mind that the effects of being exposed to adversity are not just *either* positive or negative, but they are *both* positive and negative.

The key function of the Grid is to provide a simple schema to grasp complexity and to introduce differentiation in order to counteract oversimplification. Accordingly, the Grid differentiates, *inter alia*, three categories of responses to adversity by individuals, families, and communities.

1. *Negative responses to adversity*: These include the effects that aid organisations and professionals often perceive, such as pain, loss, suffering, disorientation, and confusion in people, as well as the various types of psychological and even psychiatric symptoms and deficits that they experience. It is only this category that PTSD-focused approaches perceive and attend to.
2. *Unchanged responses to adversity*: This category simply reminds us of the obvious reality that not everything people do and feel after being exposed to adversity is a result of their exposure to that adversity. There is a host of positive and negative qualities, behaviours, relationships and habits that remain unchanged. With reference to the “negative unchanged,” if a refugee father, for example, is suspicious of people, this could be because he was always suspicious of people, and his exposure to adversity did not affect this either positively (by diminishing it) or negatively (by increasing it). What is of far greater interest is the subcategory “positive unchanged,” because it includes all the characteristics that are referred to as resilient. The definition of resilience we follow refers to those positive functions, qualities, characteristics, relationships, behaviours and abilities, which were retained from the times before a person was exposed to adversity, despite that exposure (Papadopoulos, 2007, 2011b). This definition has two important advantages: it is based on a tangible examination of what has happened already, identifying what positives existed before exposure to adversity and are still operative; and it is not a global, absolute and polarised characterisation of a person as being “resilient” or “traumatised,” but refers to differentiated and specific functions, qualities, characteristics, relationships, behaviours and abilities of a person, family or community.
3. *Positive responses to adversity*: What is often neglected is that, in addition to negative and unchanged responses to adversity, every person who is exposed to adversity also gains something from these experiences. The saying in most languages and cultures, “whatever does not kill you, makes you stronger,” conveys the reality that the experience of devastating events also has a transformative power, making adversity survivors question their fundamental *Weltanschauung*, their priorities in life, their values and beliefs, etc. This is why these types of responses to adversity are called “Adversity-Activated Development,” because they refer to those positively transformative aspects of development that are activated specifically by the very exposure to adversity.

The Adversity Grid provides a helpful framework to remember the complexity, uniqueness and totality of a person, family, or community, by discerning these three categories of responses to adversity, so that oversimplification and polarisation do not distort our perception of the adversity survivors and do not confuse our conceptualisation of their predicament. Thus, the Grid counteracts the ill effects of the traditional traumatised and traumatising trauma discourse, which views adversity survivors exclusively as helpless victims.

Finally, complexity also includes an appreciation that adversity tends to freeze time. Therefore, it is imperative that we assist refugees to reconnect with the totality of their lives, their past, their present and also their future.

Without all these considerations, we are likely to pin adversity survivors down into a victim identity that fosters helplessness, dependency and unhealthy modes of interactions.

6 | RETURNING TO MOHAMMED'S STORY

I (Nikos) welcomed Mohammed to Babel along with Ali, a language facilitator-interpreter at the Centre, who has the same ethnic origin as Mohammed. Mohammed was a neatly groomed young man, yet broken, hardly able to keep himself alive. First, I explained who we are, what we do and what we knew about him from the referral. We sat in a comfortable office, offered him coffee and told him that we had plenty of time to be with him. Hesitantly, he thanked us and then he broke down, unable to stop crying. It was as if, for the first time, he felt safe and able to allow his anguish to come out and be expressed.

When, eventually, Mohammed managed to start speaking, he narrated the events that led up to his wife and children perishing in the sea. He was particularly incensed that the police did not believe his story and, consequently, no rescue operation was launched in time. Had that happened, he kept repeating, his wife and children could have been saved.

His story was full of remorse and pain. He held himself responsible for the entire catastrophic outcome of his well-thought-out plan. He felt guilty for his naivety in trusting the traffickers, for allowing himself to be forced to board the unsafe boat, for failing to rescue his wife and children from the sinking vessel, for not organising a search party in time, for not being able to convince the police of the genuineness of his story. He was mortified that he had failed abysmally, causing the death of his loved ones. Therefore, there was nothing left in life for him and he wanted to end it all. The only reason that he did not kill himself was his mother, whom he adored and did not want to hurt even more.

Initially, our main task was to provide Mohammed with a safe and containing space, to connect with him on a human level, to make ourselves available to support him, and to convey all this to him not just with words but by our overall stance. This led him to recount his story to us, with all the accompanying raw emotions.

Our attempt to create and maintain the facilitative space for him was an intricate as well as painful task, as it was difficult to remain for long at that level of receptiveness because of the rawness of his hurt. His unbearable agony and excruciating pain always threatened to derail our therapeutic stance, forcing us either to switch off from it or to overidentify with him and become overwhelmed by the same feelings as he was. During the first phase of our work with Mohammed (about six months) we saw him three times a week.

Gradually, we introduced in the sessions considerations about his daily reality and all the pressures and challenges he was experiencing. This dual and parallel exploration of both the actual sources of pressure in his life, along with his feelings, responses, memories and fears in relation to his family tragedy, enabled Mohammed to gradually move from an undifferentiated, oversimplified, one-dimensional and monolithic perception of reality to a more differentiated, multidimensional grasp of his predicament. Whereas the former had an overpowering and paralysing effect on him, the latter offered him a sense of a manageable reality where his own agency as a person was activated, so that he no longer experienced himself as a helpless puppet in a game of life that was exclusively and mercilessly cruel.

Our dual exploration was guided by the framework of the Adversity Grid, reminding us of the wide range of responses to adversity, whilst also focusing on the additional consideration of Mohammed's specific role as a father. In collaboration with him, we endeavoured to appreciate all the gradations of the negative responses to the calamity that had befallen him as well as the multiplicity of actual pressures in his life at the time, and then to assist him to address them in a tangible and step-by-step way, prioritising their importance and urgency. In addition, we identified the strengths that he had retained from before the war (resilient functions), and finally we discerned everything that he had learned and gained from the way he had endured all these catastrophic experiences.

The range of negative responses included the unbearable loss of his family due to actions that he blamed himself for, dislocation from his country of origin with everything that entailed, the uncertainty of his stay in Greece with all its bureaucratic and (to him) incomprehensible regulations, his poor living conditions in Athens, his lack of community support, along with all the feelings associated with all of these. His guilt for surviving was devastating and triggered suicidal thoughts. His specific symptoms included insomnia, loss of appetite, lack of concentration, depressive moods, psychomotor agitation, a tendency to turn to alcohol and a fear of losing control. He had a profound sense of loss of confidence and inability to cope with everyday challenges. He seemed perplexed and unable to understand other people, incapable of defending himself from what he termed "evil," and experiencing the world around him as unsafe, bewildering, and unpredictable.

The resilient elements in him included his ability to remain in an overall reasonably functioning state despite all his distressing experiences and feelings of inadequacy, his capacity to perform (eventually) all the required religious rituals for the dead members of his family, his care and concern for the members of his family and his wife's family, and his retained ability to form human relationships in a deep and meaningful way.

In addition to the above, Mohammed also displayed several important characteristics that fall under the category of Adversity-Activated Development. Despite all his devastating experiences, he was able to adopt a reflective stance in relation to them. It was astonishing (for both him and me) to discern that he had learned a bitter lesson and no longer felt omnipotent, as he had before the catastrophe. Also, he sensed that there was something inside him that enabled him to fight against the tendency to give up, even during the worst times and, moreover, he discovered that he possessed a drive to move forward with his life. He found that surprising because it was completely opposite to the equally powerful feeling in him that his life had come to an end. When I asked him whether he could ever have imagined that he would have been able to survive such a calamity and loss, he replied emphatically,

No way. I never thought I had such strength in me to bear all this and still keep standing on my feet. I never saw myself as having such real strength in me. This is different to my omnipotence which was a superficial sense. Now I know, I feel that I do have this strength, and this is completely new.

Our therapeutic work lasted for nine months. We managed to build, maintain and deepen a genuine feeling of trust, to identify and prioritise the pressures that he was under, and to realise his complexity insofar as he experienced both his weaknesses and his strengths. Without invalidating his feelings of despair, guilt and inadequacy, I often had to remind him that, on the basis of what he was telling us, he must have been an excellent father and husband. This led him to realise that, in addition to the enormity of his loss of his wife and children, he also lost the reassuring experience of being a good father and husband. Our sessions always included small and tangible goals in relation to specific tasks of both external and internal dimensions, to his positive and negative responses to his adversities.

Throughout, it was important to appreciate and acknowledge that, for Mohammed, every day was a painful anniversary, remembering what he did on that day with his wife and children the year earlier. On special days, such as birthdays, religious or community festivals, his pain was excruciating. It was important for me to contain, in a felt and conscious way, his overflowing anguish, which threatened to push him to the brink of breakdown. It was of enormous therapeutic value that I could bear that pain without either intellectualising it, suppressing it or diverting away from it. In the earlier phases of our work, these anniversaries were only painful reminders of what he had lost; gradually, they also acquired an additional meaning and function—to confirm that his life, as he had planned it originally, had come to an end; however, that was not the actual end of his entire life but of a phase in his life, and a new and unknown chapter was opening up.

In parallel to the therapeutic work, Babel Day Centre undertook the task of coordinating several other types of interventions to address Mohammed's multifaceted needs and to support him. These were organised either by other Babel staff members or by other organisations or groups of volunteers, and included legal support, health care, housing, employment, further education, maintaining and increasing community and religious participation. It was essential for him to experience the therapeutic work as part of a wider engagement with as many facets of his being as possible, reflecting the complexity of his needs, and not to focus exclusively on his psychological dimensions.

From the very beginning, he was deeply troubled by his responsibility to his drowned wife and children—what to do with his children's recovered bodies and with his wife whose body was never found. He was tormented by confusion about the various possibilities, such as expectations by his extended family, prescribed traditions, and his own feelings. Finally, for the bodies of his children he decided to follow the traditional religious rituals with some slight but important modifications. For his wife, he found a creative solution using a combination of established rituals with new ones that were considered acceptable by the local Imam. At the end, he was immensely relieved to have been able to deal effectively with this matter, finding suitable solutions for everybody.

This achievement was very beneficial for Mohammed for several reasons. In addition to his sense of satisfaction and the objective completion of a task well performed, during this whole process he had to interact with his extended family back home, his wife's family, his local ethnic and Islamic community in Athens, and the Greek civil authorities.

He said that, without the therapeutic support and all the other assistance he was receiving from Babel, he would not have been able to negotiate through all these different interests and perspectives, and to succeed in completing this task. Expressing his sincere gratitude for our care, he said that these arrangements brought closure to the most painful series of events in his life. Through the therapeutic work he was able to avoid the false dichotomy that presented itself as an unsolvable dilemma of either forgetting his family or being tormented constantly by the memory of them. The way he dealt with them represented a third, highly creative resolution that he had been unable even to conceive of before. Characteristically, he said that, after the completion of this entire process, his wife and children were sealed into his heart to remain there forever, till the day he dies. Moreover, shortly after, he felt that the same happened with everything else that he had lost—his homeland, members of his extended family and everything he received from us in Greece—all these were locked into his heart; they were not lost but secured inside him.

A few months later Mohammed left Greece. Now, he lives in another European country, he has remarried, has two children and once a year he returns to Greece to visit the island where his family perished and to meet and thank all of us who helped him.

Working with Mohammed presented many serious challenges for all of us. Each one of us identified with his predicament through our own unique set of circumstances and became deeply engaged with him. For example, I (Nikos) am the father of two children about the same age as Mohammed's, and Ali is a refugee who came from the same region as Mohammed and experienced comparable hardships and ill treatment when he first arrived in Greece. After every session we felt the need to process our experiences, and we created time for the two of us (Ali and me) to go through the session, make notes, and reflect; we did the same with other colleagues at Babel. In addition, we were fortunate that Renos was already a consultant to our Centre and we enlisted his support right from the beginning. We had regular supervision sessions with Renos via Skype throughout our therapeutic work with Mohammed.

Supervision is indispensable in this type of work; not only to assist in discerning the various complexities while being overwhelmed by the overwhelming nature of such powerful and confusing interactions, but also because in order for us to be able to give life and hope in cases such as these, it is important that someone else gives life and hope to us; in order to be able to take care of others, someone must take care of us . . .

7 | RETURNING TO SPYROS'S STORY

Spyros asked for personal assistance from the staff of Babel because he was worried whether he was a good father and whether he was capable of carrying out what he had started by bringing Adnan and Haya into his home. Although both he and his wife went out of their way to learn about Muslim beliefs and customs concerning food and behaviour in order to make the two new members of the family feel as comfortable as possible, and to be with them in culturally sensitive ways, he still became alarmed about certain things.

Adnan and Haya tended to spend considerable time in their own rooms—should he be doing anything else to help them integrate more? Both of them, especially Haya, used to cry a lot on their own—were they too traumatised, and did he need to provide them with professional assistance? Haya started to believe that Firas (their elder brother whose body was not found) had survived the tragedy and that he was now lost somewhere in Turkey, and she wanted to go back and find him. Was it possible that he had survived? Was her concern normal or had she become deluded and in need of specialist treatment? Although Spyros did not observe any worrying signs in the interrelationships amongst all the children, was it because he was not perceptive enough? Were there problems that he could not see? Was he recklessly heroic in taking the two refugee children in, damaging his relationship with his own children? Were there any negative psychological dynamics suppressed that would surface at a later time, resulting in destructive behaviours and other consequences? From what he heard about their father, he was an exceptionally caring, warm, capable person. Was Spyros so inferior to him that Adnan and Haya were going to be damaged? Although his relationship with his wife continued to be as good as before and, if anything, the new situation brought them closer together—was he missing any problems that were going to appear later and ruin their relationship?

One of us (Renos) was visiting Greece at the time offering consultation to Babel and also to some of the volunteer groups on Greek islands, and Nikos (the director of Babel) asked me, since I was going to offer training and consultation to that group on that particular island, also to see Spyros individually.

Spyros was a member of the volunteer group on his island and attended the training events I offered. He was a thoughtful, rather reserved person. He was evidently respected, valued, and trusted by all the other members of the group. When I saw him on his own, however, Spyros showed clear signs of the enormous strain on him. He broke down and, crying, told me about the events that had led him to decide to foster the two Syrian siblings. He told me how much he identified with the siblings' father, a middle-class father who cared for his family and wanted to do everything to rescue them from the devastating war in their country, planning a new life for them in northern Europe, where he had a cousin waiting to help them with a new beginning. Spyros spoke about the life-changing intimacy he felt with the two orphans when Adnan requested that Spyros act as the adult member of the family in the ritualistic washing of the bodies and the burial. Overall, however, he felt a sense of inadequacy, fearing that he was not up to the task that he had set for himself; he worried that he was too naïve to undertake such an enormous responsibility, and was anxious that he would damage everybody.

I was on the island for over a week, so I saw Spyros a couple of times on his own in between the group sessions. Gradually, we developed a very good relationship. I was deeply touched by his story, his experiences, his concerns, but above all, by him as a person, as a good and caring human being. In turn, he felt that I understood him and his predicament, and he invited me for a meal at their home. I declined the meal invitation but I gladly agreed to visit and speak to all of them, in their own home. This led to several home visits where I developed a style of interacting with them that combined a discreet and sensitive therapeutic communication within a friendly and warm climate of interactions. Although I did not join them for any meals, I accepted an occasional glass of fruit juice and a piece of home-made cake.

This type of therapeutic encounter is similar to what I have previously referred to as "therapeutic witnessing" (Papadopoulos, 1999, 2001), a form of ordinary communication within an overall therapeutic intention and direction. Another important distinction needs to be made between offering family therapy in traditional settings and "being therapeutic" in other, more naturalistic settings that are dictated by the specific circumstances of working with refugees and other adversity survivors.

During those home visits, we co-created different combinations of interactions. At times I would talk with all of them together, at other times with each individually, and at other times with different combinations, such as the two Syrian siblings, Spyros and his wife, and so on. Nevertheless, the main emphasis was on my meetings with Spyros on his own, who felt immensely relieved by my presence, which he experienced as validating and reassuring. He felt particularly good that he connected with a professional he trusted, and who was also accessible and available to attend to his whole family.

Spyros lived a quiet and ordinary life with highly predictable roles within the family. Although he was not an old-fashioned patriarchal father, his role in his family was clearly delineated and understood by all. The situation changed radically with his exposure to the adversities of others. With great distress, he told me of an incident at another funeral of drowned refugees that he witnessed and that still haunted him: a muscular, tall refugee father, unable to bear the anguish of seeing his two drowned babies being buried, jumped into the grave, picked them up by their ankles, a baby in each hand, hanging down like "slain lambs," and started running away from the cemetery aimlessly and crazily, screaming with pain. Spyros's serene and predictable life was shattered irrevocably. While helping refugees he now wondered whether, inadvertently, he was also neglecting his own family. He identified strongly with the fathers, alive or dead, both with their heroic efforts to protect their families and with their frequent tragic failures in being unable to see through their efforts successfully.

My approach in working with Spyros, but also with his whole family, was guided by the Adversity Grid. Being a victim of the traumatising effects of the traumatised discourses that the trauma discourse generates, Spyros tended to see himself in polarities: at the beginning, as a saviour "super" father, omnipotent and omniscient, and later, as a useless, impotent, ignorant, damaged, and helpless father. First, he saw himself as a most resilient man, and later as a most traumatised person. This polarisation is typical and endemic of these situations of adversity.

What is of great importance for the therapeutic process is that I experienced, too, a comparable polarisation in terms of my own role and therapeutic effectiveness. At the beginning, I was fairly confident that I could help Spyros and his family. Then, the more I heard about the complexities of their difficulties, the deeper I felt confusion and pain; the more I experienced the multifaceted nature of their predicament, the more I doubted myself and my own ability to be of any therapeutic assistance. Moreover, being both a father and grandfather myself, I sensed that I developed almost an identical identification to the one that Spyros developed with the drowned Syrian father; I felt the same admiration for him trying heroically to rescue his family from the ravages of war and felt, like Spyros, very intensely the enormous pain of his tragic loss. In addition, I felt a further identification with Spyros who heroically embraced the orphans, doing his best to ease their pain and to offer them a better chance in life, away from the hardships, indifference, and uncertainty of the refugee camps.

Once I became aware of the parallel identifications and of the polarisation of my own perception, my therapeutic agility was re-energised and I started coming out of the paralysing effects of oversimplification and identifications. Accordingly, I began recovering my own realistic therapeutic role.

Aiming to restore complexity and differentiation, I helped Spyros identify the various discrete pressures that were overpowering him. This is very helpful when traumatised persons find themselves overwhelmed by the enormity and multiplicity of pressures they are under. In this way, he was able to separate and order the different problematic areas and prioritise them. Gradually, I was able to point out all the strengths that I could see that he had retained from his life prior to his experiences of adversity. We were able to appreciate together that he was still able to relate well with his wife and children, to care for them, and to continue functioning in his profession, to name but a few. This started cracking the monolithic image he had developed of himself as a failure and a helpless victim. This enabled us to identify his newly acquired strengths, his Adversity-Activated Development functions, and how he could incorporate them within a new image of himself. He said that he was a rather detached person before the refugees started arriving on his island, espousing a “caring ideology,” as he characterised it, but he was never easy in relating to people and always avoided painful situations. Other such gains included his new awareness of his strength that, despite the pressures and worries, he was still able to maintain a reasonable functionality. He told me very clearly that he never thought that he would ever be able to do what he was doing now. So, in addition to his worries (not instead of them), he was also able to appreciate that he possessed strengths that he did not previously believe he had. All these started restoring a more realistic perception of himself and others, as well as of the situations he was addressing in his everyday life.

8 | CONCLUDING REFLECTIONS

Although Mohammed and Spyros have completely different stories and personalities, both of them were crushed by the enormity of the distressing experiences of refugee circumstances, especially as fathers. The usual way they were likely to be understood was as “traumatised refugees.” Most certainly, these two fathers were traumatised to a degree, but if one were to perceive them exclusively in terms of their trauma or any other negative response to their experiences of adversity, one would only get a partial understanding of their complexity, uniqueness, and totality. Such an assessment would skew our perception of them, putting them in danger of being pinned down within a fossilised victim identity. Instead, our approach enabled us and them to widen our horizons of understanding them in the context of their predicament, enabling them to move forward in their lives, whilst not minimising the enormity of their pain.

To do so, we had to expand our epistemological framework and endeavour to keep it flexible to accommodate the following complexities:

- The differentiation between distress and psychiatric or psychological disorder. Accordingly, to use another cliché, we appreciated that their responses to the abnormal predicaments that were imposed on them were normal. This means that neither they themselves nor their responses were “abnormal.”

- The additional differentiation, according to the Adversity Grid, of their *negative responses* to adversity, their *retained positive* characteristics (their resilient functions), as well as their *new positive responses* that were specifically activated by the adversity (Adversity-Activated Development).
- Another differentiation within the negative responses was also required, in order to break down the oppressive amalgam of amorphous pressures on them into discrete and digestible entities.
- Finally, we needed to expand our temporal perspective to include not only the bleak present and traumatising past but also remembering that there is a future. Not an empty abstraction but in reminding them that, most likely, in the future they would remember this phase of their lives as possibly the most difficult they had ever experienced. Moreover, we needed to expand our epistemology to perceive that the present is not simply bleak and the past not merely traumatising but many other more positive shades also existed.

Accordingly, our aim was not to fix damaged persons, not even merely to “heal” their trauma. Instead, we endeavoured to engage with them in the exploration of their complexity, uniqueness and totality that were severely dented not just by the events, but by the way they experienced those events, resorting to the usual and predominant epistemological frameworks that are employed by society to address such painful phenomena. The central rationale is that our systems of providing assistance are based on the societal discourse of the victim—we help only those who are broken.

Our engagement with these fathers seems to have enabled them not only to grasp, in a manageable way, their difficulties but also to appreciate their own strengths, old and new. In effect, our intervention identified and activated their strengths so that *synergically* together we were able to address the complexities of their predicament. This is why this approach is also called *synergic* (Papadopoulos, in press), because it creates the conditions for our efforts to join their strengths in order to move forward.

Moreover, our facilitation enabled these two fathers to free themselves from the stereotyped and oppressing roles of omnipotent, heroic as well as failed fathers that seemed to have hampered them severely.

To conclude with Spyros's words: “. . . our work helped me feel both the pain and the exhilarating inspiration we can get from such misfortunes.”

REFERENCES

- Donato, K. M., & Gabaccia, D. (2016). The global feminization of migration: Past, present, and future. *Migration Policy Institute*. Retrieved from <http://www.migrationpolicy.org/article/global-feminization-migration-past-present-and-future>
- Ee, E., Sleijpen, M., Kleber, R. J., & Jongmans, M. J. (2013). Father-involvement in a refugee sample: Relations between posttraumatic stress and caregiving. *Family Process*, 52(4), 723–735.
- Este, D. (2013). Social support in the lives of Sudanese refugee and Russian immigrant fathers in Canada. In S. Chuang, & C. Tamis-LeMonda (Eds.), *Gender roles in immigrant families* (pp. 63–77). New York, NY: Springer.
- Gionakis, N., & Stylianidis, S. (2016). Community mental healthcare for migrants. In S. Stylianidis (Ed.), *Social and community psychiatry* (pp. 309–329). Cham, Switzerland: Springer.
- Hyndman, J., & Giles, W. (2011). Waiting for what? The feminization of asylum in protracted situations. *Gender, Place & Culture*, 18(3), 361–379.
- Johnson, H. L. (2011). Click to donate: Visual images, constructing victims and imagining the female refugee. *Third World Quarterly*, 32(6), 1015–1037.
- Papadopoulos, R. K. (1999). Working with families of Bosnian medical evacuees: therapeutic dilemmas. *Clinical Child Psychology and Psychiatry*, 4(1), 107–120.
- Papadopoulos, R. K. (2001). Refugee families: Issues of systemic supervision. *Journal of Family Therapy*, 23(4), 405–422.
- Papadopoulos, R. K. (2002). Refugees, home and trauma. In *Therapeutic Care for Refugees. No Place Like Home* (pp. 9–40). London: Karnac.
- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, 9(3), 301–312. <https://doi.org/10.1080/13642530701496930>
- Papadopoulos, R. K. (2008). Systemic challenges in a refugee camp. *Context, Newsletter of the Association of Family Therapy*, 99, 16–19.

- Papadopoulos, R. K. (2011a). Transnational report: EVASP project. In *Enhancing Vulnerable Asylum Seekers' Protection*. Colchester, UK: University of Essex.
- Papadopoulos, R. K. (2011b). The Umwelt and networks of archetypal images: A Jungian approach to therapeutic encounters in humanitarian contexts. *Psychotherapy and Politics International*, 9(3), 212–231. <https://doi.org/10.1002/ppi.252>
- Papadopoulos, R. K. (2015a). Failure and success in forms of involuntary dislocation: Trauma, resilience, and adversity-activated development. In U. Wirtz, S. Wirth, D. Egger, & K. Remark (Eds.), *The crucible of failure: Jungian Odyssey Series (VII)* (pp. 25–49). Louisiana, NO: Spring Journal.
- Papadopoulos, R. K. (2015b). Refugees and psychological trauma. In G. Leo (Ed.), *Psychoanalysis, collective traumas and memory places* (pp. 225–246). Lecce, Italy: Frenis Zero Press.
- Papadopoulos, R. K. (in press). *Involuntary dislocation: Home, trauma, resilience and adversity-activated development*. Abingdon, UK: Routledge.
- Riggs, E., Yelland, J., Szwarc, J., Wahidi, S., Casey, S., Chesters, D., ... Brown, S. (2015). Fatherhood in a new country: A qualitative study exploring the experiences of Afghan men and implications for health services. *Birth*, 43(1), 86–92. <https://doi.org/10.1111/birt.12208>
- United Nations High Commissioner for Refugees. (2011). *Guidelines for protecting women and girls during first entry and asylum procedures in Greece*. Retrieved from http://www.isotita.gr/wp-content/uploads/2017/04/Asylum_Guidelines_en_nov2011.pdf



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