Psychosocial dimensions of the refugee condition

SYNERGIC APPROACH

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Psychosocial dimensions of the refugee condition – Synergic Approach
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The handbook is complemented by several incorporated slides (power-point presentation) as well as a collection of videos.

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SYNERGIC APPROACH

Handbook for professionals working with refugees

Athens 2019

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PREFACE

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The present handbook is the result of a collaborative effort directed towards those who work directly with refugees, whether that be volunteers or working professionals, putting forward *not another* but a *different* handbook: through this and the complementary material (slides and videos) we propose a *conceptual framework* that above all permits the *understanding* of the refugee condition in a manner that potential interventions acquire meaning.

Since its very beginnings (November 2007), Babel Day Centre set the ambitious goal, among many more, of supporting people who are, in one capacity or another, concerned with the wellbeing of migrants and refugees. This support comes in three forms: initial and continuing development, supervision, and interdisciplinary consulting.

In order to reach this goal, Babel has undertaken multiple actions: translation and publication of handbooks and guides, organization and carrying out of seminars and educational programs, provision of supervision to individual professionals as well as teams of professionals from different organizations and disciplines, organization of scientific events and advocacy actions– awareness raising, and provision of consultation services to professionals for the successful dealing with challenges that stem from their line of work. Material that serves these purposes is posted on the official website of Babel (www.babeldc.gr) on a regular basis.

In this effort, the contribution of external partners is extremely important. Among these, we distinguish the collaboration with Centre for Trauma, Asylum and Refugees (CTAR) of University of Essex, https://www.essex.ac.uk/centres-and-institutes/trauma-asylum-and-refugees, and its director, Professor Renos Papadopoulos, as the most unique as well as most productive such cooperation over the years.

Babel's collaborative work with CTAR and Professor Papadopoulos is longstanding, and it is through this that the common production of scientific and educational material has been made possible. The training package "**Psychosocial dimensions of the refugee condition: Synergic Approach**" is one such product of this fruitful collaboration.

The notion that accompanies this project in its entirety (based on Prof. Papadopoulos' theoretical approach) is that much like every phenomenon, the refugee condition is characterized by its own complexity, uniqueness and totality and also that the interventionists themselves are part of this condition to an equal extent. Following this approach, which Papadopoulos has termed *synergic*, presupposes as inevitable the

need to first search for the *particular* and *unique* complexity, uniqueness, and totality of the respective refugee condition.

It is easily comprehensible that this complexity is comprised not only by refugees, but also by those who work with/for them, as well as the context in which these parties "meet". It is also comprehensible, though not self-evident, that the uniqueness of the refugee condition must be prevalent and must find a way to 'spring out' every time that a "meeting" takes place, as well as that every person perceives and experiences this condition in their own unique ways, and certainly in ways that are subject to changes over time. Finally, it is comprehensible that when we make reference to totality what we mean is the recognition of the *Other* within the sum of their "humanness" and not only their "refugeeness". Additionally, this is relevant for the awareness of our own professional stereotypes and prejudice (which are not necessarily wrong, but lacking and limited, as has been noted by Nigerian author Chimamanda Ngozi Adichie), for as long as these are co-constructed through copious influences and interactions, among which the most dominant is perhaps the respective social narrative and our epistemology.

The methodology that is followed in the search for complexity, uniqueness, and totality of the phenomenon is conferred by the recognition of a need to adopt a direction that considers both the *essentialist* as well as the constructivist approach. It thus would appear that the adoption of a *synergic* stance is inevitable. This search leads to the realization that the reality of individuals is not to be taken for granted, where we can simply wait for its discovery, but rather that it is co-constructed. In the process of co-construction, the role of the professional is equivalent- though not the same- to that of the refugee. Therefore, the professional is not a professional because they know how to fix a problem, but because they recognize that there are facets which they do not know of (*and others that they do not know that they do not know*), while simultaneously understanding how to cooperate with an individual, a team, and a community. This must be in a manner that permits the detection of this complexity, uniqueness, and totality not only of the other person's condition (in this case refugeeness) but also the condition that is co-constructed upon meeting.

Always under the prism of the synergic approach, crucial concepts such as *'identity', 'trauma', 'vulnerability', 'resilience'* are defined differently, while we devote ample space to the description and elucidation of terms like *'home'*, *'nostalgic disorientation'*, *'Adversity Activated Development'* and more.

It feels important to warn everyone interested in 'coming in contact' with this approach that the ambition of the training package is not to train (besides, training is not limited to participation in seminars), but rather to raise awareness and sensitivity. Training requires a number of different commitments and responsibilities, both from the side of the 'trainer', as well as from the side of the 'trainee'. Of course, it also requires a much longer duration and time commitment in general.

The structure of the handbook roughly follows the deductive logic, namely from the 'general' to the 'specific': The first chapters devote themselves to the theoretical framework presented, while we then move on to addressing more specific situations/circumstances/contexts (approaching refugee families, refugee fathers, people with experiences of torture, staff care, and collaboration with linguistic facilitators).

Every unit within each chapter is followed by its own literature basis (references), and a number of these units also include exercises/activities that permit the reader to better familiarize themselves with facets of the synergic approach. Finally, the text is complemented by links to power-point slides and videos from the pilot seminar (**in Greek, with English subtitles provided**) which provide the opportunity to further present some ideas which might be novel to the reader. Two simulation interviews, relevant to collaborating with interpreters, also complement the package in Chapter 6.

The actions that led to the culmination of this work were the following:

- The composition of the project's team
- Planning of actions and eventual start of the project
-The conducting of interviews with asylum applicants, refugees and professionals.
- The literature review and research
- The collection of material
-The organization of a 3-day seminar focused on knowledge acquisition and awareness raising (**The psychosocial dimension of the refugee condition: from reception to integration. A Synergic Approach**) in Athens (28-30 September) with the aim to "test" the training package and introduce improved interventions to it.
- Writing up the handbook, as well as the preparation of the training package in two languages, namely English and Greek.
- The production of brief videos which support the educational purposes.

The full duration of the project was 12 months (1/1-31/12, 2018).

The training package will be complemented and finalized with a) the completion of

a handbook that is oriented towards trainers, and (b) the carrying out of educational seminars for trainers. These actions will be completed throughout 2019.

THE PROJECT TEAM

The scientific lead of this project is undertaken by Professor Renos Papadopoulos. The propositional aspect of this handbook is based on his theoretical work, and it was through his ideas and concepts that the sum of this package was completed. Professor Papadopoulos guided the authors of the handbook appropriately, produced the slides that accompany it, as well as supervised the scientific work from beginning to end.

The responsibility for the make-up of the team, and the organization as well as coordination of this team was undertaken by Nikos Gionakis, the scientific director of Babel.

The following individuals are the members of the project team:

- Marianna Asimakopoulou, MA, psychologist
- Fani Chondrou, PhD, psychologist
- Pelopidas Flaris, MA, psychologist
- Stamatia Gratsani, PhD, psychologist-psychotherapist, trainer of adult trainers
- Maria Katsouli, MA, social scientist
- Amina Moskof, MA, counseling psychologist

The members of the project team shared and divided the following duties:

– Marianna Asimakopoulou wrote the chapter on Collaboration with linguistic facilitators (Chapter 6 in the handbook)

– Stamatia Gratsani was responsible for the development of the material into training units, the evaluation of the pilot seminar and a relevant report on this evaluation, and the general guiding of the authors in a manner that the final product has the form of educational/training material.

– Amina Moskof produced the chapter on Staff Care (Chapter 5 in the handbook)

– Maria Katsouli (who worked on the project during the first six months of 2018) worked on the concentration and categorization of novel content by Prof. Renos

Papadopoulos, the connection of basic concepts with contemporary phenomena-examples, the carrying out of interviews with mental health professionals and their recording, the creation of slides, and the formation of material that follows educational/training purposes.

- Pelopidas Flaris and Fani Chondrou were responsible for:
  - The carrying out of interviews with asylum seekers, refugees, and professionals, together with the processing of these to be utilized for the purposes of the handbook.
  - The literature search
  - The write-up of the handbook in both the Greek and the English language.
  - The organization of a 3-day seminar between 28-30 September 2018 in Athens.

Production of this training package was rendered possible owing to the generous support by Open Society Foundations. We would like to thank them very much!

Nikos Gionakis,
Coordinator of the project team

INTRODUCTION

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About this training package & handbook

AIM OF THE HANDBOOK

This handbook aims to introduce and further develop a conceptual framework which will be of use to professionals working with refugees. Several parts making up the framework refer to well-known oft-spoken facts that are somehow seriously neglected. Other concepts are less renowned, yet we deem their theoretical and experiential examination extremely valuable in comprehending the refugee condition. Common in all these is the weight given to the psychosocial perspective; this package is not an exploration of how to better the circumstances of refugee 'mental health', but rather a manual which will help one better grasp the lived realities of people who have been involuntarily dislocated*, in turn permitting a more honest and efficient mobilization towards serving their actual needs.

To that end, it feels crucial to delineate the three *different modes of learning* that will be attempted to instill in trainees throughout this package:

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* "...by involuntary dislocation I mean all these phenomena associated with the situations which are created when someone must abandon their home involuntarily, because of different forms of unrest: political, environmental, climate, as well as socio-economic. This could invite dialogue of a 'psychological exile' and other forms of social seclusion, though there is quite a difference between someone whose house has been utterly destroyed by a fire or who has effectively been kicked out of their country of origin and someone who, due to their sexual orientation, cannot keep on living in a particular place and decides to move to another, even if both are forms of involuntary dislocation. Therefore, in order to focus on the differences, it is useful to first focus on those that are analogous. I prefer the use of the term 'involuntary' over 'forced' as it does not denote physical violence, and I prefer the term 'dislocation' over 'migration', because migration is a term that is often used vaguely and in diverse ways. For instance, we talk of migration in the case of birds, as a 'natural phenomenon', while dislocation accurately describes the unique experience a human being can experience".

DIDACTIC/THEORETICAL: namely the particular theoretical concepts, ideas and general models that will be brought forth and discussed.

PRACTICAL: proposed exercises/activities which are hoped to be utilized by the trainees in order to practice skills they have learned via these theories.

EXPERIENTIAL: also exercises, exploring topics relevant to the wide spectrum of the refugee experience and support given to refugee populations, meant to involve the trainees experientially.

Of course, there will be instances and activities where distinguishing between the latter two will be difficult; the purpose is not to draw a line, but rather to make sure that the information and skills transmitted here are consolidated through introspective exploration that mirrors the experience of professionals in their everyday contexts.

WHO CAN USE THE HANDBOOK?

This handbook can be of use to all people who, in one capacity or another, work with internally displaced people and/or refugees. It will be considered a success if this package proves to be helpful to both those who interact with beneficiaries on the field daily (psychologists, social workers, doctors, educators etc.), as well as to those involved in organizational and policy-making capacities (lawyers, policymakers etc.). Again, the hope is that the information presented here could have both theoretical and practical, real-life value to these professionals, and by extension to the people who they serve.

At any rate, beyond the people who it is intended to directly assist, this handbook should also be interesting to others for self-study purposes, and of course to students/professionals about to enter work with dislocated populations in the near future.

EXPLORING DIVERSE PERSPECTIVES & NON-REDUCTIVE APPROACHES

Another thing that should be made salient is the endeavor to unify several often reductive perspectives and means of gaining knowledge employed in the support of refugees. The systemic approach here rests on both essentialist and constructivist perspectives, as well as on both deductive and inductive approaches.

The essentialist perspective deals with the nature of refugees' condition and seeks to explore the actual losses they have gone through, the focal point of investigation being the concrete events that shaped their experience. The constructivist perspective emphasizes on the way refugees define themselves, and on their needs and experiences in the context of wider socio-political constructs; here, the multifaceted influences that form the entirety of their phenomenological situation are put in the center. Often due to systemic/organizational pressures, traditional approaches and literature on refugee care accentuate on the former, yet only scratch the surface of the latter. The approach described in this handbook seeks to realize the complexity and multidimensional character of the nature of refugees' condition together with all the consequences it comes with.

The expertise to be shared in the package also rests on an epistemological flexibility towards the acceptance of both inductive and deductive methods of attaining understanding. Deductive methods involve gaining knowledge via general principles and rules (nomothetic approach), whereas inductive methods dictate gaining knowledge from the specific and unique experiences of the people standing in front of us (idiographic approach). A point is made to advocate using both methods in everyday contact with people in order to be receptive, to have the courage, trust, and experience to see displaced people as individuals from whom we have a lot to learn.

DIFFERENT METHODS OF GAINING KNOWLEDGE

DEDUCTIVE METHOD: gaining knowledge via general principles and rules (Nomothetic approach)

INDUCTIVE APPROACH: gaining knowledge from the specific and unique experiences of the people standing in front of them (Idiographic approach)

OUR EXPERTISE

EPISTEMOLOGICAL FLEXIBILITY: To use both inductive and deductive methods of attaining understanding in order to to be receptive, to have the courage, trust, and experience to see the person in front of them in his/her Complexity, Uniqueness and Totality and learn from them.

ESSENTIALIST & CONSTRUCTIVIST APPROACHES

WE HAVE TO BE AWARE NOT ONLY OF

The different dimensions of external reality, events, circumstance, conditions

BUT ALSO

Their effects on the construction of the way the external reality and conditions are conceptualized and experienced by individuals, families and societies.

REFERENCES

Papadopoulos, RK (2015) *Trauma e processi di resilienza. Un approccio psicosociale. Prospetive sociali e sanitarie*, XLV, 2: 6-9

GOALS OF THE TRAINING PACKAGE

As has been mentioned, this training package will be an attempt to tackle various different modes of learning. It is thus fruitful to sketch the goals of this training package at: a) the **knowledge** level, b) the **skills** level, and c) the **attitudes** level. To that end, these goals can be articulated in the following outline:

A. At the knowledge level, readers/trainees can expect to:

- Be introduced to and get familiarized with a holistic psychosocial approach for comprehending the different facets of the refugee experience.
- Be immersed in a systemic approach for conceiving 'crisis' and in turn dealing with crisis.
- To delve into particular aspects of the refugee experience and its effects/conse-

quences on individuals, families, communities, and societies.
- Learn to detect the complexity, uniqueness, and totality of each separate phenomenon/individual.

B. At the skills level, readers/trainees can expect to:

- Get familiarized with the synergic approach of understanding and supporting refugees.
- Be trained in the idiographic methodology of perceiving needs and expectations of refugees searching for support.
- Learn to discern: i) the negative effects of exposure to adversity, ii) characteristics/traits that remain unchanged, and iii) adversity-activated development, through the utilization of the "Adversity Grid".
- Be trained on skills regarding the reception/approach of refugees who have been exposed to complex adversities (violence, loss of loved ones).
- Learn how to best make use of "valuable workplace frameworks" in their everyday encounters, with particular emphasis on reception, listening, understanding and support.

Γ. At the attitudes level, readers/trainees can expect to:

- Be problematised around the predominant narrative concerning matters of resilience and vulnerability, integrating new ways of conceiving these in their every-day practice.
- Enhance their position of dealing with victimization and be confident to avoid the further victimizing of people they support.
- Adopt attitudes that recognize the complexity, uniqueness and totality of every person, family, group, or community they come in contact with.
- Be encouraged to apply techniques that depict individuals' resilience and promote the development of these techniques over adversity, while being respectful of people's suffering.
- Retain an appropriate amount of flexibility towards the acceptance of novel approaches on matters that concern the psychosocial dimension within the field of refugeedom.

EXPECTATIONS FOR THE TRAINING PACKAGE

Beyond the uni-dimensionality of the wider literature on "refugee mental health", it is believed there is a need for a cohesive, unified frame, the know-how of which helps support-providers view the person sitting across them as a complex, unique being affected as well as strengthened by a great number of factors. The wish here is to integrate learning that arises through a number of concepts and through that open up a different way of thinking about and working with refugees. Taking into account each concept in isolation as a theoretical resource made up of "guidelines" may not be the best way towards reframing the discourse, so the simultaneous consideration of all theoretical and practical material will be critical here.

This training package then seeks to create a non-reductionist, epistemologically sound tool through which professionals devoted to assisting dislocated people are encouraged to examine the current situation beyond the conventional refugeedom narrative. It is designed to facilitate true understanding of a phenomenon that is more often than not limited to an extensive trauma discourse, the perpetuation of which has brought both refugees and host societies in paradoxical predicaments. It must be accentuated that in order to grasp the refugee condition, one must consider the wider context within which reciprocal influences occur between refugees and host communities, as well as the multiplicity of factors that affect the perception of refugees' needs.

ADDITIONAL EMPHASIS ON THREE GROUPS

Part of this handbook will be dedicated and pay tribute to three particular groups: i) **refugee families**, b) **refugee fathers**, and c) **people with experiences of torture**. Babel and CTAR have been extensively involved with people who identify with these groups during the past few years, and it is worthwhile to share the expertise that has been gathered. The unique dynamics and multifaceted importance of family, the relative neglect of fathers as part of a growing 'feminization of refugees', and the need for differentiated approaches for people who have been exposed to extreme violence motivate the choice to devote a section to their understanding and care.

STRUCTURE AND CONTENT OF THIS HANDBOOK

This handbook is divided into a) an introductory module with four parts, b) five chapters, c) and the epilogue and activities appendix. The introductory module gives an overview of "the refugee condition" along with a description of the psychosocial approach. The first two chapters explore the epistemological approach and the synergic intervention respectively, while the third chapter focuses on the three abovementioned refugee groups. The fifth and sixth chapters devote themselves to staff care and collaboration with linguistic facilitators. Each chapter is divided into a number of units and comprises practical and experiential activities meant to be utilized by the readers at their own pace. Proposed indicative answers for each exercise can be found in the appendix, at the very end of the handbook.

Additionally, for the further comprehension of most concepts, each chapter directs the reader to the package's accompanying slides from Professor Renos Papadopoulos.

Although the handbook is ideally meant to be read sequentially, it should also be possible to follow each chapter on its own. It is strongly recommended that the practical activities are attempted or at least briefly examined after going through the unit in question, in an effort to truly and properly consolidate the didactic material presented.

DURATION OF THE TRAINING & PILOT SEMINAR

This training package was piloted through a 3-day (24-hours total) seminar that took place in Athens on September 28-30. The seminar was attended by 30 professionals of different occupational backgrounds with experience in working with asylum seekers and refugees. Although the interactive and multidisciplinary character of the seminar permitted fruitful collaboration and knowledge exchange through experiential activities, the duration of the seminar was deemed insufficient. To that end, it is proposed that this training is taken over the period of five days to one week, potentially with a short break in between the synergic approach and the last three chapters.

It is thought that undertaking the exercises with a number of colleagues would strengthen the grasp of the knowledge exposed to, as well as equip them to gain the most out of the training in order to apply it to real-life contexts. Considering that some of the didactic material here might be completely new for some readers, giving themselves the right amount of time and support to consolidate it should prove to be more effective in acquiring indispensable skills for their work.

CHAPTER 01

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“Refugee Condition” & The Psychosocial Dimension

OVERARCHING GOAL

The introductory module aims to present and challenge some of the processes through which concepts like ‘refugee condition’ and ‘refugee identity’ are perpetuated in the refugee discourse transhistorically. It also presents a brief overview of what a psychosocial approach entails along with some practical applications of it.

LEARNING OBJECTIVES

At the end of this module readers will be able to:

- Contemplate on certain migration/refugeedom ‘myths’.
- Grasp the paradox of considering refugees as a ‘humanitarian problem’ and yet depriving them of a voice.
- Comprehend why the idea of ‘a set refugee condition’ is both socially harmful as well as unethical.
- Identify the features making up a psychosocial perspective, together with some inherent dilemmas relevant to it.
- Discern the differences between a psychosocial intervention and a trauma-focused intervention.
- Enhance their understanding of the principles making up a psychosocial approach in practice.

Keywords: Migratory shift direction, refugee condition, refugee identity, refugee experience, humanitarian problem, psychosocial dimension, human rights discourse, IASC, Sphere Project, OPSIC, do no harm.

UNIT 1: MYTH AND REALITY IN CURRENT MIGRATORY SHIFTS

There appears to be a consensus that globalization processes in the last few decades have produced an extravagant increase in the volume and diversity of global migration. This is usually interpreted as the build-up of a crisis where more and more countries are simultaneously being affected by migratory movements (Castles & Miller, 2009). As far as the eurocentric sociopolitical agenda goes, this idea is consistent with the current border regimes and extensive focus on 'the dangers of the apparent new order of things' (Tsianos & Karakayali, 2010). Nonetheless, a recent investigation (De Haas et al, 2018) indicates that between 1950 and 2015, the total number of international migrants has only increased at the same pace as the world population. What has in fact changed is the direction of the migratory shifts since the post-WWII era. Unsurprisingly, this change of direction has been a result of decolonization, as well as of a period of active recruitment for cheap labour from the side of northern European countries a few decades back.

With regards to refugees, some would be surprised to note that between 1990 and 2010, the number of refugees globally demonstrated a general declining trend, following the cease of wars in areas of Latin America and Africa. The total number of refugees rose again between 2010 and 2016, primarily due to the Syrian civil war (UNHCR, 2017). Transhistorically, most of the refugee literature appears to identify refugeedom as a "Third World Problem" (Gordenker, 1983; Harrell-Bond, 1986; Malkki, 1995); this has seemingly justified the Western response of policy oriented towards 'defending against migration'. It might then come as another revelation that more than 85% of the world's refugees currently remain in Third-World countries (Czaika, 2014). Additionally, the idea that "poverty produces refugees is inconsistent with the fact that situations of extreme economic deprivation usually have not generated population outflows claiming international refugee status" (Malkki, 1995).

It is likely that this information does not bode well with the contemporary refugee narrative. Just as the 'refugee problem' tends to be viewed as a Third World problem, certain countries are viewed as 'refugee producers', while others as 'refugee receivers'. This is not only untrue, but much more demographically complex than global media would make it seem. For instance, Syria, widely thought to be the main 'exporter' of refugee populations at the moment, currently has over 6 million internally displaced

people within its borders (Aburas, Najeeb, Baageel, Mackey, 2018). Similarly, countries like Brazil, Venezuela and Argentina have within the matter of a few years experienced reverse migration transitions (De Haas et al, 2018). Whether a country is mainly an immigrating or an emigrating haven is then a much more volatile question than one might think.

It therefore appears that a more accurate representation of the actual picture is that international socioeconomic processes have disproportionately favoured some countries (or sometimes cities, groups within cities etc.), while putting others at a disadvantage. Actual trends in migration policy have benefitted immigration of the skilled, coming from certain regional blocks, while retaining heavy prohibition laws for 'unskilled migrants' and asylum seekers. As will be seen throughout this handbook, sometimes the only way to regain privileges one otherwise does not have in virtue of their social class, is to act and declare oneself as vulnerable.

It was deemed important to present this brief overview before delving into more specific concepts relevant to what is termed as the refugee condition. There exists a dire need for the understanding of both migration, as well as refugeedom in particular, as complex phenomena that go beyond the traditional and economic realities they 'impose'. Notions such as development, social policy, inequality, and labour structures all play large roles in determining migration parameters in often paradoxical and counterintuitive ways, and awareness of the realities presented here go a long way into reframing the narrative. Other than dividing the world between places that receive refugees and places that produce them based on inaccurate contemporary exchange, societies ought to move past prohibition and start considering how to create sustainable, humane futures in the post-migration societies that are inevitably forming.

MIGRATORY SHIFTS- REALITY AND MYTH

- Contrary to contemporary discourses, from 1950-2015 the number of international migrants has only increased at same pace as world population.
- What has in fact changed is the direction of migratory shifts since WWII.

REFRAMING THE DISCOURSE

- Refugeedom as a "Third World Problem"

HOWEVER,

- The idea that poverty produces refugees is inconsistent with the fact that situations of extreme economic deprivation usually have not generated population outflows claiming international refugee status.

REFRAMING THE DISCOURSE

- No such thing as countries that are 'refugee producers' and countries that are 'refugee receivers'.

e.g., Syria, widely thought to be the main 'exporter' of refugee populations at the moment, currently has over 6 million internally displaced people within its borders .

- Reverse migration transitions in many countries

THE REALITY

- International socioeconomic processes have disproportionately favoured some countries (or sometimes cities, groups within cities etc), while putting others at a disadvantage.
- Actual trends in migration policy have benefitted immigration of the skilled while retaining heavy prohibition laws for 'unskilled' migrants and asylum seekers

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UNIT 2: IS THERE SUCH THING AS A 'REFUGEE CONDITION'?

> *People who are refugees can find themselves quite quickly rising to a floating world either beyond or above politics, and beyond or above history- a world in which they are simply victims". It is this floating world without the gravities of history and politics that can ultimately become a deeply dehumanizing environment for refugees, even as it shelters.*
>
> **Liisa H. Malkki**

2.1. SOCIO-HISTORICAL CONSTRUCTION OF THE REFUGEE PHENOMENON

The study of displacement as it is known today has seemed to presuppose a seemingly critical distinction at a conceptual level: namely, the one between migrants and refugees (Hein, 1993). This is manifested in the representation of immigrants as comprising an 'economic form of migration', whereas refugees a 'political form'. Considering that the 'genealogy of the refugee' as well as of modern research on displacement is to be traced in Europe following World-War II (Zolberg, Suhrke, & Aguayo, 1989), "refugeedom" as a category can be thought to be in a relatively early stage of its construction. This is not to disregard that people have migrated or left their homelands for greener pastures since the beginning of time, but rather to highlight how that period became the point when 'strategies' and 'systems' of managing mass influxes of people truly took off at a global level (Marrus, 1985). These sorts of systems then almost automatically signaled the beginning of the idea of the 'social category of the refugee' as a moral, legal, and above all global issue 'for which resolution is to be sought'.

One could perhaps already recognize that by 'systems and strategies', what is largely and inevitably being referred to is the formation of the refugee camp as an important mechanism of power (Malkki, 1995). The spatial seclusion fostered by the camp enabled for different methods of power (ranging from segregation, screening, disciplining, schooling to rehabilitation) enforced inside its walls to render the care and control of refugees as a standardized practice. It appears that 'the refugee problem' went through a rather rapid conceptual change; it went from being a military problem during the last

few years of the war when large numbers of people were recruited as combat forces, to a humanitarian problem when the war ended, and people started to wonder what to do with the masses of people that had concentrated in Germany (Wyman, 1998). That shift has stubbornly remained intact up to today, where refugeedom is considered a humanitarian issue and yet somehow camps host an inordinate number of refugees and internally displaced people (IDPs) around the world (Oesch, 2017).

The global organizations that have concerned themselves with this humanitarian relief have essentially shaped what has been termed the "international refugee system" (Gallagher, 1989; Barnett, 2002). According to Malkki (1995), the ensuing management of "refugee problems", as have progressed since that time all the way to this day, has produced research, or what she calls 'refugee studies', which appears to conceptualize the entire topic as a problem for development. Seeing refugeedom and the challenges it comprises as a development problem has only served to 'colonize' refugee issues. This discourse might seem beyond the scope of this package, but an anthropologically relevant clarification of this sort is made to demonstrate just how lacking the contemporary narrative has been with regards to looking at people as actual subjects: people with hopes, needs, and individual identities.

SOCIO-HISTORICAL CONSTRUCTION OF REFUGEE PHENOMENON

- International socioeconomic processes have disproportionately favoured some countries (or sometimes cities, groups within cities etc), while putting others at a disadvantage.
- Actual trends in migration policy have benefitted immigration of the skilled and between regional blocks while retaining heavy prohibition laws for 'unskilled migrants' and asylum seekers.

REFUGEE ISSUE AS 'A PROBLEM FOR DEVELOPMENT'

- The ensuing management of "refugee problems" has produced research, or what has been termed 'refugee studies', which appear to conceptualize the entire topic as a problem for development.

2.2. 'REFUGEE IDENTITY': DEPRIVING PEOPLE OF THEIR VOICES

Loyal to this narrative, much of the early popular refugee literature, and particularly Stein's (1981) and Keller's (1975) ostensibly pioneering ideas, have brought forth the idea of a set 'refugee experience'. The notion that such experiences are to be generalisable, and that there is such thing as an "essential refugee" is deleterious because it fundamentally advocates that the refugee condition is single, homogeneous as well as "transhistorical" (Malkki, 1995). This illustrates something rather commonplace in the human condition: to take historical and political courses and carve features of these courses on the physical bodies and experiences of people going through them. This does not only simplify complex and shifting social situations into characteristics attached to specific human beings, but eventually takes a large pool of heterogeneous (both culturally and experientially) persons and groups them into a cluster of individuals undergoing the same condition in need of intervention (Dustmann, Fasani, Frattini, Minale & Schönberg, 2017).

One may be increasingly conscious of two paradoxes at this point: The first paradox is that even though refugees are distinguished from migrants in virtue of the political nature of their migration, refugeeness is increasingly being depoliticized. The institutionalized normalization of prohibition and border policy in 'Fortress Europe' (Tsianos & Karakayali, 2010) serves well to show how emphasis is instead placed on threats to development and the taken-for-granted ordinariness of current border regimes. The second paradox is how a 'problem' which has been identified, extensively researched, and solidified as a humanitarian problem has so effectively managed to dehumanize and strip away the voices of the actual people it is supposed to deal with. People who should be characterized as the alive actors of social, historical and political conditions are instead given the privilege of being treated as voiceless victims.

McClintock (1992) offers some interesting thoughts with regards to this speechlessness in noting that "wounds speak louder than words". She explains that assertion through the (Western society's) ceaseless search for 'objective, reliable evidence'; in that sense, since wounds can be rendered as a more consistent source of knowledge than the subjective narratives of the people who carry these wounds, our 'idealized refugee' is one who is no longer in position to be trusted as their view has been 'spoiled' by their difficult circumstances.

* * *

HUTU REFUGEES – A CASE EXAMPLE FROM AN ANTHROPOLOGICAL INVESTIGATION

Malkki (1996) further illuminates the 'stripping people of their voices' issue in her discussion of the particular context of refugees from Burundi in Rwanda and Tanzania. Over a multi-year anthropological investigation, it was observed that a number of administrators/staff working with Hutu refugees gradually 'translated' the aforementioned untrustworthiness into something of a lasting stereotype, namely Hutu natives being thought of as 'dishonest people who are always telling stories'. That was used to apply interventions within the camps without taking people's opinions too strongly, as they were not to be trusted with regards to their own wellbeing. This ostensible unreliability brought forth an idea dominant in the contemporary discourse: that refugees ought to be supported not for themselves, but despite themselves. The very same stance seems too often apply in camps and more organized refugee settlements in the developed world these days too (Oesch, 2017).

The Malkki investigation is further useful when one considers what the Hutu thought; that is to say when, even temporarily, their voices were allowed to be heard, even if in the context of a qualitative study. Due to the nature of the conflict being longstanding, the Hutu had given a different conceptualization to their refugeeness. Rather than thinking of themselves as irreparable victims, they adhered to their condition as a protective legal status as well as unique moral condition. They saw "refugeeness" as 'a matter of becoming', as an inherited characteristic which would eventually provide them (or their descendants) with the right expertise and attitudes before their eventual decision to repatriate.

* * *

This conceptualization is found to be extremely important; part of our frameworks rest on that notion of seeing adversity not necessarily as a scar, but as a pathway towards something bigger.

2.3. RE-EXAMINING THE 'REFUGEE CONDITION'

This section was a humble attempt to delineate a few dominant processes through which the refugee narrative has been shaped and maintained historically as well as socially. It is hopefully clear, by now, why talking about a 'refugee condition' and devoting a large bulk of the literature to what constitutes 'refugee identities' only serves to perpetuate the challenges inherent in displacement.

Firstly, a reconceptualization at the institutional level ought to be more honest. It is both eurocentric as well as morally tainted to depoliticize and dehistoricize the conditions under which displacement takes place. One cannot ignore how power relations have defined refugeedom since the end of World War II, and true acknowledgement of these histories will pave the way towards genuine and effective support for people who have been dislocated. Whether a refugee group is seemingly homogeneous or not, the otherwise standard practice of viewing people as individuals rather than as a group of underlying pathology is the least host societies can do.

In essence, what the circumstances call for is uniting the legal, human rights and psychosocial (to be discussed) perspectives in a manner that gives people their voices back. It is imperative that both researchers and practitioners let go of their notion of 'the archetypal refugee' (Malkki, 1996), and instead find ways to mobilize against their silencing. Only through deconstructing these assumptions will we truly remind ourselves that each person behind the news stories and the streets has a name, relatives, histories, convictions, and hopes.

The longstanding assumption that the interventionists and academics know best ought to be replaced by a discussion which is fostered by the people in question. Especially in the inhumane context of 'the camp', where a great number of people the professionals reading this package work with, this is going to prove to be an exceptionally tall task.

This section is merely an attempt to clarify the position held here with regards to what has been termed 'the refugee condition'. It is time to move on to a brief overview of the psychosocial approach, which will further and in depth be developed throughout this handbook.

DEPOTENTIATING THE IDEA OF A 'REFUGEE IDENTITY' AND A 'REFUGEE CONDITION'

- The notion that refugee experiences are to be generalisable, and that there is such thing as an "essential refugee" fundamentally advocate that the refugee condition is single, homogeneous as well as "transhistorical".

▶ Refugeeness has been depoliticized and dehistoricized.

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UNIT 3: INTRODUCTION TO THE PSYCHOSOCIAL DIMENSION

3.1. BRIEF HISTORICAL BACKGROUND

Although its roots can potentially be traced back to the 1890s, the term 'psychosocial' was first popularized by psychoanalyst Erik Erikson (1956). Erikson pioneered the infamous 'psychosocial stages of development', focusing on concepts like identity crisis, and an understanding of identity development through a combination of biological, psychological, and social realms. His contribution of the term generally led to a range of specific applications of psychoanalytic theory to social issues, eventually paving the way for the dimension's more inclusive use. A more recent psychoanalytic evolution of the term ensued by Craib (1992), namely 'psychoanalytic sociology', who saw the need for explaining human behaviour and emotion that is not necessarily observable utilizing sociologically oriented analysis.

3.2. WHAT DOES A PSYCHOSOCIAL APPROACH ENTAIL?

At any rate, much like the name suggests, a psychosocial perspective pertains to an outlook of wellbeing where conciliation and consideration of/between the associations inherent in the psychological and the social realm are essential. The primary intention of a psychosocial perspective involves an intention to grasp the combined influence of three main aspects relevant to an individual: a) intrapsychic aspects, referring to psychological experiences within a person (feelings, fears, hopes, and wishes); b) interpersonal aspects, referring to interactions with others and the realities and emotions that these come with; c) socio-political aspects, referring to the wider context and defining parameters of one's social and cultural background paired with interactions. In essence, the psychosocial realm then takes into consideration the close interconnection between a person's internal reality, their external reality, and their experience

of these as being part of families, groups and communities, as well as their expression of that experience.

MAIN DIMENSIONS

Intention to grasp the combined influence of a number of aspects relevant to each person:

- Intra-psychic (psychological experiences 'within' an individual; feelings, fears, hopes, wishes)
- Interpersonal (interactions with others; realities and feelings)
- Socio-political (wider context; defining parameters and discourses)

3.3. DILEMMAS

As one might understand, this multidimensionality gives way to several debates with regards to how a psychosocial intervention ought to take shape. These dilemmas may be political, regarding the question of supporting the position of a beneficiary and whether there is a degree of objectivity in a professional's stance or not. They could be philosophical; for instance, one might consider human rights as an absolutely basic principle, yet the normalization of the camp in this day and age perhaps demonstrates that society is somehow acceptant of 'an emergency suspension of normal life and rights'. They could also be epistemological; manifested in the many different interpretations of what psychosocial truly entails (curiously, no modern manual truly defines psychosocial interventions specifically). Of course, these dilemmas could also be ethical; does our social and cultural understanding truly connect to the one of the people near us, and if so, who are we to intervene?

The range of approaches makes it difficult to reconciliate perspectives in a manner that is both ethically and culturally respectful as well as philosophically sound. The variety of (loosely) psychosocial humanitarian relief approaches that were utilized in the 80s and 90s as part of emergency responses (e.g Armenian Earthquake, Yugoslavian wars) has been rather limited in scope. Naturally, most of these had the character of being predominantly medical, predominantly psychological, or predominantly human rights-focused, depending on the most urgent needs of the emergency circumstances.

3.4. HUMAN RIGHTS & THE PSYCHOSOCIAL DIMENSION

Since these debates might serve to further confuse the proposed epistemology, it should again be stated that the discourse argued for here with regards to the psychosocial support of refugees entails an integrated intervention perceiving the psychosocial and the human rights discourses as complementary. That means we are both: i) interested in the events and facts of what has happened to people, e.g who did what to whom, and the reasonable effects of these events (human rights discourse); ii) meant to emphasize how these events are experienced, what contributed to the formation of that experience, its effects, and how the maintenance of identities formed as part of that experience is achieved (psychosocial discourse).

DIMENSION DIFFERENCES IN DISCOURSES

Human Rights Discourse focus (legal aid)
- mainly on the events, facts, what happened, who did what to whom, where and when, under what conditions; evidence for all this
- also, on the reasonable effects of these events, evidence of these effects

Psychosocial Discourse focus (Mhpss)
- mainly, on the experience of the events
- on what contributed to the formation of that experience
- on the effects of that experience (formation of identity, etc)
- on what contributes to the maintenance of those experiences and identities.

Both discourses' focus points are to be met under the goal of an integrated intervention, where the first does not exclude the second

*Two different discourses but complementary ones

3.5. PSYCHOSOCIAL VS. TRAUMA FOCUSED INTERVENTIONS

Reconciliating a psychosocial approach with the human rights discourse is of course an extremely tall order. An inherent danger is overemphasizing traumatization due to violent conflicts, sociopolitical turbulence, and the impact of displacement. A key consideration to keep in mind is then that people should be entitled to protection, care,

and support not because they are traumatized, physically or psychologically damaged, but because human rights and the international treaties that EU states have signed entitle them to protection. A psychosocial approach then ought to be a reaction to human suffering, but not the medicalisation or pathologisation of it. Psychosocial support should never presuppose psychotherapy along with it (neither necessarily exclude its possibility of course).

For purposes of clarity, it feels useful at this point to sketch out the distinction between psychosocial interventions and trauma-focused interventions in the context of refugees, as this distinction will to a large extent shape discussion throughout this package:

PSYCHOSOCIAL: Concerned with the broad refugee experience, including resource hardships, access to social and health services, acculturative stress, re-building of social networks, etc. One must simultaneously focus on various psychosocial factors to form a comprehensive account of refugees' experiences.

TRAUMA-FOCUSED: Primary emphasis is on effects of traumatic experiences that took place before settlement, using specialized therapeutic techniques.

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UNIT 4: THEORETICAL APPROACHES & PRACTICAL APPLICATIONS OF PSYCHOSOCIAL SUPPORT

There are various manuals which have marked out fundamental principles for mental health and psychosocial support, with particular emphasis on emergency settings. As has been repeated, the wish is not that this package is utilized as a 'handbook of specific guidelines' that could act as a panacea to refugeedom; it is however believed that certain such manuals have indicative value and that a number of doctrines with regards to the provision of psychosocial support are extremely valuable to the handbook's frameworks. Three such initiatives are:

i) the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2006),

ii) the Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response (2018), and

iii) the OPSIC Project Operationalizing Psychosocial Support, The Comprehensive Guideline on Mental Health and Psychosocial Support (MHPSS) in Disaster Settings (2015).

The following table outlines the central principles of each of the three Guideline Manuals/Projects. As one can see, a number of these are more general, while others are oriented towards unique needs and to the support of particular groups of refugee populations.

TABLE 1. IASC-SPHERE-OPSIC TABLE OF BASIC PRINCIPLES

BASIC PRINCIPLES	IASC & NATO-TENTS GUIDANCE	THE SPHERE PROJECT	OPSIC
Principle 1	Ensuring of human rights and of equality	Principle of *no harm*. The possibility of doing further harm to people exposed to adversity should be avoided (for instance, constructing housing in unsafe areas).	Treating all people with respect and dignity.
Principle 2	Principle of *no harm* Humanistic support could have inadvertent repercussions. Subjecting people to danger of various forms should be avoided.	Access to unbiased support Generalized access to support should be ensured, especially to those who are particularly vulnerable and face some form of exclusion.	Respond to those experiencing intense, dysphoric stress in a supportive and human manner. For instance, Psychological First Aid (PFA) is a sum of simple rules and techniques that can be employed by all (professionals or not) for treating people who are under intense dysphoria.

Principle 3	Using *available* resources and capabilities to build/construct plans.	People who have faced physical or psychosocial adversities stemming from violence or forceful pressure are protected (for instance people who have been made to join troops, were involuntarily dislocated, or prevented from moving).	Provide information relative to services, support structures, legal rights, and responsibilities.
Principle 4	Use of integrated systems	Advocacy and claiming of rights, provision of therapy and recuperation for harm caused by violent acts. Specialized help to people who have been violated or tortured is relevant here too.	Provision of psychosocial training relevant to experiences impacted by psychological factors and using appropriate language/terminology free of 'expert' terms.
Principle 5	Provision of multifaceted support. Based on the IASC pyramid (see Diagram 1): • Basic services and security • Community and family support • Focused, non-specialized supports • Specialized services		Prioritize protection and psychosocial support of children, and especially children that have been separated from their family, are unaccompanied, or have special needs.

Principle 6	Prevention, planning, preparation, and advice.		Reinforcing and developing family supports.
Principle 7	Planning based on family and community needs.		Recognize and protect people with special needs.
Principle 8	Growth, livability and recovery of psychosocial resilience.		Implement culturally competent/appropriate interventions and ensure sufficient interpretation.
Principle 9	Integration of psychosocial & mental health care with policy and humanistic support, welfare, and the work of both the social support intervention as well as of the health sector.		Ensure the provision of medication for people with serious mental disorders.
Principle 10	The managers, coordinators, professionals, volunteers, researchers, and experts should all agree on a set of shared values and standards.		We do not instantly begin support *through psychotherapy* due to the possibility of suspension or inability for continuation of the therapy.
Principle 11			Monitoring and managing the wellbeing of staff and volunteers.
Principle 12			We do not work in isolation; collaboration and coordination with others is necessary.

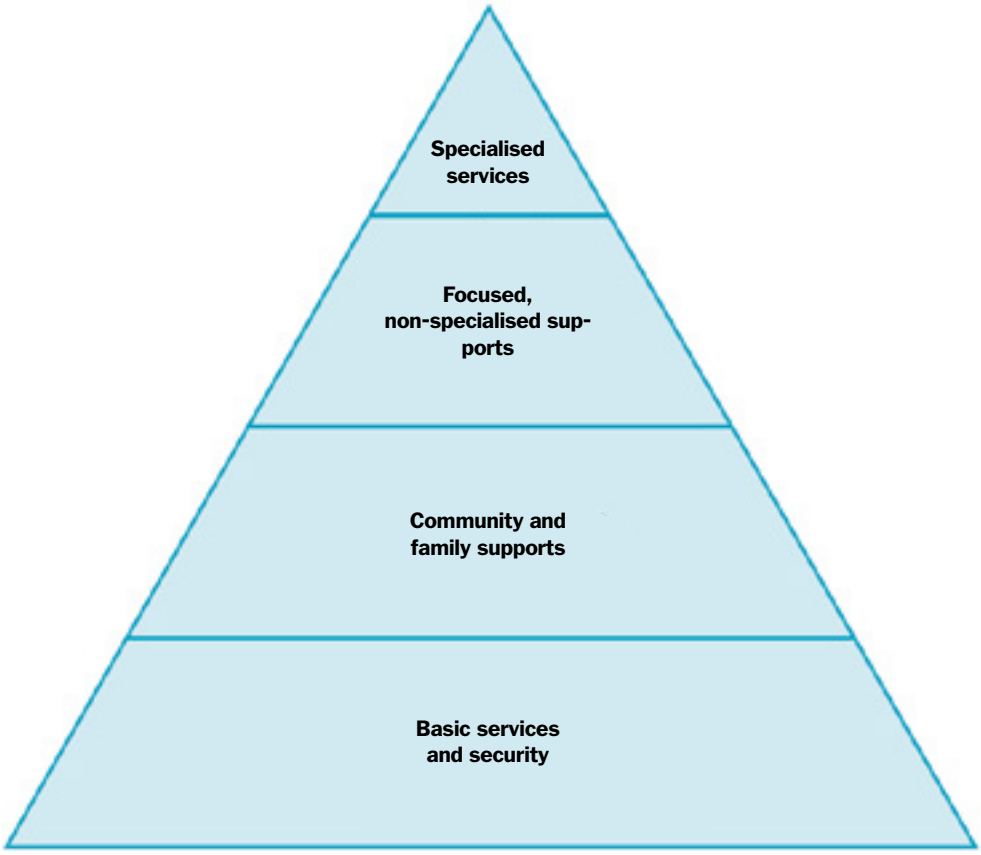

Diagram I: IASC Pyramid

SYNOPSIS OF VALUES IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN CASES OF EMERGENCY: POINTS OF SIMILARITY

It is not within the purposes of this handbook to draw distinctions between such guidelines, but it certainly feels worthwhile to demarcate concepts, ideas, and important points of similarity which will help sketch out what a psychosocial approach/intervention may or may not entail. In order to guide and clarify points of psychosocial frameworks, the principles outlined in the previous table could then be categorized by means of five such concepts:

1) Dignity and Respect,
2) Cultural differentiation,
3) Multilevel support,
4) Matters of mental health and wellbeing,
5) Cooperation and coordination.

With regards to **dignity and respect**, the key is that support provision implies going beyond technical characteristics, seeking to understand the potential ways in which adverse events are actually experienced by individuals; the 'doing no harm' dogma is critical here.

Differentiation pertains to the use of simple language, integrating a culturally relevant aspect in practice (ex. a profound spiritual experience does not imply psychosis), and considering factors such as religion or traditions, especially in circumstances of loss and grief.

Multilevel support is relevant to both a hierarchy for needs provision (IASC pyramid) as well as the need for particularized support for specific groups, such as people with experiences of torture, people with special needs, unaccompanied minors, families, and communities, all while remaining unbiased.

Matters of mental health and wellbeing highlight the significance of individualized therapy (not psychotherapy!) and support for both beneficiaries and staff care, together with promoting the development of psychosocial resilience.

Finally, **coordination**, which tends to be rather elusive in a lot of contemporary

contexts, refers to all stakeholders being on the same page, abiding by corresponding standards and organizing as well as implementing plans according to common (and previously agreed) values. Whether explicitly or implicitly, these principles will all be shown to play a vital role in staying honest to what constitutes a *psychosocial approach*.

Exercise 1
(Papadopoulos, 2010)

Take a piece of paper and write down 10 characteristics that answer the question: 'Who am I?' Write down anything you think characterises you, anything that is more salient in your mind. Give yourself approximately 10 minutes.

Now imagine that you have become a refugee. Go through each one of the 10 items you wrote introspectively and tick all those that you think are likely to change because of you becoming a refugee. How many of those change? (Could be none, a couple, or all).

Please reflect on the following question: What do you think changes, and what do you think remains intact when one is forced to flee home, effectively becoming a refugee?

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CHAPTER 02

HOME

PHOTO: ALEXANDROS KATSIS

Epistemological Framework

OVERARCHING GOAL

This chapter seeks to establish a new way of thinking about the various facets of refugees' experiences and the differing manners in which individuals respond to them. The hope is that familiarization with a number of frameworks can help draw a path towards utilization of our innovative epistemological approach for supporting involuntarily dislocated people.

LEARNING OBJECTIVES

At the end of this chapter readers will be able to:

- Deepen their understanding of the phenomenon of involuntary dislocation, together with the many-sided significance of home loss.
- Comprehend the concept of nostalgic disorientation as a consequence of the disturbance of onto-ecological settledness.
- Enhance their awareness of the various meanings of "trauma", and be enabled to question the dominant trauma epistemology.
- Identify the vast range of potential responses to adversity and be familiarized with the Adversity Grid.
- Grasp the implications of thinking in terms of 'vulnerability', and understand the deleterious effects of its instrumentalization.
- Recognize the dominance of victimization in the refugee narrative, and consequently understand the importance of depotentiating victimhood.
- Discern and restore the -often lost- complexity, uniqueness and totality of: the refugee phenomenon, refugees themselves, their experiences and reactions.

Keywords: Involuntary dislocation, home, onto-ecological settledness, nostalgic disorientation, trauma, vulnerability, Adversity grid, complexity, uniqueness, totality.

UNIT 1 - LOSS OF HOME & NOSTALGIC DISORIENTATION

> *«No one leaves home unless home is the mouth of a shark. You only run for the border, when you see the whole city running as well».*
>
> **Warsan Shire**

Before delving into the frameworks that will be developed throughout this package, it should be stressed again that the work presented here acknowledges refugeedom as an extremely distinct and multifaceted experience. That said, it is argued that there is one particularly important characteristic common to all refugees, namely the involuntary loss of home. The concepts discussed here then relate to the repercussions of this loss, and ultimately the unraveling of nostalgic disorientation-a discomforting experience of debilitating effects manifested in people who have been forced to flee home that, unlike PTSD, is not a psychiatric disorder.

1.1. INVOLUNTARY DISLOCATION AND THE PHASES OF REFUGEE EXPERIENCE

A term that will often be used interchangeably along with refugees is involuntarily dislocated people. It can be considered a more inclusive characterization than refugees as it also encompasses internally displaced people (IDPs), and is therefore less restrictive for the discourses that will follow in this handbook. Involuntary dislocation is a purely descriptive term of a phenomenon without legal, psychological, or political connotations; someone who has been involuntarily dislocated was made to experience their intimate space as an unviable home and was compelled to leave it for lack of genuine choice. It should be accentuated that involuntary is opposed to forced (which always involves violence) and dislocation is opposed to migration/displacement, in the sense that it is more a somatic and psychological metaphor. Dislocation deals with two equally important aspects: the phenomenological experience of not feeling home as home, and the actual movement away from home, (both geographically as well as psychologically).

LOSS OF HOME & INVOLUNTARY DISLOCATION

The phenomena related to the situations that are
created when one abandons one's 'home'
involuntarily due to a variety of different upheavals

- Political (refugees, asylum seekers, IDPs)
- Climatic (natural disasters or changes)
- Environmental (industrial developments or catastrophes)
- Socio-economic, (migrants), psychological 'exile', marginalisation

Involuntary

- as opposed to 'Forced' (migration) that implies actual violence

Dislocation

- as opposed to migration or displacement
- somatic / psychological metaphor.

LOSS OF HOME & INVOLUNTARY DISLOCATION
DESCRIPTION OF THE PHENOMENON

Purely a descriptive term of a phenomenon, i.e. a phenomenological term
> Not legal, psychiatric, psychological, political etc. term

Persons, due to various forms of adversity:

(a) have been made to experience their intimate spaces no longer as viable homes,
(b) consequently were compelled to move away from these spaces and seek new ones
(c) if they were to have a genuine choice, they would not have abandoned them.

LOSS OF HOME & INVOLUNTARY DISLOCATION
TWO MOMENTS

Involuntary dislocation refers to two distinct but interrelated aspects of dislocation:

1) The experience that a person, a family or a community develop of no longer feeling home as home; this is a specific type of dislocation, of a dislodgement from the experience of being at home with one's home, and then
2) The actual movement away (mainly physical, geographical but also psychological) from the space that had lost the feeling of being home

Usually, 'forced displacement' refers to the latter.

WHAT IS 'INVOLUNTARY'

Not voluntarily:
the feeling of being dislocated from one's home, the actual abandoning of one's home

If they had a choice, they would have preferred to remain undisturbed in their own homes and
to undo all the reasons and conditions that made their continued stay at their homes untenable.

THE DISLOCATION PROCESS

An actual longitudinal process and not an isolated and discrete act or event occurring only at one point in time

It involves the movement from dislocation to relocation.

THE DISLOCATION PROCESS

Five phases:
1. the experience of being involuntarily dislodged from what can be defined as the home space
2. the search for a new sense of home, often a safer and better space,
3. the finding and inhabiting of that new space,
4. the struggle to settle at that space in order to make it a real and felt home, and
5. The struggle to address the relationship between the previous home, the present home, and the ideal home.

A journey of the refugee experience can indicatively be sketched in four phases (Papadopoulos, 2002).

The first phase, namely **anticipation**, precedes involuntary dislocation and concerns the pending nature of danger and the struggle to avoid negative phenomena in one's surroundings.

The second phase, **devastating events**, consists of (possibly) actual violence, potential destruction, and certainly the development of the 'not feeling home as home' experience.

The third phase is **survival**, which covers the point in time where a refugee has managed to save their life and is on their way to a new place where the future appears uncertain.

The fourth and final phase is **adjustment**, pertaining to life in receiving countries, with all the struggles, new beginnings, and pressures that it comes with.

Discussion of the four phases is important because it is argued that refugee support in the humanitarian sector still unfortunately begins and ends with devastating events (the second phase), partly the reason why the 'refugee experience' is wrongly assumed to be homogeneous. It is more essential to explore both the impact of the life stories that precede negative phenomena which led to involuntary dislocation, as well as the wellbeing-oriented stressors and pressures in the new host societies, which are often still experienced many years after a person's arrival.

1.2. HOME AS A DYNAMIC SYSTEM AND ITS CONNECTION TO IDENTITY

Perhaps the most vital shared characteristic of involuntarily dislocated people is the involuntary loss of home, and more specifically the multifaceted distortions pertinent to this notion within a person if they have left home against their will. Home here will not simply refer to a concrete house, but rather to the totality of the dimensions entailed in the term (Papadopoulos, 2002). According to Oxford English Dictionary, home is "the seat of domestic life", as well as "the place of one's dwelling or nurturing, with conditions, circumstances, and feelings which naturally and properly attach to it and

are associated with it". Evidently, the concept of home involves a range of physical and psychological components; home offers a protective environment, a sense of belonging, and generally a remarkable number of fundamental qualities that are rarely consciously appreciated (Bowlby, 1988).

The involuntary loss of home can thus be a source of distress not only because of its 'pragmatic' use as a safe shelter, but mainly due to internal confusion caused by the missing of feelings and narratives that were taken for granted throughout one's life. Simply put, home encompasses both abstract and concrete dimensions. When people are abruptly deprived of their stability, the notion of home is idealized, whilst the complexities of the lived realities (which involves both positive and negative aspects) are suddenly neglected. The unconscious attempt at reconciliating perceptions of ideal & real as well as abstract & concrete is what can be referred to as the central paradox of home (Papadopoulos, 2002).

As one can understand, home is simultaneously a dynamic system, a network, a cluster, and is comprised of a systemic hub of inter-connections between space (of physical, natural, geographical, psychological, ethnic, political, etc elements), time (continuity over time that entails lived changes, repetitions and patterns), and relationships (with humans, objects, events, landscapes and more).

The implication is that depending on life's cycles, routines or changes at any of the aforementioned levels, there can be multiple homes pertaining to different contexts. For professionals called on to assist therapeutically, the latter is often significant to pass through to beneficiaries in an effort to demonstrate to them that there is no underlying pathology presupposed in their sense of lost direction or negative feelings. Home can be distinguished via the prisms of past homes (what you had, lost and are looking to find again), present homes (what you have now and often is not how you would like it) and ideal homes (an idealized version of what your home should be in your mind). One of the primary goals of this package is to deconstruct these distinctions on a literal level, in order to assist dislocated people in reframing the narrative around their ambivalent feelings and responses.

HOME AS A SYSTEMIC HUB OF INTER-CONNECTIONS

Home: the dynamic system, network, cluster, container of complex inter-relationships between:

- Intimate space: physical, architectural, natural, geographical, social, cultural, spiritual, historical, psychological, financial, ethnic, political, climatic, etc
- Time: continuity over time that implies lived and experienced changes, repetitions, patterns
- Relationships: human but also with objects, events, climate, landscapes, narratives, etc.

The seat of family life: life cycle changes, exits and entrances, etc.

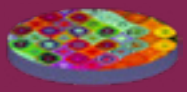
Rather useful in the comprehension of these complexities is the distinction between the tangible and the intangible elements of a person's identity. Tangible refers to more exoteric, easily discernible aspects such as age, gender, social status, ethnicity and more, whereas intangible (also termed the mosaic substrate of identity) concerns our senses, rhythms and habits, sense of belonging as well as the noted space-time-relationships interaction. The mosaic substratum of human experience is what allows one to piece together a coherent whole and is what the tangible elements rest on.

The sum total of the tangible and intangible parts of our identity makes up what Papadopoulos calls onto-ecological settledness, namely the unique relation between a person's totality (totality of their being, their existence) and the totality of their ecology (namely their relation with the human and natural environment of which they are a part of). It is a dynamic sense of settled arrangement and pattern of living characterized by familiarity that enables us to "read life".

IDENTITY (1)

Tangible elements:
Gender, age, physical and psychological characteristics, abilities, profession, family status, social (financial) status, political and ideological beliefs, religious affiliation, activities and hobbies, culture, nationality, ethnicity, wider belief systems, aspirations, one's own body, etc.

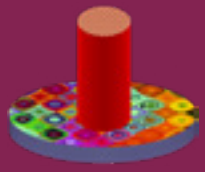
IDENTITY (2)



Intangible elements (Mosaic Substrate of Identity)

- Sense input: Visual (landscape, nature, architecture, people, artefacts); Sounds (natural, human-made, human voices, language, music); Smells (natural, human-made); Tastes (food, drink, air); Touch, feel (textures, clothes)
- Rhythms, habits, rituals: conscious and unconscious
- Sense of belonging: to a home, to a family, community, culture, to my body, to a country (that exists and I have access to it)
- Combinations of dimensions: Space, time, relationships.

IDENTITY (3)



- The sum total of the unique combination/fit/pattern between the 'tangible' and the 'intangible' elements of identity
- Tangible + intangible elements of Identity = 'Onto-ecological settledness

'ONTO-ECOLOGICAL SETTLEDNESS'

- Not an ideal state but a sense of a settled arrangement and pattern of life that creates familiarity and predictability; enables us to 'read life'
- More and beyond the identifiable sum of dimensions: psychological, social, cultural, wellbeing, etc
- Referring to the 'ontology' of a person, i.e. the totality of being, existence, reality, becoming
- Linking one directly with one's unique relationship with one's environment (human and natural), i.e. one's unique ecology
- Taken for granted (no conscious awareness of its existence)
- Appears to be static
- Dynamic – always changing, but within certain margins
- When this is disturbed: 'Nostalgic Disorientation'.

1.3. DISTURBED ONTO-ECOLOGICAL SETTLEDNESS: NOSTALGIC DISORIENTATION

For the involuntarily dislocated, most dimensions of home may be severely shattered. The inexplicable gap felt, the uncertainty and unpredictability all serve to alarm one's ontoecological settledness. In turn, once a person's onto-ecological settledness is disturbed, what may often follow is the aforementioned nostalgic disorientation. Again, ND refers to a distressing experiential reality with a wide range of unpleasant effects yet has no psychiatric background. Nostalgic disorientation does not simply evoke the pain for the yearning of home, but further ignites additional frustrations.

Because the feeling of nostalgic disorientation is deeply rooted inside and cannot be consciously grasped, its causes and cures can be extremely elusive. This complexity brings one back to the potential multiplicity of homes; is this nostalgia towards a past, specifically located, real and concrete home, or towards future, culture-infused, abstract, ideal, non-static homes?

ND is a normal reaction to abnormal circumstances; it does not only affect those directly afflicted by it, but also everyone implicated with them. Remembering that ND is an appropriate response to extraordinary circumstances is essential when it comes to the interactions between involuntarily dislocated individuals, those who work with them, and the wider society. It is thus equally significant for these 'interrelated others' to understand this triggered need to perceive the phenomenon as one that has a par-

ticular concrete cause, as well as the fact that re-establishing a tangible state of home and belonging are most natural responses.

Whether directly or indirectly, a lot of the didactic and practical material that will be presented here goes back to working with nostalgic disorientation. Engaging refugees with the wide range of disorienting pressures troubling their lives and helping them understand the nature and effects of this disorientation goes a long way towards establishing truly therapeutic relationships. If the ordinariness of this experience is properly communicated without minimizing one's pain, ND can hopefully be utilized as a source of revitalising energy towards a fulfilling new meaning of life.

NOSTALGIC DISORIENTATION

Not a psychiatric disorder

- Yet, a real and felt discomforting / distressing experience / reality that has a wide range of debilitating effects
- Tends to activate
- the need to 'understand' it in terms of it being the outcome of one specific and concrete 'cause' - tendency to over-concretise one specific loss or source of discomfort as its 'cause'
- the yearning to (re-)establish one specific and tangible state of home and belonging.

NOSTALGIC DISORIENTATION

Not a psychiatric disorder

- Yet, a real and felt discomforting / distressing experience / reality that has a wide range of debilitating effects
- Tends to activate the need to 'understand' it in terms of it being the outcome of one specific and concrete 'cause' - tendency to over-concretise one specific loss or source of discomfort as its 'cause'
- The yearning to (re-)establish one specific and tangible state of
- Nostos: the yearning for a return to home (Homer – The Odyssey)
- Algos: pain, suffering
- Nostalgia: the pain involved in the yearning for a return to one's home

NOSTALGIC DISORIENTATION

Characteristics:

- Loss of ability to 'read life', unpredictability
- Sense of disorientation, discomfort, distress
- Inexplicable gap, sense of unreality, unsafety,
- Lack of familiarity, lack of confidence
- Pervasive anxiety, psychic ache
- Frozenness.

BUT also

- An opportunity for new meaning-making

LOSSES OF INVOLUNTARY DISLOCATION

Losses:

- Family and loved ones
- Material possessions
- Houses and land
- Jobs, positions, roles
- Relationships, communities

But when they say: "I'm lost..."
Then: **Nostalgic Disorientation**

For an introductory comment to involuntary dislocation by Prof. Papadopoulos, see here

For a more extensive description of the concepts of space, time and relationships by Prof. Papadopoulos, see here

For a more extensive description to tangible and intangible elements of identity by Prof. Papadopoulos, see here

For a more extensive description to constructivist and essentialist changes to identity after a loss, see here

For a more extensive description of nostalgic disorientation, see here

Exercise 2

Please consider how the idea of home and its loss is presented in the following narrative of this young refugee. Also, reflect upon the concept of 'nostalgic disorientation' because of this loss. Try and look beyond the obvious explicitly stated elements, and postulate over the potential hidden meanings or intangible aspects that may explain the reason behind one sharing this narrative:

"I miss my old life in general. . . . I could not get used to it! . . . [I miss] the atmosphere of African churches, the church services, the African culture, our customs, our celebrations, our habits, our massive meals, our everyday life. Sometimes we get together with people from my country who live here to celebrate or something, but it's not the same. Something seems to be missing. I cannot explain it, but something is always missing. What I have lost makes me very sad."

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UNIT 2 - TRAUMA

Attention will now shift to a concept the bulk of refugee literature has devoted itself to, namely the predominant idea of *refugee trauma*. The attempt here is a serious critique of the manner in which trauma has shaped virtually all discussion with regards to what has been termed *'the refugee condition'*. The different meanings of trauma are explored, together with the rather complicated etymology of the word; then, the prevailing trauma epistemology is questioned.

2.1. SEVEN USES OF THE WORD TRAUMA

Individuals as well as professionals sometimes indiscriminately use the word 'trauma' in order to refer to a broad range of phenomena. These uses may vary from:

- every-day language to imply any form of dysphoria,
- the (psychoanalytic) intrapsychic development of pathological structures,
- common/reasonable reactions to uncommon situations of adversity and disorientation,
- social and human sciences, like in all forms of art and literature,
- more specific adverse circumstances like economic difficulties, political, local destruction, divorce etc.,
- collective trauma (ethnic, national, sociocultural),
- psychiatric disorders, such as the infamous Post-Traumatic Stress Disorder.

The vagueness inherent in this overuse of the term has rather inevitably invaded much of the refugee condition discourse.

SEVEN 'USES' OF TRAUMA

- Trauma (colloquial): any form of discomfort (lay & professional)
- Trauma (PSA): technical, intrapsychic developmental pathological structures (unconscious) requiring psychoanalysis to be treated.
- Trauma (PTSD): an externally caused psychiatric disorder leading to dysfunctionality
- In Human Sciences and Arts: Very wide category, e.g. history, literary studies, sociology, gender, cultural, post-colonial, theatre and film studies, etc.
- Trauma (response to exposure to adversity): wide range – from PTSD to dis-orientation; normal response to abnormal circumstances
- Trauma (specific): 'disaster trauma', 'divorce trauma', 'war trauma', 'unemployment trauma', 'financial trauma', etc.
- Trauma (collective): societal, cultural, community, etc.

2.2. ETYMOLOGY AND DIFFERENT MEANINGS

The word trauma is etymologically linked to the Greek τιτρώσκω (titroskō), which means to pierce. Based on this etymology, trauma is the mark left on the skin after an injury, namely the wound. Yet, a more thorough exploration of the word suggests that the root of *τιτρώσκω* (titroskō) is likely to be *τείρω* (tirō), which means to rub (Papadopoulos, 2002). In ancient Greek, the verb *τείρω* (tirō) had two opposite meanings, i.e. to *rub in* and to *rub off/away*. Based on this, "trauma would be the mark left on persons as a result of something being rubbed onto them" (Papadopoulos, 2007, p. 304).

Depending on the different connotations of the verb *τείρω* (tirō), it can be inferred that trauma may involve the meaning of wound or injury as a result of rubbing in, or it may refer to rubbing away the marks on a surface, i.e. the result of erasing or cleansing (Papadopoulos, 2002, 2007). Based on the first meaning of trauma, a traumatic experience could be an injury that punctures the protective shield and leaves a mark; this injury can generate pain, suffering and can result in psychological trauma. Wounds may have long-lasting effects, leaving an indelible mark on the individual concerned.

However, a divergent possibility lies if we were to take the second meaning of trauma into consideration. Trauma in that case may offer a chance for renewal, a chance to reconsider values, beliefs, and habits; the potential of erasing detrimental aspects, setting new priorities and finding new meanings becomes salient (Papadopoulos, 2002, 2007). This perspective serves to remind that refugee experiences, despite their fundamentally painful or even physically injurious nature, can with the right guidance at times be life-enhancing and transformative.

BASIC MEANING AND ETYMOLOGY

- To pierce

wound, injury / deficit, pathology

- To rub

(a) To rub in – wound, injury, deficit

(b) To rub off, to rub away – renewal, revitalisationAdversity-Activated Development (AAD).

SIGNIFICANT EFFECTS OF THE ETYMOLOGICAL DIMENSIONS

- Trauma: The mark left after piercing or rubbing, the wound
- Teiro: To Rub
- The greek words:
  Asteras: A mark in the sky (and star!)

Teras: A man marked by God
Tranos: The one who survived from being rubbed
"Σημεία και τέρατα": In english, 'signs and wonders', it refers to signs given by God about various transformative events
The *'traumatised person'* is both "teras" and "star" and "tranos".

2.3. RE-EXAMINING THE DOMINANT TRAUMA EPISTEMOLOGY

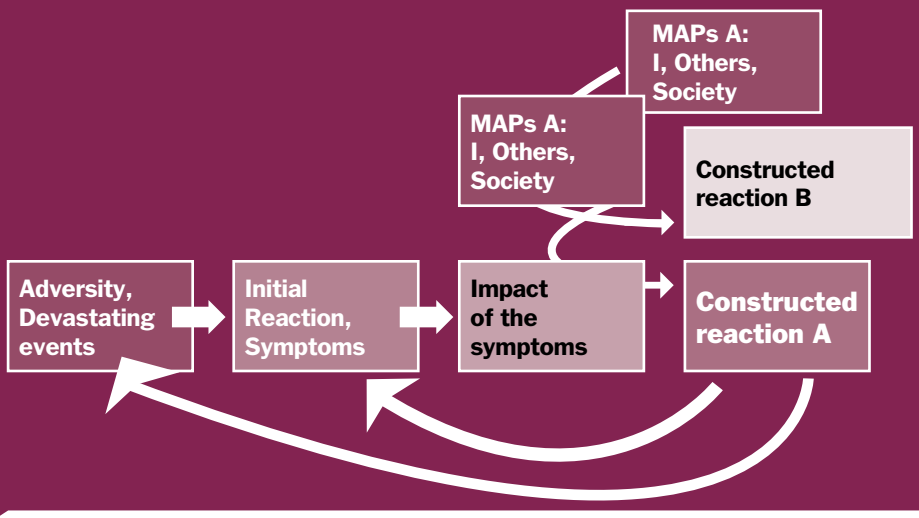
The relevance of this term-based clarification might be questioned. Once one has escaped the limiting comprehension of the term, nonetheless, it feels more appropriate to mark out the simplistic and linear parallels in both etymology and epistemology. The science of trauma appears to imply a causal-reductive relationship between external events and their consequences, that is to say that exposure to specific events cause traumatization to the people who are subjected to them (Papadopoulos, 2001a). In this sense, there is only one logical possible outcome of exposure to devastating events: the whole refugee population is conflated within a category of traumatized persons. Yet, seating all refugees in a pathology-based framework (Papadopoulos & Hildebrand, 1997) imposes stereotypical characteristics, locks out the meaning they may attribute to their adversities and the multiple factors affecting individuals' responses, and ultimately perpetuates their pathologisation and sense of weakness (Papadopoulos, 2001b).

It is argued that this narrow discourse should be broken, and instead seek out to adopt a conceptualization which does not presuppose the refugee experience as inherently traumatogenic. Not every event is experienced in the same way by everyone, and the meaning attached to this event, the context within which it takes place, and a multitude of contributing factors are much more significant in determining the way each individual experiences, reacts and lives with it.

EPISTEMOLOGICAL PUNCTUATION
TRAUMA AS BOTH CAUSE AND EFFECT

- Trauma as the mark. 'sima' (the scar, the effect of adversity) but also as the 'simainon' that gives meaning to what follows.
- Comma, semicolon, fullstop
- Comma: Trauma as the 'simainon' that gives meaning for the people who have suffered from it as well as to others. It has effects, consequences.
- Trauma as a cause of transformational consequence (not necessarily psychopathology)
- Fullstop: Theories about trauma (and techniques for its treatment) stop (put a fullstop) after seeing trauma as a simple causal-reductive formula, without exploring the consequences and the meaning-making that follows (except for the psychopathology as the effect).

CIRCULAR-SYSTEMIC EPISTEMOLOGY OF TRAUMA



CIRCULAR-SYSTEMIC EPISTEMOLOGY OF TRAUMA

- Trauma is a co-construction of interrelated Meaning Attribution Processes (MAPs) which give meaning to adverse events
- The present, namely the different Meaning Attribution Processes, 'construct' the past. This means that the MAPs always give new meanings to the Devastating Events and the Initial Reaction.
- Therefore, in a circular way, the past creates the present and the present creates the past.
- Thus, the cause of trauma is not the Devastating Events but the meaning given to them through the MAPs.

2.4. BEING OVERWHELMED VS. BEING TRAUMATIZED

The question that arises following the trauma discourse could be formulated the following way: "Do we need to identify something as a problem in order for the specialists to address it?" It is fruitful to reconceptualise being traumatized to being overwhelmed instead. Rather than look to apply specialist intervention, it could be better to counteract the conditions leading to this 'overwhelming', to create a space where one can think and reflect, as well as to reduce emotional pressures and the impulse to 'act out' on them.

Creating supportive conditions and offering simple human understanding might at times be much more valuable than a specialized intervention.

- For a more extensive description of the 7 uses of the term "trauma" by Prof. Papadopoulos, see here
- For a more extensive description to the multidimensional etymological roots of trauma by Prof. Papadopoulos, see here

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UNIT 3 - VULNERABILITY

> *"I have been pushed by the world into a state of psychic feudalism. And you want me to make myself vulnerable to you. How much vulnerability do you think one person can take? Do you want me to rip my skin off and stand in the wind, bleeding and raw?"*
>
> **Azareen Van der Vliet Oloomi, από το Call Me Zebra**

The trauma discourse has inevitably bred a 'culture of vulnerability'. Unfortunately, people are not only automatically put in the position of helplessness but are often called to prove the extent to which they have been subjected to vulnerability in order to ascertain their basic human rights

3.1. VULNERABILITY AS A PRODUCT OF A GROUP OF FACTORS

Vulnerability is a particularly difficult concept when it comes to reframing the refugee narrative. In approaching an individual, it is equally important to recognize and not diminish their pain, as much as to ascertain that one's indisputable vulnerability does not become part of their identity. Because that line is extremely thin and will often be crossed inevitably, as well as because gaining a vulnerability paper goes a long way towards claiming one's rights, it requires an immense amount of expertise and sensitivity to retain that balance.

As elaborated in Enhancing Vulnerable Asylum Seekers Protection (Papadopoulos, 2011), vulnerability is a product of four groups of factors:

a) "the state/condition of the subject of vulnerability,

b) the underlying causes that create a particular weakness in the subject,

c) the precipitating factors that trigger off the vulnerability, and

d) the surrounding circumstances that may affect the damaging effect of the triggering factors positively or negatively".

Sadly, focus is almost exclusively placed on the second and sometimes the third groups, reducing life stories and situations to generalizations. The 'lamp-posts' of our positions often dictate narrow epistemological focus, rendering it easy to 'overconcretise cause and effect'.

4 GROUPS OF FACTORS

a) "the state/condition of the subject of vulnerability,
b) the underlying causes that create a particular weakness in the subject,
c) the precipitating factors that trigger off the vulnerability, and
d) the surrounding circumstances that may affect the damaging effect of the triggering factors positively or negatively"Victim: reaction to, outcome of being exposed to actual devastating and destructive events and circumstances.

3.2. VULNERABILITY AS A CONTEXTUAL, RELATIONAL AND DYNAMIC CONCEPT

Simply put, the adverse events that one is exposed to is only half of the story; how one experiences and is affected by them is the other half, if not the most critical. As Papadopoulos (2011) asserts, vulnerability is a contextual (space, time, circumstances), relational (with individuals, teams, services), as well as a dynamic concept. As will be argued later, one's perceived vulnerability level is sometimes equally influenced by the current stressful (and often inhumane) circumstances in the host societies, as well as the adversities they were exposed prior to their decision to leave their country of origin.

VULNERABILITY IS:

a) contextual: think present conditions and their huge effect at this point in time
b) relational: expectations of the state; of the; of caregivers, important others
c) dynamic: not set in stone, its degrees may and will vary over time depending on the interrelationships of the above.

3.3. INSTRUMENTALIZATION OF VULNERABILITY

Marlowe (2010) critiqued the apparent institutionalization of trauma and vulnerability as an overpowering "master status" that almost completely deprives people of their actual identity. Traumatic stories are nowadays widely used as the easiest form of "social currency". Instead of focusing on empowerment, the creation of a therapeutic environment, or a simple human helping hand in a time of confusion, professionals are sometimes forced to waste much of their precious time judging levels of vulnerability and handing out vulnerability marks.

It is imperative that people coming to contact with refugees invest much more into the temporary nature of vulnerability, as well as carefully note the changes (however minor) which take place during the period of work with a "vulnerable" individual or group. This constitutes a large part of what will follow in the next sections as well as the following chapter: moving away from the current status of vulnerability's instrumentalization, while ascertaining that one's potential vulnerability does not come to define them and their capabilities.

For a more extensive comment to vulnerability, and more specifically in its relation with the synergic approach by Prof. Papadopoulos, see here

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Unit 4 - RISK OF VICTIMIZATION

In discussing vulnerability, it was explained how for people whose economic and social opportunities have been crushed, undertaking helpless roles based on traumatization and dependency is often seen as the lone way of access to social, legal, and medical support. This often goes hand in hand with a profound loss of control and autonomy (Bala, 2005), and tempts refugees to make victimhood a large part of their identity. When one also considers the objective "lovability" of a victim in virtue of their misfortune (Cyrulnik, 2009), it is not difficult to see how dislocated people will, even unconsciously, make use of their suffering to attract the care and sympathy of a host society.

4.1 DISTINGUISHING BETWEEN VICTIMS AND VICTIM IDENTITIES

It is imperative to differentiate between a victim and a victim identity. Being a victim is a reaction to/consequence of specific events or circumstances, whereas a victim identity involves a co-construction within the field of mutual interplay between refugees and service providers or social structures. A victim identity tends to be perpetuated, have iatrogenic repercussions and entails a great amount of dependence and perceived helplessness. Ways to recognize the manifestation of these and a more thorough analysis of the responses to victimization by the victimized as well as towards the victimized will follow in the next chapter.

There is a certain number of "set" key dynamics involved in victimhood as seen through the prism of a sensitive individual; a victim is to be protected and sheltered, is innocent and always right, not to be challenged, and perhaps most importantly they are not to be faced with their own responsibilities (for an indeterminate amount of time until they "heal"). These dynamics unfortunately only serve to disempower people while depriving them of the possibility to reframe their circumstance and be in touch with other activated facets of their potential.

VICTIM AND VICTIM IDENTITY DIFFERENTIATION

Victim: reaction to, outcome of being exposed to actual devastating and destructive events and circumstances

Victim identity:

- co-constructed in the interactional field of systemic inter-relationships and organisational remits, within the wider societal discourses
- tends to become fossilised
- disempowers; 'learned helplessness', ignores Resilience and AAD.

For a more extensive look at the distinction between 'victim' and 'victim identity' by Prof. Papadopoulos, see here

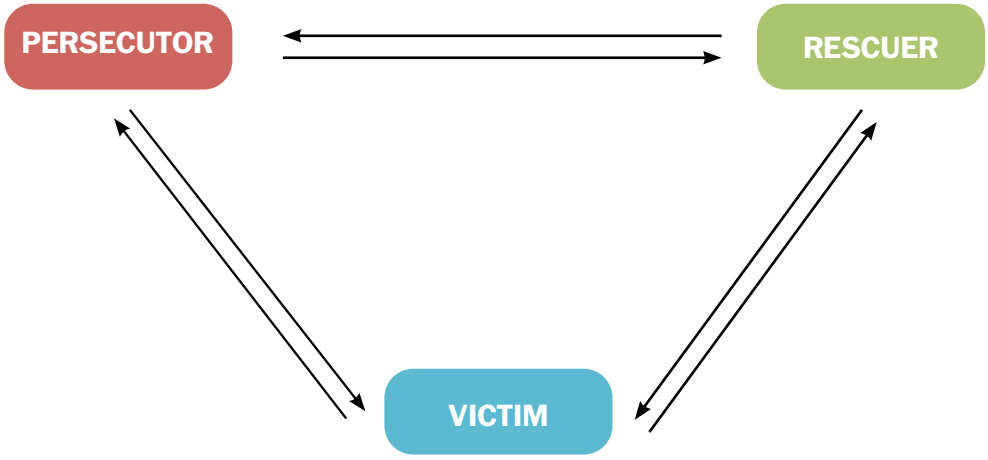
4.2. THE VICTIM TRIANGLE

As has been repeatedly stressed, the instrumentalization of adopting the identity of a person in pain (and thus in need) is a two-way street and largely depends on the people providing relief or help (as well as the wider society) too. This is exemplified once again in the idea of the victim triangle, referring to the adoption of a tripartite of victim-rescuer-perpetrator (Karpman, 1968). Not only do victims have institutional benefits to reap, but professionals may enjoy the clear demarcation of victimhood too as they are naturally attracted to the idea of being the empowering helping hand. Along with the prevailing wish to be of assistance, a rescuer's self-esteem and sense of self-importance is preserved. This becomes further problematic when that "schema of rescuing" is prolonged by sticking to the same rescuing role way beyond the time when one is vulnerable. In a nutshell, the rescuer identity is created and supported by societal narratives, is then further strengthened by individual fantasies of being an indispensable savior, and finally entrenched through its "ideal" serving of both the professional and dislocated person.

Moreover, perpetrators are the underrated entities of the triangle. Perpetrators usually play the role of identified targets who are blindly condemned in trivializing ways. They do not have to be the very same people/groups, and new ones tend to surface when the previous perpetrators can no longer occupy that position. The triangle is maintained when there is a perpetrator that remains active in one's

mind, ensuring that refugees view the world in polarized dimensions (Drozdek & Wilson, 2007) and go on living with a chip on their shoulder for vengeance. This is where the role of a professional becomes so critical: not only to ensure that the dichotomy of victim and rescuer is broken, but to prevent those feelings of retaliation towards a specific target from becoming an obsession to refugee experience, obstructing one's progress.

Avoiding victimization will be directly or indirectly described to be one of the primary goals of the handbook's frameworks. This unit was meant to mark out the complexity through which victimhood is perpetuated by all relevant actors, while the depotentiating victimization unit in the next chapter will help illustrate ways in which to attempt and deconstruct standard societal reactions shaped through the victim triangle.



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Unit 5 - RESPONSES TO ADVERSITY

> *"If you cannot read the beautiful things that have happened in someone's life, why should you care about their sadness? That is why people do not like us refugees. It is because they only know the tragic parts of our life, so they think we are tragic people"*
>
> **Chris Cleave, Little Bee**

This unit introduces a perspective liberated from the prevalent trauma discourse, through a different prism of viewing refugee responses to adversity that could help us escape the loop of vulnerability and victimhood.

5.1. CONSTRUCTED RESPONSE TO ADVERSITY

The argument that external events play only a partial role in the full impact of an experience has been developing throughout the first few units. The subjective process of understanding and attributing meaning to these events is accentuated. To better express that, it is useful to think of different responses to the experience of devastating events as constructed responses. Constructed responses go beyond direct effects stemming from particular causes, namely the external events; what is more important here are the effects of the manner in which individuals have processed these very events, and their initial responses to them (Papadopoulos, 2011). As Papadopoulos highlights, this initial response is primarily shaped by three groups of factors:

a) the way in which others perceive an individual's response;

b) the way the individual himself perceives their own response; and

c) the way that the central motifs of the response connect with the 'collective structures of meaning' of that particular community, culture, and society.

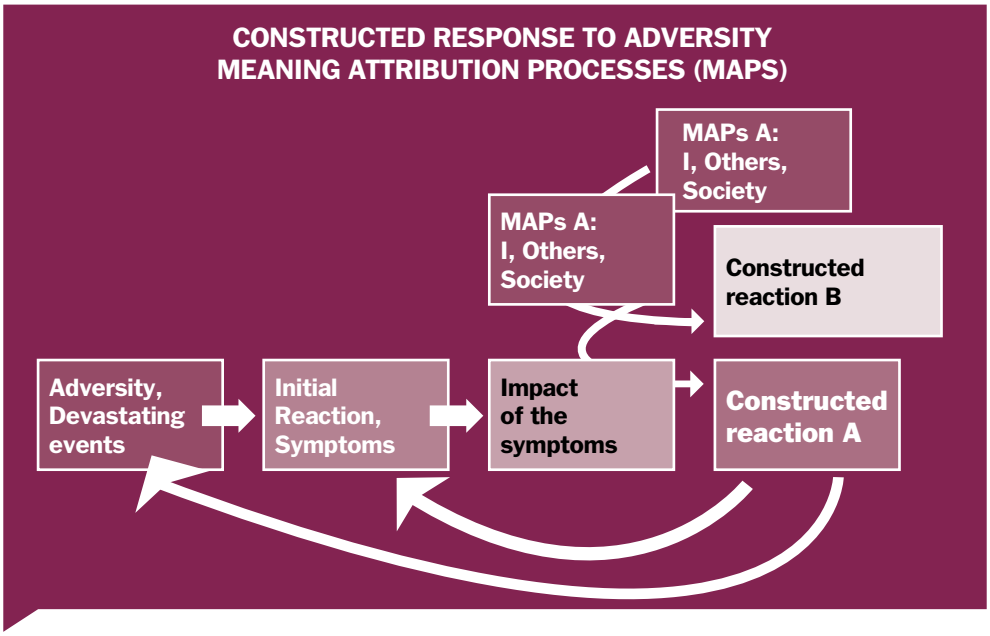
These factors interact with each other in a reciprocally activating manner, meaning that one activates the other in complex and undetermined (unique to the individual) modes.

Exercise 3

In the following text, try to reflect how this young boy's initial response to adversities has been processed and resulted in his 'constructed' response:

"I know that this sounds horrible, but what I saw and what happened made me extremely angry ... [and] even now, I often have negative thoughts and feel sad. When such thoughts pop up in my mind, I try to push them aside and move on. This is how life goes on. But you can't just leave bad memories behind because such thoughts keep coming back. When something so bad has happened to you, you just can't forget it. I want to move on with my life, but it's not easy.... But I don't have feelings of anger anymore. I have forgiven the people that did bad things to me because I'm doing well now and I have a future. If I hadn't forgiven them, I would have been just like them. Now, I'm giving them a lesson of kindness. I have learnt to be a good man. And I have learnt to help others and not harm anyone."

[An adolescent refugee boy]



5.2. FACTORS CONTRIBUTING TO DIFFERENT RESPONSES

No matter the extent of harm that has been done, the context in which a damaging event has taken place matters. The actual event, the experience of that event, and the meaning attached to the event are in turn all influenced in their interaction by a number of other factors. Though a list of such influences could never possibly be exhaustive, it is of use to outline a number of these in an effort to comprehend the complexity of such phenomena. Factors that can then be investigated by a professional involve:

PERSONAL: history, psychological characteristics, coping mechanisms, strengths/ weaknesses, status, education, 'pre-morbid personality', gender, age, power position, meaning systems.

RELATIONAL: Support systems ('social capital'), family (personal, extended), community (local / wider, international) etc.

CIRCUMSTANTIAL: context of the catastrophic events, predictability, isolation, duration, lasting effects.

SOCIO-POLITICAL, CULTURAL: (e.g., Societal Discourse on 'Trauma'), etc.

Exercise 4

In the following text, try to identify the different categories of factors that have potentially affected the individual's response to his experiences as well as the meaning he had attributed to them.

"It makes me feel proud, because I did something that I believed in ... What I have learned from my family is there is only humanity, no separation between the Islamic divisions. So sure yeah I lost it all, but I did it to protect my country, protect it from that gov-

ernment ... Difficulties are part of life. Everyone has to live them really, it just so happens that what I went through was different ... Right, so we don't all deal with things the same way; we may experience the same thing/event but we all react in different ways. We are affected by the same event in different ways. Maybe me personally, I would be affected by something really negatively, but you were able to turn it in a positive light, to make the most out of a difficulty ... Running away from my country was a matter of survival. But it's not something I regret. I have a reason to be away."

[A political refugee]

Exercise 5

Now imagine that you have had to flee what you currently call home yourself. Reflect and note down some potential responses of yours and some factors that may have influenced your response to this predicament. Try to divide these in terms of personal, relational, circumstantial, and socio-political factors; after you are done jotting them down, think about the various interactions between them and the extent to which one influences the others.

FACTORS AFFECTING THE EXPERIENCE OF AND RESPONSES TO ADVERSE EVENTS (MAPS)

- **Personal:** history, psychological characteristics, coping mechanisms, strengths/weaknesses, status, education, 'pre-morbid personality'
- **Relational:** Supporting systems ('social capital'): Family (personal, extended), community (local / wider, international)
- **Gender, Age, Race**
- **Power position:** degrees of isolation, helplessness and humiliation
- **Circumstances of actual devastating events:** predictability, isolation, duration, lasting effects
- **Meaning systems used to account for the events and the experience of these events:** political, religious, ideological
- **Hope and lack of hope**
- **Current conditions,** circumstances and relationships
- **Future prospects**

5.3. THE ADVERSITY GRID

The attempt to incorporate all these dynamic, interacting factors determining how people cope with adversity (without the presupposition of psychopathology) led to the creation of an instrument meant to promote a more inclusive investigation of these integrated responses. Papadopoulos (2007, 2015) developed the Adversity Grid, a tool that delineates three main categories of possible reactions to harsh adversity (such as refugeedom).

THE FIRST CATEGORY ENCOMPASSES NEGATIVE REACTIONS

Papadopoulos (2007) differentiates among three degrees of severity for these negative reactions:

1) **Ordinary Human Suffering** (OHS); the most common human response to loss and tragedy in life. Suffering and pain of this sort is not necessarily a pathological condition but a perfectly normal part of most humans' trajectories. It is therefore inappropriate not only to medicalize this form of suffering, but to attempt to do away with it entirely (loss and grief are feelings we learn and build ourselves from).

2) **Distressful Psychological Reactions** (DPR): a more severe sort of response to adversity characterized by discomfort, disorientation and an array of psychological symptoms (e.g. anxiety, flashbacks, irritability, insomnia). These distressful reactions do not meet the criteria for psychiatric disorders either, and thus are not always an alarm for medical or psychological intervention. Ordinary support systems and basic appropriate care should under standard circumstances be sufficient in dealing with these types of responses.

3) **Psychiatric Disorder** (PD): the development of psychiatric disorders which requires professional intervention; this is the most severe form of negative consequence from exposure to adversity. The most commonplace type of this is Post-Traumatic Stress Disorder (PTSD), though it is certainly also possible to develop other forms of psychiatric pathology. It is of course argued that in conjunction with the circumstances, individual predispositions and the lack of support systems play a large role in the development of disorder.

The **second category** of the Grid is based on the proposition that, despite be-

ing subjected to adversity, people will almost always have certain aspects in their life which will not go through alteration (Papadopoulos, 2016). Most involuntarily dislocated persons manage to preserve some of their previous traits, qualities, practices, relationships, stances, functionality, and more. Such retained positive characteristics are termed as resilient aspects of individuals (Papadopoulos, 2016). Naturally, some people also retain a number of negative qualities/habits existent prior to refugeedom. In this sense, some elements and dysfunctional behaviours apparent in their conduct may often be the maintenance of such conduct and should not be conceptualised and understood as repercussions of the refugee predicament per se.

The third category of possible responses pertains to newly formed positive characteristics, skills, habits, etc. that individuals may develop due to the adverse experiences they have endured. Papadopoulos (2007) terms this 'Adversity-Activated Development (AAD)'. These types of positive aspects were absent, hidden or at least not consciously appreciated by individuals prior to their hardships, and their emergence is thus directly tied to experiencing adversity.

What must be understood here is that these possible outcomes are not mutually exclusive (Papadopoulos, 2015) and will most often occur simultaneously. A person who has fled home may manifest resilience, growth as well as vulnerability in different facets of their daily existence at the same time. The capacity to manage and cope with major life challenges while exhibiting rapid adaptation does not imply being distress-free, just as being profoundly sad and disorientated does not imply that people have stalled and not progressed in other ways. Contingent on the host of factors outlined earlier, each individual will be negatively affected in some aspects, then appear considerably resilient in others.

Above all, the Grid is then a tool seeking to do away with polarization. There is no such thing as "traumatised vulnerable refugees" and "extraordinarily powerful refugees immune of stress". Some strengths are easier to spot than others in the context of their everyday experience in a host society, while some weaknesses are more prominent in these daily endeavors and render some more prone to be perceived as weak. Because some aspects are easier to illuminate than others, and because the juxtaposition of positive, negative and resilient aspects is a long process, the role of the professional in discerning them is very significant towards the wellbeing of the dislocated.

EVENTS AND EXPERIENCE OF THE EVENTS
EPISTEMOLOGICAL DIFFERENTIATION

- Exposure to events, conditions, etc. (external reality)
- Experience of these by us (as individuals, families, groups and communities)
- Impact of the experience on all of us (internal states and external manifestations)
- Expression of the experience based on context, dominant discourses; wide range of implications.

ADVERSITY GRID

	Negative			Unchanged -	Unchanged +	Positive Adversity-Activated Development (AAD)
Levels	PD Psychiatric Disorder PTSD	DPR Distressful Psychological Reactions	OHS Ordinary Human Suffering	NU	PU Resilience	
Individual						
Family						
Community						
Society/ Culture						

5.4. RESILIENCE

Resilience as a concept has been defined in copious ways. Its scientific connotation in physics refers to a body's ability to remain unaltered after being exposed to potentially transforming conditions (Wieland & Wallenburg, 2013). Similarly, resilience in an individual, family or community points to the capability of enduring pressures or more specifically resisting to the negative pressures and deleterious impact of adversity.

Papadopoulos (2018) identifies five types of resilience following adversity; these

are seemingly similar but have slightly different connotations and implications. Stability refers to retaining positive qualities that were present prior to exposure to adversity; agility points to easily and quickly bouncing back to one's previous equilibrium; tolerance pertains to enduring different forms of instability imposed by adversity while eliminating negative outcomes; flexibility to easily adjusting to new conditions and realities; finally, transformation refers to developing new ways of being in the new experienced realities.

Papadopoulos (2013) finds the preferred definition here to be that of resilience as stability, as the process of retaining existing positive functions and characteristics that were present before one's exposure to adversity must be emphasized. This offers a concrete definition that permits direct access to the concept of resilience in an operational way, rendering resilience a tangible reality and "not a nebulous ideal". By identifying these retained (pre-existing) strengths and by establishing ways of interacting with the dislocated with focus on acknowledging these strengths, most other forms of resilience are also activated by default.

Resilience is deemed not only as a personal characteristic or the outcome of certain processes within the individual, but also as the result of a relational process. In other words, it is not exclusively a 'talent' inherent in certain people, but an element fostered by interpersonal and contextual factors and interactions (Wright, Masten & Narayan, 2013), which again, can be facilitated with good support.

RESILIENCE

- In physics - The ability of a body not to alter after being subjected to various severe conditions
- Strength of the person, family, community to withstand pressures
- Ability of the person, family, community to resist destructive (not positive, developmental) change
- Ability of the person, family, community to retain positive characteristics despite adversity
- Resilience not an individual characteristic but a relational process (F. Walshe)
- Positive characteristics, qualities, functions that were retained from before the exposure to adversity.

5.5. ADVERSITY-ACTIVATED DEVELOPMENT

Beyond their resilient responses, people may also develop positively as a direct result of their coping with significant adversities. These adversities provide individuals with an opportunity to develop new personality features, unravel hidden strengths, discover ways of being that fit them better, and explore a myriad of potentialities which did not exist or occur to them prior to their misfortune. Despite their distress, refugees may experience a sense of revitalization when they are confronted with life-changing challenges; this could encourage them to reconsider previous values and lifestyles and adopt new, perhaps more meaningful ones (Papadopoulos, 2001).

Adversity may then comprise a strengthening, life-enhancing effect for several refugees, provided they were not entirely comfortable with some previous principles. They could develop new skills, a new sense of knowledge and self-competence, adopt new identities, reconsider their priorities, set new goals and build more genuine and compassionate relationships (Ryff, 2014).

Great tragedies 'force' people to confront everything about their prior way of living and bring upon a reappreciation of the circumstances they face up against. With guidance, understanding and impartial support, they can also hopefully attach an ideological, political, philosophical meaning in experiences which only seemed to make them question why their predicament had to occur to them, ignoring the totality of the context of their being (Papadopoulos, 2007).

ADVERSITY-ACTIVATED DEVELOPMENT (AAD)

- Positive, growthful developments which are a direct result of the experiences gained from being exposed to adversity
- New elements, characteristics which did not exist prior to the adversity
- These characteristics can be known (noticeable) or 'unknown' (unnoticeable) to the individual and others
- New positive characteristics, qualities, functions that were acquired as a result of the exposure to adversity.

- For a more extensive look at meaning attribution processes by Prof. Papadopoulos, see here
- For a comment on how resilience and vulnerability tend to co-exist simultaneously, see here
- For a more extensive description of the concept of adversity activated development, see here

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Unit 6 - COMPLEXITY, UNIQUENESS, TOTALITY (CUT)

It is no coincidence that the word 'complexity' has been utilized in much of the discourse so far. This unit is devoted to further examination of what complexity in the refugee condition really implicates, also paying tribute to two other concepts making up another tripartite that will prove extremely useful in our approach: uniqueness and totality.

6.1. LOSS OF COMPLEXITY AS THE FIRST CASUALTY OF ADVERSITY

Professionals working with dislocated people are called on to face additional emotional pressures due to the nature of the population they work with; they are asked to attend to urgent needs, to alleviate suffering, disorientation and a host of overwhelming feelings which do not always have an obvious underpinning. In combination with the strong will to see rapid improvements, being confronted with this intense and often incomprehensible pain, the professional may not be able to grasp the complexity of what is happening.

Overwhelmed by these pressures, they may not have the 'space' or ideal time to think, to reflect, to conceptualize the situation as part of a much larger picture. To tackle this, it is then common to abandon complexity and oversimplify both the people as well as the situations these people are living in together with their reactions to them. This is another cause and level of the polarisation we spoke about earlier (Papadopoulos & Gionakis, 2018).

Papadopoulos (2002) conceptualized complexity as the 'first casualty of severe adversity'. Humans require and consequently seek understanding (however imperfect) of what is happening around them; they must be able to predict and attach meaning to the things happening outside of their control as well as the feelings invoked within them in virtue of these external happenings. They most usually then resort to oversimplified formulae of pseudo-understanding, the most common form of which is probably polarisation.

Collective images, stereotypes, and many other types of popular cultural norms exemplify this 'black and white' perspective better. People are either victims or perpetrators, traumatized or resilient, vulnerable or strong. This thinking has almost become

second nature to the human condition (as well as in epistemology), dehumanizing the people concerned in the centre of these dichotomies (Papadopoulos, 2011).

The reason why we need concrete 'causes' and 'effects' has self-preservation roots. We are not wired to tolerate ambiguity and contradiction as it meshes badly with the innate need for security and predictability. Simple causes and simple effects seemingly call for oversimplified solutions. It takes time, courage and a strong will to then accept refugee-related phenomena as leading to both negative and positive effects, accepting that dislocated people could be both vulnerable and resilient.

The societal discourse of victims and perpetrators further serves this loss of complexity. The traumatized depend on the assistance that they are offered, while the ostensibly resilient ones can cope on their own without additional support. Under that frame, half of the refugees are entitled to benefits, while the rest do not. This "impulsive conceptualization" renders one prone to 'act out' in order to rescue the victims they are asked to help. Focusing on irreparable damage does not only serve to disempower refugees themselves, but also put a strain on those giving support ("why can I not fix them, what is wrong with me") as professionals and the wider society too.

OVERSIMPLIFICATION, POLARISATION AND EFFECTS DIFFERENT FROM THE INITIAL REACTIONS

- The first casualty of trauma is complexity
- Trauma leads to "traumatised" epistemology, polarisation
- Victims vs Survivors!
- Then the focus is on the victim, the wound, the negative effects.
- So, our "traumatised epistemology" inflict on them a sense of being there.

6.2. RESTORING COMPLEXITY

It can now be understood why this epistemological framework places an added importance to increasing the level of complexity with which one sees and evaluates circumstances. It might sound repetitive or cliché but once one begins to add dimensions, others involved, and places phenomena along a multifaceted background, new patterns of responses start to emerge regarding the people to be supported.

The chief challenge is to avoid seeing/thinking of complexity as chaos. Under-

standing the complexity of the people one works with and discerning the various parts that constitute this complexity does involve an order and a structure. One must then be careful not to conceptualize complexity as simply remaining open-minded to a vast array of possibilities and never taking anything for granted. Rather, through utilizing a version of the Grid and treating people as beings with the same number of triggers and distractions as everybody else, it becomes possible to ultimately try to turn this chaos into ordered complexity.

When Papadopoulos (2018) says that the refugee experience is complex, unique and individual, he also makes reference to allowing ourselves to be immersed into the potential interplay of the contributing factors (relational, contextual, socio-political etc). Another extremely crucial point here is the impact of experiences over time. The amount of time necessary to heal wounds is particular to the person and highly depends on the amount of familial and community support available to them. The effect that a certain event or trigger has is likely to diminish or at times resurface upon the individual concerned in unpredictable manners.

The documentation of change over time in accordance with the Grid is one of the most useful tools in drawing out a continuation of time for the people professionals work with. It is only through reframing the past and restructuring the feelings of the present that their future can be mobilized.

The interaction of these factors, conditions, and the significance of time as a therapeutic dimension all work to synthesise the specificity of the position of each individual dislocated person and the variability and uniqueness of their responses. Broadening ways of thinking, seeing people as beings with different facets and identities (beyond the victim identity) and looking for answers beyond trauma opens a fresh potential for a therapeutic relationship and takes the step from intervention provision to the territory of genuine support provision.

6.3. UNIQUENESS

Consideration of the uniqueness of an individual and their responses to experienced adversity makes up the second part of this framework. Being aware of the uniqueness inherent in people and circumstances does not imply that situations and experiences lack a common ground but serves to remind of the harm which can be done by

applying generalizations to our practice. Though these might often be an easy and quick way out in comprehending one's behaviour and emotions, they fully limit the exploration of people as subjects. Generalizations and the polarization that goes with it 'lock-out' beneficiaries' responses that are not expected to be found, and leave out the investigation of the extremely interesting, let alone therapeutic, potential.

Being aware of uniqueness requires genuine rapport. It is only after trust has been built, after experiences have been shared, and after a true understanding of one's living circumstances that a professional can truly unlock this facet. The consideration of uniqueness is a step towards perceiving the complexity of dislocated people and their responses. Questioning power positions and allowing one to be part of a human relationship should eventually make one question the wider range of epistemological positions putting us vis a vis to beneficiaries. This constitutes a large part of the synergic approach explored in the next chapter.

6.4. TOTALITY

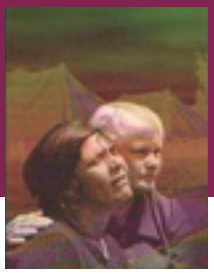
The final part of this tripartite addresses the totality of the refugee condition. Totality calls for expanding focus towards the inclusion of additional elements that are enriching both to the understanding of the refugee phenomenon as well as to the person standing in front of us placing themselves in the middle of a larger picture. In helping a dislocated person, a professional does not simply help them, but also their family, community and the people coming in contact with them. Beneficiaries should be encouraged to explore the identities that have been enforced and entrenched in them and be inspired to see themselves as active members of an entire community that is part of the present and its circumstances.

Keeping totality in mind is then critical at many levels; there are implications for both professionals devoted to the total field of refugeedom, as well as for the people themselves in viewing themselves as parts making up a total phenomenon. Totality illustrates no person is isolated in their predicament, and even sometimes serves to remind that helping one person does not necessarily imply helping others around them too. In searching for the totality of the situations, conditions, and individual responses, room can be made for more complex approaches that take into account all parties involved and permit the emergence of more inclusive interpretations.

ESSENCE OF CUT

- Negative and positive
- Time: past, present, future
- Multiple aspects of identity
- Wider story than the trauma story
- Expanded perspective of the assumptions that are accepted as the only givens, facts
  - Examine wider range of implications, impacts
    Examine wider range of interventions
    Examine wider range of collaboration.

THE DUAL IMAGE OF "TRAUMA"



- Paralysed by despair, pain, anguish, disturbances, disorders
- Resilience and AAD
  Each person has both sides

Exercise 6

Try to conceptualize the following case of Hussam through the lenses of CUT. Bear in mind the complexity, totality and uniqueness of his case.

The principal of a school, currently host to a large number of asylums seeking and refugee students, asks for assistance from a psychosocial unit in order to deal with a 10-year-old boy, Hussam, with challenging behaviour. Hussam is one of the many newly arrived refugee children that have recently joined the already densely populated school. He might not be the only student behaving provocatively but with him things have reached a critical point. According to his teacher, Hussam has arrived from Syria with his mother and two younger siblings. His father has disappeared ever since the family left their village back in Syria. He attended school for 2 years from 6 to 8 and he was a diligent student. He likes playing football. He was the leader of a team in his old school. Although Hussam enjoys going to school, he feels obliged, as the first

born, to protect his family now that his father is gone. This makes him react negatively to having to spend long hours at school. His priority is to care for his family. He is too irritable; he frequently gets in fights and he is mistreated by his classmates.

Hussam's teacher himself feels very tired, lacking the appropriate support to cope with his job's challenges. He would prefer that experts "fix" disruptive students and bring them back "cured". The principal feels that he has lost the authority to do anything, and he doesn't want to attend to the unique case of Hussam or any other student for that matter.

Hussam's mother is a young woman who loves her children and does all she can for their wellbeing. The basic needs of the family have not yet been covered, and she feels powerless. She wishes to collaborate with experts but is unsure how. She is afraid of asking for help from her co-patriots as she would prefer to avoid discussing her family predicament, as she cannot explain her husband's disappearance and is scared, they would assume he has joined 'the enemy'. She feels helpless and desperate. She doesn't know how long she will be here for and what the future holds. She feels lost. Simultaneously her will to go on in life is strong and wants the very best for her and her children.

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CHAPTER 03

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The Synergic Approach with Refugees

OVERARCHING GOAL

This chapter builds on the knowledge gained via discussion of concepts relevant to the epistemological framework and sketches out how the synergic approach takes shape. Here the aim is to further develop the epistemology that was introduced in Chapter 1 in an effort to show the multiple ways in which it can be relevant and be applied in practice.

LEARNING OBJECTIVES

At the end of this chapter readers will be able to:

- Grasp the elements and pillars making up the synergic approach.
- Understand the difference between the synergic approach and conventional technological interventions.
- Further comprehend how the Adversity Grid can be used in practice.
- Discern between and within pressures, challenges and support systems of beneficiaries and help them record and attend to them.
- Recognize manifestations of victimization through the victim grid and understand the need for change at an institutional level.
- Enhance their awareness of what it means to be therapeutic and appreciate good practices for first contact with dislocated populations.
- Grasp how the frameworks making up the synergic approach can assist with the integration of dislocated people.

Keywords: Synergic approach, resilience, adversity-activated development, record of pressures, victim grid, therapeutic dimension, first contact.

UNIT 1 - TECHNOLOGICAL VS. SYNERGIC INTERVENTIONS

1.1. CLARIFYING THE DISTINCTION BETWEEN TECHNOLOGICAL VS. SYNERGIC INTERVENTIONS

Before elaborating on particular ideas that will guide the framework presented in this chapter, it is essential to explicate what exactly is meant by the synergic approach. Briefly, the etymology of synergy (-syn meaning together and -ergo being work/do) concerns co- creating, or simply working together. For purposes of clarity and comparison with traditional therapeutic techniques used with dislocated populations, it will be attempted to draw distinctions between this synergic approach and the so-called technological interventions. Technological interventions encompass the wider clear-cut therapist-patient roles which, as will be argued, are particularly unproductive when it comes to refugee populations since they seem to pre-assume pathology and a degree of helplessness.

1.2. COOPERATION IN THE SYNERGIC APPROACH

The first pillar characterizing the synergic intervention pertains to the cooperative aspect of it (Papadopoulos, 2018). Namely, synergy implies that both the professional and the beneficiary know how the therapeutic relationship ought to take shape, and both are involved in the goal-setting procedure. Such an intervention above all seeks a collaborative exchange, whereby two persons can relate to each other and interact in equal terms. Feedback is absolutely essential from both sides. These aspects usually lack in a traditional intervention, stemming from the fact that rather than being therapeutic, a professional is tempted to quickly cure. This is manifested in a “I know, you do not know” type of relationship, where the mental health expert is called on to fix an object that offers no response and who has no valuable feedback to provide.

1.3. APPLYING CUT CONCEPTS TO THE SYNERGIC APPROACH

The second pillar of the synergic intervention relates to employing CUT as a principle during all facets of the interaction (Papadopoulos, 2018). In addition to the techniques used by each professional based on their psychotherapeutic orientation, as well as

their sense of justice and retribution or their own sensitivities and subjective notions, it is rendered significant to take CUT as a framework all on its own. This not only presupposes viewing each dislocated person as a complex and unique being, but also the importance of attending to wider contexts, contrasted with a focus in fixing just the person in question. This goes back to the idea that assisting one person is part of a path towards assisting their wider circle, which in turn is part of a larger population, who interconnect with an entire society in complex manners. It is essential that this totality is communicated with the beneficiary too, because understanding their predicament in its wider background (their family members, other refugees, host society) is therapeutic on its own.

1.4. DECONSTRUCTING THE EXPERT-PATIENT DICHOTOMY

The third pillar of the synergic approach refers to de-pathologization and deconstructing the expert-patient dichotomy (Papadopoulos, 2018). The relationship ought not to focus on solving an identified deficit or a fault, but on attending to such negative elements within the context of the totality that is also naturally comprised of positive elements. Utilizing that, it should eventually become clear to beneficiaries that any progress they experience owes itself to more than a therapist's magical expertise. In fact, it is argued that the expertise of the professional is actually their very technique of successful collaboration and synergic work; helping a person reframe the trigger of their inner feelings and reminding them of their weaknesses and strengths as part of a process that can mobilize them.

1.5. OVERVIEW OF THE SYNERGIC APPROACH IN CONTRAST TO TRADITIONAL INTERVENTIONS

In summary, there are three critical distinctions we have drawn between the synergic approach argued for in this handbook and the conventional technological approaches so often used in western environments.

The first distinction involves cooperation in the goal setting and knowledge parameters, in which the significance of feedback and genuine interaction between professional and beneficiary is implied.

The second distinction refers to a professional looking at the wider context of refugees' circumstance rather than attempting to 'fix' the one person in front of them, as

well as demonstrating the multidimensional character of complexity to the beneficiaries themselves.

The third distinction pays tribute to depotentiating pathology and the conversation about 'repairing' problems; it is instead advocated that these troubles/faults are juxtaposed in a board of positive, negative, and neutral features where each can be identified, accepted and dealt with by the person in question rather than by an omnipotent therapist. These approaches will become more salient as the chapter progresses.

For a more extensive distinction between technological and synergic interventions by Prof. Papadopoulos see here

UNIT 1: TECHNOLOGICAL VS. SYNERGIC INTERVENTIONS

Technological Interventions	Synergic Interventions
I know – You don't know	Both of us 'know' and don't 'know'
I am fixing an object that offers no response, no feedback	I am collaborating with a person that I can relate to and interact with, using feedback
Using abstract laws and principles	Using Complexity, Uniqueness, Totality (CUT)
I am fixing a deficit, a fault, a pathology	I am attending to the negative facets within the context of the totality that naturally also includes positive facets
My expertise is in fixing you	My expertise is in collaborating with you, identifying your weaknesses and strengths, and working synergically
I am focusing on fixing just you	I am also attending to the complexity of wider contexts

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UNIT 2 - WORKING WITH THE ADVERSITY GRID

> *"When a grain of sand gets into an oyster and is so irritating that, in order to defend itself, the oyster has to secrete a nacreous substance, the defensive reaction produces a material that is hard, shiny and precious."*
>
> (**Boris Cyrulnik**, Resilience: How your inner strength can set you free from the past)

The framework of the Adversity Grid appreciates the uniqueness and totality of each individual dislocated person, together with the multitude of ways in which that experience manifests itself onto these individuals in conjunction with the impact of the totality of the condition. Having gone through the basic categories making up the Grid in the previous chapter, attention now shifts to how the Grid can be applied in practice more specifically. It is deemed extremely meaningful that professionals working with the dislocated find a place for this reality in their approaches and techniques.

2.1. THE ADVERSITY GRID DIAGRAM

The following diagram is meant to illustrate how all these ideas can take shape practically, and will facilitate discussion on how the monitoring of the three categories at four levels takes place:

RESPONSES TO ADVERSITY ADVERSITY GRID

Levels	Negative			Unchanged + -		Positive Adversity-Activated Development (AAD)
	PD Psychiatric Disorder PTSD	DPR Distressful Psychological Reactions	OHS Ordinary Human Suffering	NU	PU Resillience	
Individual						
Family						
Community						
Society/ Culture						

For a basic introduction to the Adversity Grid by Prof. Papadopoulos, see here

2.2. BEING AWARE OF SUBJECTIVITY; RETAINING BALANCE BETWEEN CATEGORIES

One can already appreciate the significance of being aware of the idea of three-dimensionality –viewing individuals as more than 'trauma' sufferers, vulnerable victims, or strong survivors. Noting the negative, resilient and positive aspects when applying the Grid in practice is nonetheless a delicate and subjective process. What must be made especially prominent then, is that subjectivity could get in the way of impartial evaluation. Namely, depending on a professional's outlook of circumstances, or their current wellbeing and disposition, it is easy to imagine one category being neglected, while another one is being praised or over-emphasized.

In a similar manner, the impact of reactions described here could be pertinent

at more than the individual level. As can be seen in the Adversity Grid diagram, it is crucial to examine these reactions at the family, community and sociocultural level too. Again, growth or struggles with regards to one of these does not necessary imply that such a response will be reflected at other levels. Reactions are not uniform, and it must be kept in mind in order to constantly be responsive to all reactions at all levels when coming in touch with dislocated people.

2.3. DISTINGUISHING BETWEEN THE POTENTIAL NEGATIVE REACTIONS

It was mentioned that negative responses are constituted by 'different-scale' reactions. Practitioners must be able to discern between the levels of severity for refugees' negative responses to adversity, as it opens a therapeutic relationship where professionals can acknowledge, validate, and normalize dislocated people's distress without pathologizing them.

The mere presence and 'witnessing' of one's painful story allow for the development of a compassionate, human stance towards them (Papadopoulos, 1997). Through the sharing of these predicaments as personal stories, people are assisted in accepting negative responses as normal, learn to explore ways of meeting their unique needs and mobilize their coping mechanisms as well as their social capital.

At the same time, practitioners ought to pay attention to refugees' more severe forms of dysfunctionality and the manifestation of psychopathology so that they may ensure appropriate support for them. This often includes professional psychotherapeutic interventions, although dislocated, disorientated people could also require different types of assistance, primarily social, religious, or cultural, which might be tremendously useful in alleviating at least part of those pressures.

It is essential to differentiate between premorbid psychiatric difficulties (which belong in the unchanged category) and psychological problems that resulted from exposure to adversity. An inability to distinguish between the two seriously compromises the capacity to support someone, and falls into the standard trap of 'misdiagnosis', which constitutes a common danger to mental health professionals working with refugees.

What is particularly important to remember is that even at times when one appears extremely vulnerable, the first reaction should involve the supposition that these re-

sponses are merely vulnerable aspects making up a temporarily vulnerable phase. Focus should be on a range of factors, the sum of which creates distressful feelings, and see what can be done to unravel them.

Going back to misdiagnosis, or even over-diagnosis, one ought to remain open to cultural relevance. Certain reactions that are interpreted as signs of severe psychopathology by Western practitioners, e.g., psychosis, could be explained by cultural, religious, or spiritual convictions. Attaching one's own background to these people's experiences comes with serious limitations and this can be overcome by becoming informed about these convictions and showing an interest in what they might mean for the individual and their community.

2.4. APPRECIATING RESILIENT ELEMENTS

People who have worked with the dislocated could testify that with all the circumstances they have been exposed to, refugees combine a character that is simultaneously vulnerable and extraordinarily resilient. Considering this, there ought to be a strive to not permit the emphasis on differentiating the extent and degree of the negative responses to hinder the ability to see hidden strengths and commend these individuals' resilient elements. To that end, after becoming acquainted with the journey and phenomenological experience of the person across them, a therapeutic professional should begin to detect, draw on and openly discuss a beneficiary's positive functions, practices and characteristics that have remained intact throughout their period of pain and suffering. This becomes the start to viewing one's self-perseverance and utility from a different lens, becoming encouraged to reconnect to the things that make them functioning and growing beings.

Bonanno (2004) distinguishes between resilience and recovery, accentuating the importance of conceptualizing the former. He also identifies several different as well as unexpected pathways to resilience. Specifically, he mentions hardiness, self-enhancement, repressive coping, and positive emotion and laughter. Although it is not within the scope to delve deeper into these here, it can be considered a useful tool along working with the Grid. Whether people fit into these or not, it might be helpful for professionals to consider what each pathway might mean about a person navigating their way and accordingly place their focus on bringing those resilient aspects out.

Bringing forward stalled self-esteem and activating coping strategies and self-healing processes is a necessary part of working to ameliorate the effect of challenges (Papadopoulos, 2002). This is where synergy becomes salient: support providers' role is that of enablers who serve as reminders of people's qualities; it is not to directly target self-esteem, but to try to demonstrate people things which in turn will bring forth the improvement of self-belief upon individual reflection. The position of the practitioner is to stay clear of generalized plans and instead delve into personal stories to mobilize one's unique ways of coping with adversity, through the available familial and community support for retaining their good qualities.

2.5. ADVERSITY-ACTIVATED DEVELOPMENT

The mapping and monitoring of progress over time does not serve to simply exemplify the amelioration of negative reactions or to illustrate intact traits. Part of the work in assisting the dislocated in their efforts to integrate and become members in their new societies, actually aims on personal growth. Considering that people's everyday lives significantly change, it is almost inevitable that they will exemplify emerging strengths and positive aspects, however big or small these may be. The third role to be played as part of using the Grid then implicates the encouragement and strengthening of refugees' potential for positive transformational outcomes, and the accurate monitoring of these changes. Going back to the previous conversation about the double-meaning of trauma, our supportive role at this level relates to transforming their painful scars into stepping-stones to development.

Obtaining an understanding of such strengths is not a simple "question and answer", interview-shaped matter. Tracing these developments is a tall and sometimes sensitive order, and it only becomes possible to see gains from experiences once we have achieved an understanding of what these experiences were like in the first place. This almost presupposes a genuine curiosity about life stories and the impact of life stories on individuals. One must be accepting of how pain stubbornly obstructs these positive facets from resurfacing, and perceptive of the reluctance to share one's feelings as a coping mechanism rather than as the result of clear self-harm pathology.

Professionals should then aim to shed light to the steps –even the most minor ones- that one has already taken towards their positive alteration. They should feel

free to use clear and explicit cases that are meaningful to the refugees themselves in order to unveil the skills and qualities they may struggle to discern; for instance, one could employ examples of close family or community members' growth elements so as to act as good examples.

Through prompting, one should attempt to 'open the door' and encourage them to discover and consequently identify their healthy responses. It is also meaningful to explore how other important people in a beneficiary's circle perceive the individual's responses to refugee adversity, and their general adaptation to new conditions. In this way, they are helped to better appreciate what important others value about them and which strengths and positive transformations they have seen come to the surface. The aim is then to bring to their awareness an intrapersonal realm, their interpersonal environment together with their cultural and socio-political contexts which have the potential to act as sources of resilience or springboards for positive change.

Work with the grid thus mainly aims at re-appraising experiences and enabling people to attach a meaning which in turn acknowledges constructive aspects, too. The synergic approach is based on the belief that with the right guidance, people will learn to conceptualize confrontation with harsh circumstances as opportunities to grow into stronger, more introspective versions of themselves.

The psychosocial aspect of the approach is meant to bring them in touch with the new reality of the host society, recognize the range of opportunities offered, and mobilize aspects that make them feel sad and disoriented into parts of a process towards meaningful and creative lives.

2.6. DIFFICULTY IN IDENTIFYING RESILIENCE AND AAD

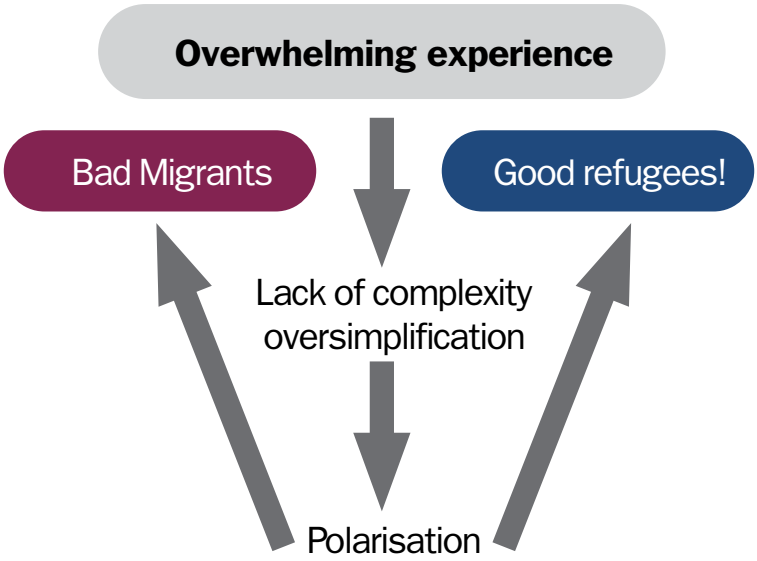
Whether positive responses are noticeable to the dislocated person in question and the community around them or not, it should be understood that the disorientation inherent in their situation may render them unable to perceive these strengths as emerging from the very exposure to adversity. Professionals cannot realistically expect that one is always fully introspective of such qualities or that they can easily 'probe' it out of a person. Especially for individuals who are on the first stage of their acclimatization and are still dealing with the initial responses, it is not particularly fruitful to simply expect them to have more than a bleak outlook of life. They are often weighed down by

challenges and therefore the professional must be ready to exercise patience, rather than sit there expecting positive elements to magically spring out. Practitioners ought to 'accompany' them during this long path all the while being respectful of everyone's pace.

The inability to locate strengths is also not fully up to the capacities of a beneficiary. It is also influenced by a professional's propensity to be overwhelmed by the stories they have heard and the injustices that have been described to them. As has been mentioned, a critical role is also played by the tendency to assume the rescuer responsibility, which further serves to obscure positive effects in favour of becoming a saviour.

The point here is to understand that not being able to detect positive and resilient elements in someone initially is as normal as dislocated people being disoriented. If assuming the attractive position of the all-powerful rescuer can be avoided, and the influence of overwhelming feelings is normalized, the eventual locating and acknowledging all these meaningful elements is facilitated.

To conclude, traces of human resilience and potentialities of growth and development are nearly always present. Again, the goal with the dislocated is not to 'cure them from their pain', but to facilitate an environment of trust where that pain is perceived as normal, as a path towards fulfilment. Dealing with negative responses is not the start and end of work with dislocated people; it ought to also be used as a medium to bring out resilient and positive elements too. As time passes, reframing of tragedy will allow a new attribution to the meaning of adversities, and these people shall find a will to chase their dreams, not only despite their pain, but because of their pain too (Cyrulnik, 2009).


Overwhelming experience
Bad Migrants
Good refugees!
Lack of complexity
oversimplification
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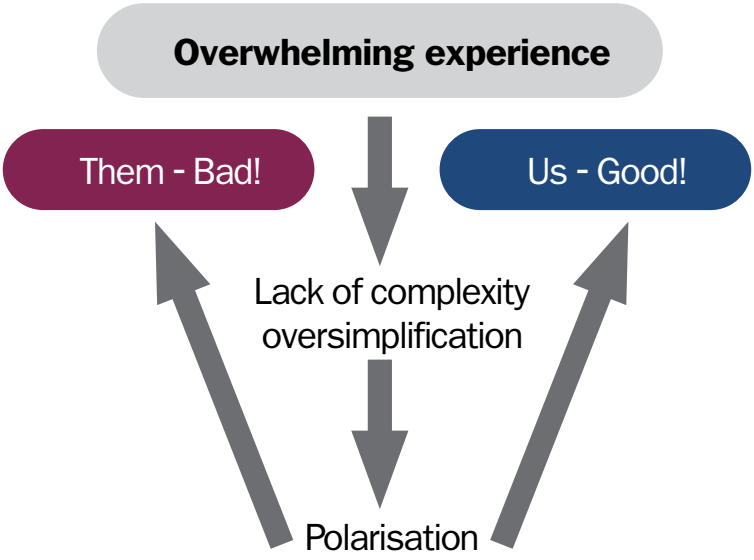
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Us - Good!
Lack of complexity
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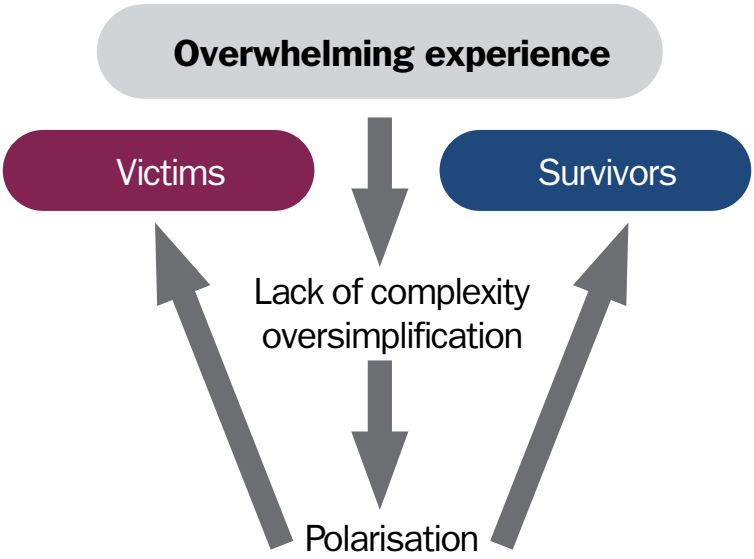
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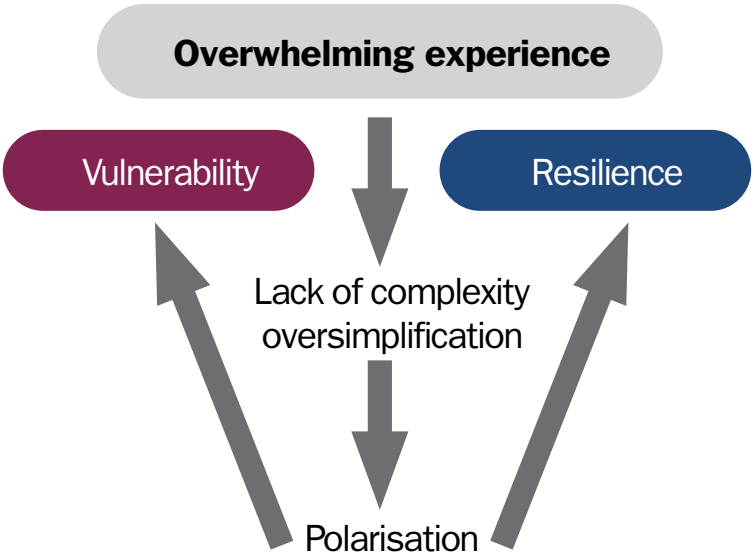
Overwhelming experience
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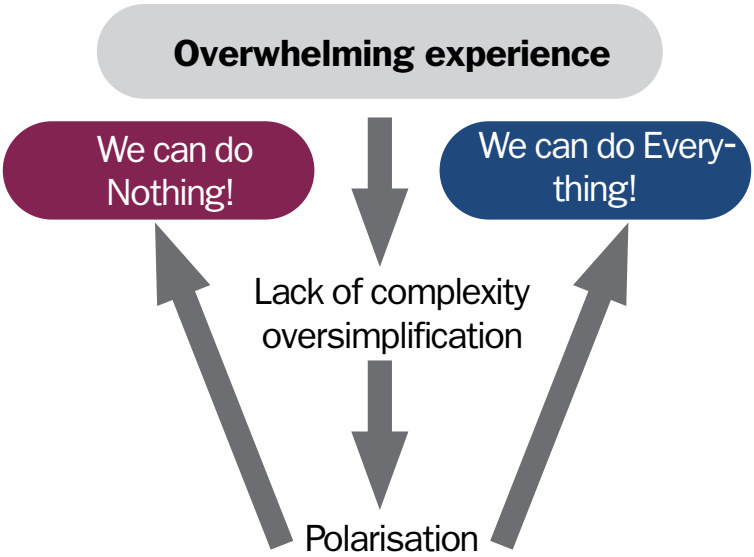

Exercise 7

With the framework of the Adversity Grid in mind, try to identify and note down the different responses (Negative, Unchanged, Positive) to the refugee predicament evident in the following case studies presented. If possible, try to also differentiate among different features/categories of responses within the three main categories.

Indicatively, you could differentiate between the following categories (they are not exhaustive):

Negative Responses: ordinary human suffering (pain, grief, etc.) distressful psychological reactions (and signs of psychological difficulties), mental disorder

Unchanged Responses: retaining the positives, retaining the negatives

Positive Responses: acquiring experience or knowledge, strength, development of new skills and positive qualities, setting new goals/priorities, changes in viewpoints, ideologies, etc.

CASE 1 – CAMILLE

"I came here all by myself. Back in my country, I was looking for a way out. I found a way to go to Turkey. In the university I was going to I met some people that gave me infor-

mation about how I could go to Turkey and live there. I was told that they could help me make myself a file, an application and then ask for a visa. They told me that if I paid a certain amount, I could get a residence permit there.

But because my visa came from an illegitimate trader, once I got to Turkey, I was told that I won't be allowed to stay there. Nobody told me about what sort of situation was waiting for me there. And I didn't want to live there illegally. I also didn't want to go back to my country. They told me that they could help me go to Greece and live there instead. That's how I ended up in Greece. When I got to the island, at the camp, this lady from the X helped me and got me a doctor's appointment at a hospital in Athens. I don't like to complain much but when I got to the island I suffered a lot, I had problems for which I'd rather not speak ... In the island I stayed for a little more than a month. At the camp it was fine, we had food, we had shelter. There they helped me do my papers, and once I got them, I started doing lessons. I prefer to be busy, to be doing things, in order not to think... I was depressed and after my interview they brought me to Athens... I was sick, I was going to the hospital and was seeing a psychologist... Despite all this, that was like a new beginning in my life. I was receiving information about what I could do here, how I could occupy myself. I told my psychologist I had nothing to do and he helped me start volunteering in a refugee organization. There we cook food for all those in need and I feel good to serve others in any way... I started to take Greek classes, English classes, as well as IT classes. There I meet people from different cultures, and this is something very different for me so it's a nice experience... My time with the psychologist was beneficial for me because, after a lot of sessions, it helped me realize that I am a person who, despite the challenges faced, I try to find a solution for my problems. We discussed a lot about my loneliness, and he/she helped me understand that I must look to ameliorate that. Ever since I was a child, with all that I went through in my home, I wanted to be alone, I did not want to be around others. My life is still that way. But talking with the psychologist, I realized that it isn't good for me. We can decide to be on our own of course when we are dealing with an issue for a small period of time. But when it is extended in time and happens for a while then it's not good. I felt that the psychologist understood me and helped me, as he perceived my needs and help me get volunteer work which was a great experience. Because when I came to Greece, I had no information regarding what I should do, where I could look into for occupying myself, she helped me integrate. I also had my interview and

started doing Greek lessons, English lessons as well as IT lessons. I have passed the first level, and got myself a qualification... [But] I must fight for my life, fight to be happy. I have learned to be strong ever since I was young. My uncle made me appear like a person that was in a mess, and I was fighting to show my family and my parents that this was not who I was. I had to fight so I could get my degrees and be able to work in order to pay for my studies. I learned to fight. But I had a kid to take care of and I had to fight for him. When my son was born, I told myself that I had to get my degree in order to maintain a steady job and be able to leave all this behind... I have the will to achieve, that is my motivation. I do not want to live the way that I lived before."

CASE 2 - MUSTAFA

"In my country I was a junior journalist... We were working on a story which exposed evidence of a certain government supporting terrorism... We had discovered of an incident that was going to happen in my country, so we brought all the information to the security agencies and our government... so they could protect that area. Unfortunately, the government never took action about it. The incident ended up happening exactly as we notified them it would, with hundreds of people dying. So, we published that information on our news channel. About the government not doing anything despite having the knowledge of it. The piece was published, with all relevant details about the possible terrorism collusion. They (the specific party) were not happy about it so they banned our news channel. They tried to capture all the journalists involved with it... It's very easy for the government to kill anyone and get rid of information they don't want circulating. So that's why I left my country, it was a matter of survival... [While crossing from Turkey to Greece from the river] one guy fell into the water, so I tried to do something seeing that he would probably die. The rest of the people there told me to shut up, some guys even threatened to beat me up, and said they have to cross that river at all costs. I didn't know what to do, I was confused but eventually I decided to jump into the water and save him. My camera, my notebook, everything was in my bag, but as the water was freezing and I focused on saving his life I took it off and lost it... I had lost everything that 'represented' me; my student ID, my passport, my visa-all documents. So, I planned to stay here. I lost everything. This makes me feel a bit stupid. But also, sometimes it makes me feel

proud, because I did something that I believed in... I came to Athens illegally, without papers. I had a friend in Patras, so I thought of going there at that moment to meet him. The police caught me and put me in detention, at the police station. I didn't know much about the legal aspects of it. There were also about 7-8 people with me at the station. The police were mentioning something about being detained for 6-7 months... I thought I had to ask for asylum. Most people from my country are afraid of asylum, they think that once you claim asylum that at a police station you are gonna end up staying there forever. I didn't think so, I thought it was a legitimate process that could help me get out from this situation. So, I applied for political asylum, but the police were delaying constantly. So, I tried to call the police inspector, or whoever is in charge of this thing. So, the inspector came, and I signed some papers. After 15 days, I managed to do the first interview and all, they let me go... I missed my previous life but it's good here, you can somehow manage yourself, there is freedom. I feel like it's probably the best country in Europe. You get more freedom here; you are not bound by anything. You can hang out with your friends, enjoy your weekends, not all focus is on money. With 800 euros you can live well... I have a very good community around me. I am involved with a number of organizations, I do voluntary work, I have good contacts and links, I've been successful at meeting some good people here. I've just tried to connect with organizations. I want to make myself available for help. I can do translations/interpretations for them, I can help them manage to get to places, any sort of administrative help, I offer leader support... Having gone through that in my country everything here appears easy... Before when I lived with my family, they used to say I am not a mature person. So, once I came here, I struggled a lot... It made me more mature, I became more serious with my life. Before it's like I was playing, now I'm much more serious... I'm not proud of it, but sometimes I laughed with the idea of 'a political refugee'. I didn't really understand, I couldn't take it seriously. Now, having been through all this my thinking has completely changed... I used to think that nothing bad could really come my way, my family is wealthy, they are so good, so I didn't have to overthink about what will happen in the future... But here I've realized I don't need that support. I did everything without the help of the government and my family... I will have to make myself from the beginning... I want to do it for myself... I'm not forced. I want to do it for myself. I could have support from my family but have chosen to do it on my own. My parents would probably never say no to anything I asked them... I

plan to start my own IT company here, like I did in Pakistan... I am trying to build an IT company as I said, and one of my friends also wants to create another company, more emphasized on assisting refugees with employability. That's our future plan. Our plan is to give them legal advice & support, facilitate the process for them. There are many refugees who are skilled, who are professional in a specific field. They can be utilized in this society... [Also,] the plan I have for the refugees, but also for other people is helping them on the job market. Finding them jobs, and especially unaccompanied minors to receive good knowledge about how they can make themselves employable in the future, building a professional career... I am [also] involved with a number of organizations I do voluntary work. I want to make myself available for help... I'm also active with unaccompanied minors. If someone needs emergency clothes, blankets, or anything I instantly call my friends and they help out. According to the situation, to me is kind of a responsibility to help... What I have learned from my family is there is only humanity, no separation between the Islamic divisions... So sure, yeah, I lost it all, but I did it to protect my country, protect it from that government... I guess I just always like to think positive, think of that possibility of success with the asylum process."

CASE 3 - CELESTE

"I left and I came here on my own with a 6-month-old baby, in a foreign country where I did not know the language at all. Because of the war, my relatives as well as my husband had to flee my country. I had to go first, together with my little baby. The trip was hard... When I came, oh man it was tough! I was saved from the circumstances there, but there was a lot waiting for me here too. I remember how I was kept in the airport for 20 hours. They wanted to send me back. 20 hours without anything, just me and the baby. Then they let us. So, I get out of the airport and I'm thinking: Where do I go now? Where to go? I had no clue. All I had on me was the address of the Catholic church, of the police station where I could go and get some papers, and a few addresses of cheap hotels. I remember sitting outside, crying. And then I said 'I got to be strong'... so, I took a taxi and showed the address. How much money he asked for! Like he would even feel bad for me! When I sit down and think about it, I get a headache. And so, I stayed at a hotel there and the next day I went to a charitable organization so they could find me a place to stay, something to eat, I could not afford

the hotel for more days. And there they gave me a place to stay, and I don't know what to say, I guess it was good fortune! And they gave me a hotel room for 6 months so we could stay there. They also sent me to the Catholic church and found me a job there. Since I had my baby though I could not leave it and go work. After two months when my husband came things got a little better. I could at least leave him with the baby and go work some. I somehow had to choose between my child and my job in order to survive. The work they found for me was babysitting so I had to stay with the family, I worked inside that house all the time. It helped me that I could speak French and the family I worked for was from France… And so my child used to stay with his dad almost all the time… So, sure it was good that I found a job but essentially, I 'lost' my child… at some point my own kid did not love me because he never saw me… It was tough, really tough… You have to fight on your own, with yourself! And I am thinking, was I born to suffer? And I can't really give an answer to that… It's like they say 'every home knows what it is going through only'. When I am sitting on my own, I always suffer. How many problems I have gone through, and how many I still am going through… And I try to put it on the side, when I get rid of these clouds something comes and hits me again, continuously… I left my career, my life, my home, the future I could have had there, everything… All this makes me feel bad psychologically, even now I am feeling bad… You can go to many psychologists and speak about that, but it won't change anything. The pain is there. Especially if it keeps going on, you continue to live that way. And all of it brings memories, memories that hurt… I can't bear much on the job. Every time I get tired, I am reminded of my homeland and I can't work… I was always crying; I was a wreck. My doctor had told me to take medication. There was a moment when I was thinking about dying. But then I looked at my children and told myself that I had to fight for them… And I am trying to forget and I drink so that I don't remember, so that I don't hurt… I went on hoping, and I always found the strength to pick myself up. The strength came from my children. When I looked at them, I was thinking that they have nobody but me. I wanted them to have a better life. And I told myself I could hold difficult jobs but they must study, to have a better time than I did. I want my children to grow up happy… I now see my old daughter finishing her studies and that makes me happy. It's like having invested in something that was fruitful. And all this makes me happy, makes me keep going and living… I am a warrior… In my country the people I have left behind expect something of me. All this makes me stronger; I have to show

that I can make it. Every time I fall, I must get up, for them. In my country we have this obligation towards our family… All that I went through changed me as a person. Now I see everything in a positive light. Back then, if I had lived all that I would be constantly sad and upset, but now I am thinking "Oh well, if that's how my fate's written then I'll live through it." That's how I am. I always tried not to let go of hope, no matter the difficulties and go on, move on. I still think that way.

* * *

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UNIT 3 - RECORD OF PRESSURES, CHALLENGES AND SUPPORTS

A prerequisite of working with the Grid involves keeping an elaborate record of pressures, challenges and supports that takes the form of a tangible tool. This is of course not just for the professionals' benefit, as much as to provide the people we work with an opportunity to sketch and distinguish between the pressures circling them.

3.1. SHARING PAST PRESSURES AND CHALLENGES

The exploration and assessment of the multitude of unique challenges already encountered by each person is a large part of building a therapeutic relationship. Because these pressures tend to take the form of a unified, plaguing feeling of pain and disorientation, it is rendered necessary to deconstruct and attend to them separately before acknowledging them as a totality.

The dislocated have gone through home loss, which may have been paired with abuse, grief following deaths of loved ones, or less profound predicaments. The period of devastating events in their homeland as well as the -usually- precarious conditions they went through in their journeys likely continue to exert their impact. Even for people not in the initial stage of acclimating who have seemingly settled in a new place, suffering from nightmares of the past, resorting to unhealthy habits and exhibiting signs of acute distress is frequent. Thus, completely neglecting to attend to past pressures in favour of looking to the future compromises the ability to mobilize progress in cognitive, behavioural, emotional and social relationships parameters.

Some individuals may temporarily suppress the negative effects triggered by previous adversities and use defence strategies to keep them at bay. Although this is perfectly normal, they have to be supported to confront the pressures of the past which still impact them at their own pace. Someone should be there to attend to how they process and cope in order for them to eventually manage to move forward notwithstanding the indelible scars of the past.

3.2. UNDERSTANDING CURRENT STRESSORS AND ISSUES

Going back to the phases of refugees' experiences, it is worth repeating how a large part of the relationship being built ought to focus on present, existing challenges. Pressures and 'traumatogenic circumstances' rarely ever come to an end when one settles in their host country. It is not a stretch to say that for some people, post-resettlement troubles, including feeling abandoned with regards to their most basic needs, outweigh the impact of anything lived prior to this adjustment period (Hodes, Anagnostopoulos & Skokauskas, 2018). Psychosocial functioning is greatly influenced, and part of our therapeutic role will largely be determined at how much is done to be a helping hand in peoples' daily adaptation process.

Social/case workers get to experience the toll these daily stressors can take on people firsthand, though some psychologists or other professionals who are not necessarily on the field might find it difficult to get in one's shoes. Frustrations stemming from the lack of housing, basic safety, bad nutrition, long and complicated bureaucratic procedures and more may only serve to perpetuate potential insecurities (Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis, 2015; Fernando, Miller, & Berger, 2010; Miller & Rasmussen, 2016; Schick et al., 2016). Adding to that, most of them also must deal with an inordinate amount of exclusion and marginalization, fostering dehumanizing feelings and compromising one's self-worth.

Adverse experiences in the host society related to negative stressors outlined above may constitute the perpetuation of wounds suffered in one's homeland, if not move on to be traumatogenic experiences (Zepinic, Bogic, & Priebe, 2012). Even though the contemporary trauma discourse predisposes one to attribute troubles in adapting and maintaining well-being to existing pain, it must be made clear that contextual and social factors are equally or more significant. Evidence already seems to indicate that what can be seen as 'post-migration traumatic experiences may produce more profound negative mental health outcomes than pre-migration 'traumatisation' (Kim, 2016).

Designing a targeted and individualized plan must consider the current protective influences and support that are deemed meaningful and beneficial to each person in their acclimatization process. Once a relationship has been built, the beneficiary should be invited to better understand and explicitly consider their personal coping mechanisms, social capital, familial and community support, and different networks on which they have drawn in order to endure their difficulties both in the past and the present.

3.3. AWARENESS OF CURRENT STRESSORS SHOULD BE TACKLED COOPERATIVELY

Simply acknowledging, showing sensitivity and an interest to the array of conditions that produce distress in people's current condition is vital. Professionals should shed light to the conditions that make refugees feel distressed and helpless in their everyday lives and, when possible, work with them towards finding potential solutions to the challenges that present most urgently in an attempt to alleviate their stressful or harsh living conditions (Miller & Rasmussen, 2016).

Sometimes, going out of one's way to be helpful may do more harm than good; one must therefore seek the balance and look to ease urgent problems to the extent that the position allows us to without raising unreasonable expectations which cannot be fulfilled. Even in the case of doctors or therapists, it is inevitable to deal with social, legal, administrative, and practical issues directly or indirectly (Sturm, Baubet & Moro, 2007). In rebuilding dislocated peoples' lives, it is then imperative that workers from different disciplines learn to collaborate and avoid antagonizing each other.

Intervening at different levels and looking for immediate action has been described as "out of the box" intervening. (Summerfield, 2000) Although it is a shame that basic interdisciplinary cooperation is deemed as 'going out of our way', it points to an unfortunate reality that needs recalibration. Offering a holistic and integrated response to refugees' multifaceted needs through knowledge exchange and collaboration should then become the rule rather than the exception (Silove, 2005).

UNIT 3: RECORD OF PRESSURES, CHALLENGES & SUPPORTS WORKING WITH NOSTALGIC DISORIENTATION

1. Keep ND in mind as a framework: both negative but also positive effects
2. Try to see elements of it in the person/s you work with
3. Remember that it is: an appropriate response to extraordinary circumstances
4. ND has, indeed, debilitating effects but it is not a psychiatric disorder
5. Try to convey your understanding to the person/s you work with that 'it is understandable' that they are affected and feel the way they do
6. Try to help them understand the reality, nature and effects of their disorientation
7. Try to differentiate and itemise the range of 'disorienting' factors (and of all the pressures they experience) in their lives (you may use visual or other aids)
8. Engage with them in relation to the wide range of disorienting factors and pressures in their lives now
9. Do not try to stop, take away their pain, which is inevitable
10. Their pain will ease once it is located in its appropriate context; it will be digested as part of the changes, flow and transformations of life. Very likely scars will remain; they are part of life.

3.4. INSTRUMENTS FOR RECORDING PRESSURES/ CHALLENGES AND SUPPORTS

Depending on one's use of the Grid, it is possible that along with the range of reactions to adversity a professional might take an elaborate record of pressures and challenges in unlocking these reactions too. There are multiple other ways which we can suggest in order to keep a good record that helps people reconceptualise and retool their experiences.

Instruments such as the ASPIS (Papadopoulos, 2010) can be employed in order to document protective factors so as to help refugees realize and appreciate points of strength and sources of support. It can act as an encouragement to mobilize these support sources and make appropriate use of them. It also serves to help them recognize their own qualities which take a protective function for them, tackling self-esteem issues, promoting more optimistic outlooks of life, rediscovering ambitions, and hope, and, ideally, even demonstrating people what makes them special.

A rather simple version of this is the diagram that follows. A person with whom a professional has developed a reasonably trustful synergic relationship is called on to write their name in a circle on a piece of paper (in their own language). The professional

then proceeds to draw arrows with direction towards the circle and tell the person across them that the arrows represent challenges, pressures, and problems that they are being faced with this period. They are called on to write one such problem/pressure by each arrow. The beneficiary may add arrows pertaining to additional issues if they want.

This exercise should be particularly useful for people feeling extremely disoriented and confused by the refugee experience, unable to deal with the current reality. This could be because their traumatic experiences are still very recent, because they are stuck in the past, or because they are only thinking about the future.

CLARIFICATION FOR USE OF THE DIAGRAM

In order to help the beneficiary, understand what is asked of them, the professional refers to some of the difficulties of which the beneficiary has already spoken. For instance: "the other day you were telling me you were worried about pain in your lower back. At the last meeting, you also mentioned the issue of money, how important it is for you to have a wage. I am thus referring to similar problems, issues that are stressing you out in the 'here and now".

After the beneficiary has written down these challenges (they can add as many arrows as they see fit), the professional requests that they are prioritized/classified, using whatever criterion the beneficiary pleases. To help understand what is asked, they can tell the beneficiary: "Take a look at these issues and think about which one is the most significant for you personally-which is the one that is more urgent to solve at this moment. Write down no.1 next to it. Then, go to the next one and write no.2 and so on and so forth until all of them have a number signifying their importance to you." At this point the arrow sizes can be reconsidered or utilized to make the selection if they still stand.

This is a crucial point where the beneficiary is encouraged to reflect on which criterion would be best to use, pose themselves the question of the weight each problem has, and more. All these are good opportunities to open up dialogue between professional and beneficiary even further, exploring [together] features of reality that 'stay in the shadows' but can be shed light on.

Once this prioritization has been completed, professional and beneficiary search together for possible associations between the challenges and pressures. For instance, having an income of any sort is connected to obtaining access to financial aid

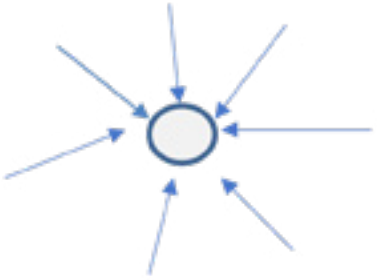
aimed towards asylum seekers, which subsequently is connected to the very issue of requesting asylum. Access to health for dealing with similar issues is connected to acquiring a Social Insurance number, and so on and so forth.

The result that ensues from this activity is hopefully an elaborate picture of reality, which has now been rendered much more manageable than before, when everything seemed to pile up like 'a mountain', due to a lack of differentiation and inability to detect the complexity characterizing the life of a refugee.

Following that, professional and beneficiary can work on specific goals and look towards tangible results. In this manner, we are taking account of the individual themselves, an individual who is rendered a subject of their needs and expectations.

Simultaneously with this activity, it is of course necessary to conduct a complementary process: namely, to bring forward all these elements that have allowed the beneficiary to survive the adversities subjected to, as well as all the new qualities, abilities, and positive features that have been acquired because of these hardships relative to the 'refugee condition'.

The latter are the resources that will be utilized to handle and overcome pressures & challenges in a beneficiary's every-day life, complemented by the resources that can be contributed from the side of the professional and other services.



Example diagram for recording pressures and support systems in the present

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UNIT 4 - DEPOTENTIATING VICTIMIZATION

Achieving a cooperative relationship and deconstructing the expert-patient dichotomy presupposes an honest commitment to doing away with victimization. The synergic approach and the frameworks of the Grid and CUT can only function when one has abandoned discourse centered around helplessness. Here, 'degrees of victimhood' are more specifically discussed and the importance of depotentiating it is accentuated.

4.1. VICTIMHOOD AND THE DIFFICULTY OF RECONCILIATING HUMAN RIGHTS & LEGAL DISCOURSES WITH A PSYCHOSOCIAL APPROACH

The necessity of integrating the human rights discourse with the psychosocial discourse is argued here to make sure neither the basic rights nor the every-day communal experience of refugees is neglected. Indeed, this merging is oftentimes complicated: on one hand, people tend to be needlessly pathologised with host societies providing 'mental health experts' before ensuring refugees' fundamental needs; on the other hand, too much emphasis may be put on social justice and condemning violators, ignoring how preserving the polarized image of victims and perpetrators impedes dislocated persons from benefitting from potential AAD. In the case of victimization, an inability to psychologically overcome how harmful the abuse of human rights objectively is usually obscuring the significance of retaining a strength-based psychosocial perspective.

As things currently stand, a victim who has been subjected to adversity is called on to reiterate events and facts, who did what to whom, where and in what sort of conditions, as well as provide proof for this maltreatment. The effects and the evidence for these effects are continuously sought by mental health professionals, lawyers evaluating asylum applications, and the wider society, meaning one has narrated how they "ended up a victim" multiple times. It might make one wonder; even if a refugee does not consider themselves to be a victim, will they not after this repetitive and painful bureaucratic process?

4.2. THE VICTIM GRID

Papadopoulos (2018) introduced the Victim Grid, a helpful tool depicting ways to recognize the manifestation of victims and victim identities. It also portrays a more thorough analysis of the responses to victimization by the victimized as well as towards the victimized by others. Utilization of this grid can be useful for distinguishing victimhood degrees as well as delineating the overall harmful effects victimization can have based on those levels. The victim grid is presented here:

UNIT 4 - DEPOTENTIATING VICTIMIZATION - VICTIM GRID

Degree of victimisation	Basic description	Overall effects of victimisation	Responses to the victimised persons	Responses by the victimised persons
Pragmatic victimisation	Persons exposed to acts and circumstances that had victimised them	Victimised persons maintain an overall balance between the effects of the victimisation they were subjected to and the other facets of their being	They are seen as ordinary persons who happened to be victimised by various victimising acts and circumstances; their interactions reflect this reality	Whilst not relying entirely on others for assistance and support, they may accept it gratefully. At times, they refuse such support, relying on themselves
Victim status / position	Victimised persons make proper use of their victim status and position by obtaining assistance and benefits, within the appropriate perspectives of time and context	Victimised persons' centre of gravity is mainly shifted to their victim position, whilst they still access other facets of their being but to a lesser extent	They are seen as victimised persons who make appropriate use of their victim position	Whilst not relying entirely on others for assistance and support, they may accept it gratefully. At times, they refuse such support, relying on themselves
Victim identity	Victimised persons extend their victim status and position beyond the appropriate perspectives of time and context	Victimised persons' entire being is dominated by the victim identity; their beliefs, behaviours, interactions are governed by their victim identity	They are seen as victimised persons who make inappropriate use of their victim position; invariably, others respond negatively to them	They take it for granted that others should perceive them as victims who are entitled to assistance and support, and they respond with indignation when this does not happen.

4.3. WIDER IMPLICATIONS OF THE VICTIM GRID AND DE-INSTITUTIONALIZING VULNERABILITY

A psychosocial, truly therapeutic intervention with those who have been made "victims" first and foremost involves the exploration of the phenomenological experience of victimizing events on an individual. Upon better understanding of the reality which they are living, victims should then reflect on what has contributed to the formation of that experience, as well as on the effects that this experience has had towards them adopting a new identity. This should in turn help them see how these experiences and identities are maintained, how retained resilient aspects are ignored, and how one's lived reality is more dependent on them than they think. In essence, it is an intervention which draws attention to documenting the change/shift in refugees' support needs (Papadopoulos, 2015), which should by definition be the primary goal of a professional throughout.

A fair criticism is that when the system requires one to be extremely vulnerable in order to "award" them with their most basic rights, perhaps professionals should just play the role of tutors who assist refugees in selling victimhood. Unfortunately, the only viable answer to that criticism is that through better comprehension of how deleterious a victim identity may be, the hope is there will be improved policies which do not promote it, eventually bridging a path towards de-institutionalizing vulnerability.

For a more extensive look and description of the use of the Victim Grid by Prof. Papadopoulos, see here

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UNIT 5 - BEING THERAPEUTIC IN EVERYDAY PRACTICE

Whether talking about physicians, mental health professionals, or administrative workers, anyone coming in contact with dislocated people can and should add a therapeutic dimension to their work (Papadopoulos, 2006). It is important to remind readers here that there is a large distinction to be made between being therapeutic and applying psychotherapy. Since the majority of the people supported within this population have no underlying pathology, the latter is then only to be employed upon careful examination of one's distress. Creating a context in which a 'therapeutic presence' can emerge in fact should never directly apply and presuppose psychotherapeutic theoretical frameworks, principles, and techniques (Papadopoulos, 1997).

5.1. FIRST CONTACT: POWER RELATIONS, TRUST AND ESTABLISHING RULES

This section is certainly difficult to approach because of the discrepancies inherent in the nature of everyone's work. For instance, one cannot have the same expectations or suggestions for a professional working in asylum service (since they are called on to do a completely different job, only minutes after meeting an asylum applicant) and a social worker or a psychologist. It is then more reasonable to state that recommendations pertaining to first contact here are mainly relevant to professionals within the psychosocial support domain.

Regardless of the context in which a first meeting takes place (camp, private residence, mental health unit, field), one's ability or inability to instantly connect with a dislocated person goes a long way into determining whether a safe and therapeutic relationship could function. Among the steps towards that are delineating what taking one's record entails and the usual problems it comes with, successfully dealing with power dynamics/authority issues, and focusing on trust and safety throughout contact.

Whether a person comes seeking support or has been referred by an organization, it is deemed extremely important to take nothing for granted. A professional ought to explain their role and what they are there to do from the first meeting. This entails a clear explanation of what it means to be a social worker/ mental health professional in the context of a Western country and what this role dictates one can do and cannot do. They should understand they are free to express anything on their mind, that im-

partiality and confidentiality are a given and that the professional will be there for them when needed.

At the same time, boundaries should be established as well as rules set out. The request from them is that they are punctual, helping them understand the importance of why they should be punctual. One can ask them to show up to the meetings so long as they are physically and emotionally capable and demonstrate respect for the process that we have outlined. Of course, the fact that the professional should not hesitate to take a 'strict' approach in an effort to underline the significance of these rules does not mean an additional degree of understanding is absent when these rules are occasionally broken; what must constantly be kept in mind is the particular difficulties encountered by a dislocated person. The above acquaintance development and establishment of rules aim to:

i) clarify to beneficiaries what it is we are building together, ii) 'launch' the creation of an environment of trust, and perhaps most importantly iii) relieve them of the inevitable stress they have about starting this therapeutic process which could be very unfamiliar to them.

First contact (not necessarily first meeting only) should be about connection at the human level. It should be aimed to limit questions that come in the form of an interview and be ready to put the pen and paper down if deemed necessary. Taking someone's record ought to shape through natural, non-judgmental human sharing; they are not on trial, the pace should be set by the readiness of the individual to open up. Rushing through the events of one's dislocation experience puts the professional in danger of losing the trust and security feeling of a beneficiary as well as sets the scene for a one-dimensional, non-synergic therapeutic relationship.

The aforementioned power dynamics build up early; when one conceives their support giver as an authority figure who is there to 'save' them, a number of implications open up which are hard to deconstruct as a relationship progresses. Depending on one's psychosocial state, they could inadvertently become overly dependent on a therapist, or they could form defense mechanisms to contrast the power figure in front of them.

Thus, the first thing one should aim to establish through initial meetings is the keenness to listen, and willingness to promote unconditional trust with each other to a reasonable and appropriate extent. Limiting subjective feedback to clarification

questions about one's experience is a good idea, as is encouraging the externalization of emotions, always respectful of their needs and pace.

5.2. 'BEARING WITNESS' TO PEOPLE'S STORIES

A "therapeutic presence" is meant to invoke the conditions for a therapeutic attachment to emerge through a professional's mere presence. They are here to listen and understand, validate refugees' experience (without forming an unhealthy alliance), "contain" or level their extreme reactions, as well as accept their unbearable emotions all while seeking to provide continuity. A big part of this role is then to 'bear witness' to people's life-stories through actively listening and acknowledging events, evaluating and discussing how these events have been attached meaning and why. It is through this process of acknowledgement, recognition, and validation that refugees "can piece together the shattered parts of their subjective continuity and recover their sense of integrity as whole people" (Blackwell, 1997).

For certain dislocated people, 'bearing witness' may also have an empowering political and existential function (Blackwell, 2005). At the former level, bearing witness can be considered a political activity as it works as a sort of testimony to the history one lived firsthand. It is not only individual lives that are disorganized and fragmented but whole societies, movements, cultures, and ideologies. Bearing witness may constitute in this way a movement from the personal to the political, rooted in a more explicit recognition of the political process in individual experience. This does not only serve to validate and honour political beliefs and experiences in order to conceptualize atrocities within a socio-political framework (Papadopoulos, 1997), but also presents one with the chance to reframe potentially harmful convictions. Adding a political and existential aspect in human suffering should be helpful in bringing a dislocated person in contact with the totality of their condition and can often act therapeutically.

5.3. RESTORING TRUST AND PREDICTABILITY

Depending on the extent to which people have lived through devastating events, constructing an environment of trust could be a challenging endeavor. Considering the precarious atmosphere in which some of these meetings take place (camps, streets, crowded buildings), bad handling of the situation could even violate the 'no further harm' doctrine. Restoring the often-broken trust and creating a predictable and safe environment has both a direct and a symbolic meaning for conveying the sense of humanity that a refugee may have lost (Papadopoulos, 1996). With the right support, people can hopefully develop new patterns and convictions, consequently attaching new meanings to security and trust (Woodcock, 2000). The aforementioned presence during the "journey of psychosocial recovery" has the potential to assist them to assimilate incoherent stories into their reality and mobilize themselves beyond the physical, social and existential solitariness often paired together with having endured adversity. A healing environment stems from that type of relationship and transformation.

Working with the frameworks of the Adversity Grid and CUT is meant to promote support towards this direction. Painful dimensions and reactions are "normalized" without denying the nature of what dislocated people have endured. None of this can be built without a genuine human relationship of trust. Sharing one's 'record', their resilience and personal attributes is not an automatic process. Knowing how to facilitate this process, how to approach the concept of time and how to monitor improvements and development will hopefully pave the way for alternative stories that open up new possibilities.

UNIT 5: BEING THERAPEUTIC IN EVERYDAY PRACTICE THERAPEUTIC CARE VS. PSYCHOTHERAPY

- Psychotherapy, counselling, etc.: offered by professionally trained persons to specific clients in certain professional contexts
- Everybody who works with the InDisPs can and should be 'therapeutic' in all their contact with them
- Everybody who works with the InDisPs can and should enhance the effectiveness of their work by introducing a therapeutic dimension to their work

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UNIT 6 - EYE TOWARDS INTEGRATION

'Refugee studies' tend to bombard us with terms like adaptation, acculturation and integration. Though there have been commendable initiatives attempting to help acclimatize disoriented people and prevent their ostracism from host societies, it would be particularly challenging as well as beyond the purposes of this handbook to simply propose 'guidelines for integration'. It will thus not be attempted to offer a panacea where one very clearly does not currently exist. This section will then simply aim to delineate simple ways through which aspects of integration can be tackled to an extent by employing the frameworks discussed in the last two chapters.

6.1. THE CASE OF GREECE AND THE NEED TO CHANGE THE NARRATIVE

Owing to its geopolitical position, Greece has had a long history of being a transit country for people coming from the Middle East and Africa ultimately hoping to get to Northern Europe (Bosworth & Fili, 2016; Fotopoulos & Kaimaklioti, 2016). Recently, the new wave of arrivals due to increasing global unrest, the consequences of the limiting migration politics of these destination states, as well as the 'closing' of the Balkan route have brought Greece vis a vis with a new reality. The country is now called on to respond to long-term responsibilities for a relatively large and heterogeneous population seeking asylum, while considering the majority of these people are mainly interested in moving on to other European nations.

It may then be deemed socially imperative that Greece can facilitate the conditions for receiving dislocated people beyond strict relocation. Their integration into this reality is doubly difficult considering the country's limited resources in virtue of the current financial and social crisis, as well as the overarching wish of the migrants themselves to move on to more economically flourishing pastures. The "post-migration societies" that the new reality will involve is going to be constituted of a two-way adjustment procedure from both parties: the refugee communities and the host society. This calls for a reconceptualization of the border/migration regime and a shift from talk of 'border policy and practice' to a more realistic outlook towards migration autonomy (Tsianos & Karakayali, 2010).

6.2. SERVICE CONTINUITY

It should be stressed here that the psychosocial support of dislocated people in reception countries should aim on service continuity. The context of temporary projects, different objectives and approaches by the copious organizations in the field is not only confusing and stressful to professionals and beneficiaries, but above all detrimental to the forming of real relationships and tangible support. The focus of psychosocial support services ought to be expanded in a manner that support provision and holistic care can constitute a continuum which entails response to emergency and to 'initial phase' reception challenges, extending all the way through to meaningful integration.

6.3. CUT AND THE DIFFERENT DIMENSIONS OF INTEGRATION

Keeping in mind totality and the uniqueness of each individual, it is argued that support tailored to integration can then be enriched by the principles sketched by this training package. This process is therefore in need of alignment with the differing needs of every person. The wish is to avoid imposing stereotypical reactions to all dislocated people one comes in contact with, and consequently to prevent the misevaluation and misunderstanding of their true needs. Addressing these challenges will only be possible if people's voices are heard (or for that matter give them their voices back) and incorporate their individuality to better comprehend the phenomenon from both a general and a specific scope.

To approach integration as a topic of genuine mobilization rather than as a meaningless keyword, it is necessary that no aspect of its multifaceted nature is ignored. Refugee integration has legal implications (human rights recognition and access to education, medical care and work, legal status), economic implications (ensuring basic needs, occupation opportunities), sociocultural implications (adapting to new conditions of social and civil life), as well as additional aspects already discussed. The integration process should emphasize on solidifying people's dignity above all, ensuring the provision of safe housing and living conditions, access to language acquisition opportunities, inclusion with regards to education, and any other need an individual deems essential.

6.4. RECORDING PRESSURES AND USING THE ADVERSITY GRID TO FACILITATE INTEGRATION

This handbook sketches out a new framework of thinking, whereby if these standard needs are taken care of an individualized plan of integration could be enriched and realistically fostered. The aim is not merely how each person will be integrated to the new post-migration society reality, but also how their complexity and uniqueness will become part of the equation. The sum of the pressures and challenges recorded for each person, their weak and strong points, and factors relevant to protection and vulnerability are to become part of their integration path.

It is valuable to offer an example of how the training package principles could be utilized and applied to one of the primary pillars of refugee integration, namely that of work search/opportunities. If one is to evaluate work as an integration component only from its practical use or the financial compensation it provides the person with and isolate/neglect the expectations, hopes and skills of that individual, there is risk compromising the potential for growth and the consequent integration process.

A truly effective process ought to consider the qualitatively divergent experiences one has gone through, consider their unique challenges and examine what their reactions have been and what these reactions have to say about them. Job opportunities are not then just an end goal; ideally, they should cater to one's skills and abilities, and be compatible to the identity and the roles they strive to maintain/develop. Using the Grid, professionals can then play an additional role in illuminating the resilient aspects, the strong aspects and skills of a person and use those towards the planning of a personalized 'integration path'.

Ultimately, the hope is that the Adversity Grid may then have something to contribute to all diverse pillars of the integration path. The resilience of individuals, their active roles, their capability to work-instead of simply receiving benefits-, their creative capacities, as well as their feeling of pride, acceptance and success that goes hand-in-hand with employment, can be located via the Adversity Grid.

* * *

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CHAPTER 04

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Working with Families, Fathers, and People with Experiences of Torture

OVERARCHING GOAL

This chapter considers the realities of three particular groups of refugees, namely families, fathers, and people with experiences of torture. Drawing primarily from the experience of CTAR and Babel Day Centre, the aim is to demonstrate how support particularized to these groups can be informed and enhanced through using our frameworks.

LEARNING OBJECTIVES

At the end of this chapter, readers will be able to:

- Identify challenges and protective influences inherent in family systems undergoing refugee-relevant changes and pressures.
- Understand how to best support families by making use of the Grid and CUT.
- Recognize how the feminization of refugees has led to a relative neglect of the predicaments faced by refugee fathers.
- Understand how the challenges unique to fathers can be employed therapeutically in our work tailored to their assistance.
- Comprehend the various realities and dimensions relevant to people with experiences of torture.
- Enhance their awareness of the deleterious effects of polarization when working with people with experiences of torture.
- Discern potential strengthening aspects following exposure to violence and make full use of them in the context of a collaborative therapeutic relationship.

Keywords: Refugee families, family dynamics, role changes, parentification, refugee feminization, refugee fathers, torture survivors, typical reactions to torture, neglected complexities, idiomorphic realities, formal realities, deconstructing polarization, cooperation vs. consent, human contact

UNIT 1 - WORKING WITH REFUGEE FAMILIES

1.1. FAMILY AS A SUPPORT SYSTEM

Family can rightly be considered as one of the most important support systems of an individual as it offers crucial conditions that bolster positive development. A functioning family environment contributes to a stability that allows family members to tolerate experiences of and reactions to adverse events, however difficult, painful or unbearable these may be (Papadopoulos, 2018). Moreover, it does not simply provide surviving and coping mechanisms, but also ways of conceptualizing harmful events as a means for development. Essentially, family is then a medium towards giving appropriate meaning to both good and bad experiences, with an especially protective role in preventing its members from becoming overwhelmed (Papadopoulos, 2018).

Internal family cohesion and the existence of interactional support for all members of a family can then almost be deemed indispensable as it implicates necessary manners of addressing their experiences. Having been separated or being part of a dysfunctional new environment that creates tensions within its members comes hand in hand with consequences regarding one's attribution of meaning to the things happening to them. Such conditions also compromise one's capacity to maintain fruitful connections with persons outside the family, as well as with relevant outside bodies, organizations and services (Papadopoulos, 2018).

WORKING WITH FAMILIES FAMILY AS A SUPPORT SYSTEM

A family with good-enough (not ideal) functionality can provide the following to its members:
(i) Internal family cohesion and interactional support for all family members
(ii) Stabilising support to bear their experiences of adverse events, (however painful and unbearable they may be
(ii) Ways of addressing these experiences
(iii) Ways of attributing appropriate meaning to these experiences,
(iv) Ways of enabling them to make best possible use of these experiences and to even benefit from the ways they find to survive them
(v) Ways of enabling them to maintain fruitful connections with persons outside the family as well as with relevant outside bodies, organisations and services.

1.2. CHANGES IN THE STRUCTURE AND DYNAMICS OF REFUGEE FAMILIES

Utilization of the Adversity Grid and CUT should by now better equip us to view 'both sides of a coin'. The fact that families have a protective function could also imply that sometimes they serve to place people in further predicaments. A person dislocated on their own primarily has to support themselves and look after themselves in the best of their ability; one tied to a family has further responsibilities, further needs, and encounters further challenges.

One such issue is the risk of neglecting or minimizing one's own internal family dynamics or conflicts. When under pressure to get by on a daily basis, being surrounded by a community of people in similar tight spots, it might seem easy to be carried away by this totality, missing out on one's own uniqueness and complexity. A particularly vulnerable or struggling (to acclimate) member of the family may be overlooked, or not given the necessary attention and care (Papadopoulos, 2018). This could pertain to minors with adaptability difficulties, or any family member that for one reason or another is neglected.

Another such challenge tends to surface when family members have been physically (as well as emotionally) separated from one another during their dislocation journey. The different lives they may have been living throughout that process could give ground to new roles and identities and allow new divisions or imbalances to develop within the family (Papadopoulos, 2018). This is a relatable issue for a lot of professionals, as many people with whom they come to contact with are in a state of either: a) trying to reunite with family members currently in a different country, b) grieving losses of family members prior to or during dislocation, or c) having been recently reunited with their family members. These new circumstances and roles stemming from diverging experiences tend to bring about 'reorganization' and new interrelationships within the family, new perceived responsibilities as well as different ideas about what the meaning attached to those experiences ought to be.

For reunited family members, compounded by the nature of the circumstances one had to endure prior to reunification, there will likely exist a lot of ambivalent feelings. They may for instance feel compelled to adjust to the host culture, paired with pressures to retain features of their background from back home; also, they could often be introduced to new values which are contrary to ones they grew up with. The fact they

have spent a significant time apart means family members have been following vastly different trajectories they are now called to adjust to their common new lives rapidly. In conjunction with the integration stressors, such differences could produce different rates of acculturation, which might further serve to create distance and tension between individuals within the same family.

WORKING WITH REFUGEE FAMILIES CHALLENGES

Due to the multiple pressures that refugee families experience, they are at risk of:
(a) neglecting or minimizing the importance of their own internal family dynamics, difficulties and conflicts,
(b) overlooking or being unable to deal with the needs of a particularly vulnerable or traumatized member (or members) of the family,
(c) becoming separated from each other physically (during the dislocation) or emotionally, and
(d) allowing new divisions, new roles, new identities and new imbalances to develop within the family.

1.3. PARENTIFICATION OF MINORS

Perhaps the most prominent consequence of these role alterations is the concept of 'parentification'. (Boszormenyi-Nagy & Spark, 1973). Parentification refers to the burdening of children with adult-size responsibilities when the familial power structure goes through significant change. This process usually begins with occasional involvement in chores, and/or children offering emotional support to parents. Considering the start of this circumstance appears to be an opportunity for young people to see themselves in a responsible role and has a potentially teaching aspect towards adulthood, it is usually difficult to monitor when this sort of involvement becomes unhealthy. Children tend to pick up the language faster and have significantly better chances to daily interact with host societies; this may render their parents prone to dependency on them (as translators, facilitators etc), at which point those responsibilities may become extremely burdensome. The point when a child feels obligated to constantly take on the adult position in order to maintain a balance within the family system can be deemed pathological (Hooper, 2007a, 2007b).

The pathological character of children adopting the position of parents can be ex-

plained from various perspectives. Firstly, the role reversal has both a functional and an emotional component, meaning that typical development stalls or in some cases is abruptly interrupted. Family members are not only affected consciously but tension tends to increase at an unconscious level too; for instance, a parent may feel that their initial dependency is normal according to the circumstances but feelings of incompetence in their protective role likely build up and exert their impact as well. Moreover, in their effort to tackle the logistical and emotional needs of parents and other siblings, children are essentially called to neglect their own needs for attention, comfort and guidance, let alone their responsibilities in school.

The risk of parentification is especially relevant to family systems where a parent is dealing with mental health issues or disorder (Aldridge, 2006). Especially in those cases, the emotional support offered by the child is rarely to be reciprocated (Hooper, 2007b), further showing the harmful developmental impact and formed expectations of a minor. Parental expectations are incongruent with regards to the child's level of maturity and understanding, usually leading to added weight and an indefinite number of negative repercussions on the 'parentified'. These could range from fear of failure and inadequacy, anxiety and lack of emotional stability, poor academic performance, deferred dreams and ambitions, over-controlling behaviour, in extreme cases even the development of mental disorder.

WORKING WITH REFUGEE FAMILIES
'PARENTIFICATION'

- Changes in roles can lead to parentification of children Children may undertake adult-size responsibilities
- This results in changes in family dynamics/power structure etc., with both negative and positive consequences.

1.4. FURTHER FAMILY CONFLICTS AND CONFUSION DUE TO INTEGRATION STRESSORS

Whether because of reunification, parentification or simply different integration trajectories, one can then understand that family conflict in the context of dislocated people is rather commonplace. Some additional conflicting emotions tend to arise

when one considers the pressure exerted on people by the need to, or the stubborn refusal for, integration and acculturation into a host society.

On the one hand, rapidly integrated children might feel 'ashamed' of their parents' slow acclimatization journey and grow tired of acting as their guardians. On the other hand, parents in search of a new home who are in the process of 'transit' may view their children acculturating as a threat that their family may be getting absorbed into a host culture and losing their cultural make-up or fundamental principles. Children often get to hear different things at school and at home, creating dichotomous expectations about childhood, gender or personal development.

The effect of the dislocation experience on children and parents is mediated by each other's responses and wellbeing. All these potential conflicts compromise the buffering effect of parenting, namely the contribution to adjustment that parents are meant to offer so that negative events are less detrimental to their kids' functioning. There rarely exists such thing as an individual effect in families; an effect that has put a mark on one is felt on the whole family. It is a matter of circular causality, where every member of 'a system' influences the rest and is in turn influenced by them.

It is argued that the idea of this circular causality can help mobilize families and shift all these conflicts and the adversity felt as part of them in order to bring upon positive change.

WORKING WITH REFUGEE FAMILIES
COMMON ISSUES THAT CREATE TENSION

- Different roles in family – Re-organization of roles in the family
- Radical new circumstances create radically new inter-relationships within families, new roles, new identities
- Different rates of acculturation
  - Dilemmas faced by the family members / ambivalent feelings
- Refugee-related events and their impact are experienced in different ways by the different family members
- Lack of shared experiences and lack of shared experienced impact of the events may cause new divisions and imbalances in the family system

1.5. HELPING FAMILIES DISCOVER POSITIVE EFFECTS ARISING FROM CONFLICT/DISLOCATION

Depending on the prism through which people view a situation, 'new orders' such as reconsideration of values, may have a predominantly unconstructive or an optimistic character. Indeed, the changes that occur in families when they become refugees include both negative and positive effects and consequences, and the task is to discern as many of them as possible (Papadopoulos & Gionakis, 2018). Attention then now shifts to reframing a bleak image into a hopeful one.

One thing professionals can do is support parents to undertake their roles as parents. They are not here to replace the parent or impose on the family how the parent-child relationship is meant to be but facilitate an environment where everyone gets to hear each other, attempting to restore communication between them. Assistance then consists in giving the parent room to reconnect to parenthood. A professional working with a family should make it easier to a parent to provide their children with what they themselves believe they need, rather than try to provide these for them, annulling the 'provider' quality of a parent.

The point is to build a relationship with each member so that the aforementioned record of pressures, challenges and supports brings out forgotten truths or points of strength for each member. The professionals' role is to demonstrate them how their view of a respective family member may have lost its complexity and remind them how their multiple losses have changed them and consequently their relationship with siblings/parents/kids. Through documenting the individual factors that have made them grow apart they can hopefully work so that the things that unite them become more salient. Parents may not be at all aware what triggers their children are receiving from the host society, so sometimes one might just have to give them a more holistic view of what these children's lives consist of in a culturally relevant way.

Once challenges and systems of support have started to be recorded, one can utilize the Grid to illustrate families the positive facets that have surfaced in virtue of adversity. Whether they went through difficulties together or when they were apart, it is likely that new cohesion and deeper relationships are waiting to develop as part of these changes.

Children may have become more responsible and resilient, while parents may have gotten the opportunity to pursue different goals or explore new habits. If not, they can

be directed to this without overcompensating. For instance, a child whose good adaptation has led them to be parentified can be made to understand that although their transformation is overall positive, there are certain roles inherent in parenthood that they should not seek to overtake.

The Adversity Grid is not only to be used for the individual in question. If a family has been growing apart, it could be employed to demonstrate a family member the resilient and positive characteristics of their parent/sibling/child. The potential separation (physical or emotional) often brings forth problems in communication which can hopefully be ameliorated through being more aware of complexity. A reconsideration and reminder of the past (e.g. 'how did we get here', how did it use to be') might be useful in that regard too.

1.6. CONCLUDING THOUGHTS ABOUT WORKING WITH FAMILIES

There is a vast array of reasons why families of dislocated people face issues with regards to their wellbeing. For instance, they could grow apart due to physical separation or start living different lives throughout their integration process. They may also come closer together in healthy (or unhealthy) ways because of the adversities they have experienced.

Power structures within families change, roles diverge, but the constant is that family constitutes an extremely important protective factor towards people's resilience as well as development. Each family faces different challenges and has different needs; they might need to rebuild their relationship, or they might need to allow their children to rid themselves of some responsibility to be children again.

One cannot allow their expectations to shape (and thus reinforce) whose voice is meant to be heard and should instead aim to encourage everyone to be able to express themselves. Professionals must be cognizant of each family member's uniqueness, accepting that some will (at least initially) appear stronger while others will look more vulnerable.

It is vital that efforts are focused on families understanding what each of its members has been through and putting themselves in the position of realizing the complexity of each person involved. After they have accepted these differences, they can

be assisted in realizing how the fact that they have become estranged does not mean there still are not things uniting them.

The synergic approach should always seek to incorporate the views of everyone, seeing the family as an entity while allowing room for everyone's uniqueness to unfold. The ultimate goal is that parents can preserve their roles as parents (so care must be taken not to annul them and their role) and that children do not end up being parentified as a result of parents' vulnerability or their good will for overcompensation.

For a more extensive comment on the particularities of working with refugee families by Prof. Papadopoulos, see here

Exercise 8

Please reflect upon and draw an intervention plan for the family needs presented here, by employing parts of the framework of CUT and the Adversity Grid.

Try to discern the range of negative effects -on this family as a whole, as well as on each particular member-, the characteristics that remain unchanged in them as well as their positive aspects that have been activated by the adversities encountered.

Try to consider each person's perspective, needs and uniqueness as well as the interaction among them. Try to locate their current/ temporary situation within the context of longer time scale (past, present, future) as well as within wider contexts.

A family from Syria: Omar (father), Leila (mother) and 3 children – Amir, 14 years old, Khalil, 12 years old, Zara, 3 years old. The family was forced to flee the country as they were constantly in fear for their lives; their home was bombarded while the grandparents were inside and tragically died. After a long, dangerous and exhausting journey, the family arrived in Greece where they have been living in a camp in Athens for 11 months. Most of the family members speak very little English and virtually no Greek, except the second son, Khalil, who easily grasps languages. He used to be a very bright student in his country. He attends school in Athens and he is catching up with the other children of his age. The first son Amir was enrolled in school in Athens, but he has some issues with other students. He is very secluded. He has always been very timid, but he now seems

moody and detached. His teacher has asked to meet the family as she has told them that there exist some worrying signs in the boy's behaviour.

Back in Syria, Omar was the breadwinner for the family; he used to work as an engineer. He had a lot of connections in his community, and he considered himself as a reputable man. Leila was staying at home caring for her house, husband, and kids. They used to be a rather well-off family that lived comfortably.

Now Omar spends most of his time at the camp. He is inactive as there are no activities for him at the camp. He is very dissatisfied by his living conditions and persistently demands from the services at the camp to find a home for his family. He also constantly feels unwell (frequent headaches, severe muscle pain, stomach-ache, etc.). His young son accompanies him to the hospital as a translator, but no medical issue has been found. He does not sleep well either.

Leila has managed to find a job as a cleaner and she has taken the financial responsibility of the family. She is content that her contribution is essential to the family but at the same time she feels that the load on her is large. Omar now must take care of the young daughter, Zara, while the mother is at work. He has always been an affectionate and caring father towards his children but has now had to learn anew how to take care of the toddler by himself, something he was not used to given that this was the role of the mother back in Syria.

Omar and Leila frequently get agitated and fight although they rarely did back in Syria. The psychosocial support team of the camp has asked to see the family. Leila asked for assistance due to the perceived detachment and isolation of Amir; she is very sad seeing her boy struggling and she wants to help him. The father's medical problem is also of concern to her. Omar was not willing to see the team as he cannot find any way that they can be of help to them. He insisted that his priority is to find a job as an engineer, something that cannot be achieved through these meetings.

* * *

Exercise 9

Think about what kind of support the following family may need and construct an intervention plan. Bear in mind the assistance required for the "identified patient" as well as the other affected family members, and finally for the family as a whole:

Dante and his mother are referred to a mental health unit for refugees for family therapy. Dante is an 18-year-old Congolese young man, who has recently (9 months ago) reunited with his mother. His mother, Mel, has started a new family in the new country, she has married again and given birth to 3 kids, who are now 11, 6 and 3 years old respectively.

Until then, Dante was living with his father in Congo since his mother left in order to reach a European country, when the boy was very young (4 years old). In his country, Dante had been detained and experienced torture for political reasons.

He now manifests PTSD as well as symptomatology that may resemble psychotic reactions and he is now on medication. He has nightmares that bring him extreme terror. He often sees the people abusing him. He often has flashbacks and he appeared then to be paralysed by fear. He is also hearing voices telling him that they will kill him.

His mother says that Dante has made some progress because of the medication but he has ups and downs. She often cries. She says that it is difficult for her to see her son suffering from a mental disorder.

She has, however, found a way to "keep the enemies at bay" by shaking a broomstick around while saying to his son that he is now safe. This seems to soothe Dante when he is paralysed by fear.

Mel emphasizes that she loves Dante and wants to do everything possible to help him overcome his difficulties. She feels that she now has a new opportunity to take care of her first son although she couldn't do that when he was younger. However, she is complaining to the therapists about Dante's frequent disobedience and her constant struggle to persuade him not to leave home alone. She also fights with her husband about Dante's bad behavior at home.

Dante misses his father and would prefer to live with him back home. He cannot easily get used to the new country. He is also complaining that he is different from his siblings that are not 'refugees'. He also asks for more independence. However, he displays affection towards his siblings, especially the youngest one and takes care of him.

* * *

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UNIT 2- WORKING WITH REFUGEE FATHERS

2.1. FEMINIZATION OF REFUGEES

Perhaps more so than in the past, the narrative presented by mainstream media appears quite intense and polarized, as has been noted by Papadopoulos and Gionakis (2018). Within those predominant conceptions, certain facets of the refugee phenomenon are stereotypically emphasized, whereas others are essentially silenced. In this logic, one could admit that the most dominant, recorded images from news media these days exclusively concern women and children. This phenomenon has recently been pronounced among experts and given the term 'feminization of refugees' (Donato & Gabaccia, 2016; Hyndman & Giles, 2011).

In a dishonest effort to achieve strong, yet fleeting effects of sympathy, these news messengers are flooded with pictures of distraught women and their children, further taking the discourse to predictable generalizations: children and women are the most, and usually the only, vulnerable dislocated people. This depiction is not only prevalent at the wider western society level but has certainly gained much traction within most of the institutions and individuals who are in daily contact with these populations.

It is an undeniable fact that unaccompanied minors and young women separated from their family are often in great need of support from receiving societies; however,

it must have become apparent by now that identifying vulnerability in terms of belonging to a pre-determined group comes with harmful limitations and consequences (Papadopoulos & Gionakis, 2018).

All involuntarily dislocated people require support because all of them have experienced, to varying degrees, serious forms of distress, disorientation, and suffering. As has been explored, there is a plethora of contributing factors that affect the way a person experiences external events and circumstances that could potentially lead to vulnerability. Neglecting certain groups of refugees in favor of others does not only serve to hurt the neglected, but also importantly means losing track of the totality of the situation, and more specifically the potential effects these groups exert on one another.

2.2. THE MANY-SIDED FUNCTION OF FATHERS IN THE FAMILY SYSTEM

The role of fathers is fundamental in maintaining the 'functionality' of a family (Papadopoulos & Gionakis, 2018). Especially in the context of communities who come from countries with ingrained traditional and patriarchic values, the father can easily be seen as the primary link between a family and the external world. In providing adequate care for a family, all members, including the father, should be offered the right amount of support.

Masculinity prejudice, sometimes even refusal to claim one's rights for reasons of pride, as well as all sorts of forms of overlooking the needs of seemingly self-sufficient men, often leads to neglect of these people's basic needs. Adult men are often thought to be capable of getting by on their own without additional support, and, in combination with the limited resources present for them, they often do not have access to their otherwise standard human rights.

What fails to be taken into account, nonetheless, is that support given to refugee fathers does not simply go towards their own individual benefit as they are far from alone in their predicament; simply considering the number of people that are directly and indirectly involved highlights the issue. Supporting a father has multiple benefits for many other individuals who are directly or indirectly in interaction with them, above all their nuclear family.

Coming into new circumstances where children integrate rapidly through school and education, or where their wives maybe have better chances of achieving employment (often cleaning services or accommodation) adds a heavy weight on an 'undisputed provider's' (if that was indeed the case back home) sense of worth. Professionals ought to be there to accompany fathers in this difficult reconciliation, realization and acceptance of new circumstances in order to create opportunities where these emotions are alleviated, and their strong side and expertise are emphasized.

Organizations and psychosocial support workers must try and keep a balance in the assistance they offer, looking for a way to empower and reinforce fathers instead of annulling them and their position.

WORKING WITH REFUGEE FATHERS
'WHY LOOK INTO REFUGEE FATHERS AS AN ESSENTIAL GROUP'

- 'Feminisation' of refugees (children and women are perceived as the most and only vulnerable entities)
- The role and function of fathers in the family system is critical
- Intense and unique pressures on the paternal figure
- Fathers are some of the most neglected figures in the refugee landscape
- Fathers are particularly vulnerable in refugee situations because they are likely to be exposed to radically new experiences

2.3. LOSSES AND PREDICAMENTS UNIQUE TO FATHERS

While their wives may often have new opportunities (educational, social) and their children maintain the plasticity and flexibility to acculturate, fathers' vulnerability consists of their exposure to specific, radically new internal experiences. Their losses can be outlined in a tripartite (Papadopoulos & Gionakis, 2018): i) outside the family, ii) inside the family, and iii) in themselves.

- Outside the family: The first type refers to loss of employment, income and financial autonomy, properties (family home), social circles and networks as well as their daily routine.
- Inside the family, their losses comprise the aforementioned leading role in the authority structure, not only with regards to discipline but also in terms of leadership, protection and moral influence: again, these losses are sometimes worsened by the interference of existing support structures.

- Losses within themselves pertain to confusion in their identities as fathers, men, spouses, and family leaders (Papadopoulos & Gionakis, 2018).

It is not a stretch to say that depending on prior family roles before their dislocation, some fathers feel emasculated and worthless. For the individuals who may have lost a family member during their journey, their grief is compounded by guilt for surviving while permitting the death of a loved one. Their innate sense of responsibility may make them incapable of moving on for the rest of their days (Papadopoulos & Gionakis, 2018).

The very fact that their family is identified as 'refugees' acts as a reminder that they have failed to avert involuntary dislocation, and consequently to fulfill their protective role in the family. All these fears and frustrations are aggravated by a sense of failure and could build up over time to render their mental wellbeing extremely unstable.

WORKING WITH REFUGEE FATHERS LOSSES

Fathers may typically experience the following losses:

- Outside the family: Loss of employment, income and financial autonomy, property (e.g. their family home), their social circle/s and community, their male friends and network, their daily routine.
- Within the family: Loss of their leading role in the family's authority structure; authority not only in terms of discipline but also in terms of moral authority, leadership, protecting of others, etc.
- The assistance offered to family members by outside organisations interferes with the existing structures.
- In themselves: Loss of their identities as fathers, as men, as spouses, as parents and as family leaders.

2.4. WORKING ON ENABLING REFUGEE FATHERS' STRENGTHS VIA THE GRID AND CUT FRAMEWORKS

In an effort to accentuate the often-neglected predicament of refugee fathers, a rather dire image may have been painted with regards to their post-dislocation circumstances. Obviously, the wish is not to take away the 'victim image' from other groups of refugees and transfer it to fathers; having understood the unique issues and particular losses they face, one can turn to exploring what it is that can be done to support and eventually empower them. It is then very useful, for the purposes of this unit, to utilize the story of a therapeutic relationship with a refugee father and husband who lost all his family members in his attempt to escape war. Through this narration, effort is made to illuminate the challenges, the difficulties and pain that accompany the refugee experience from the side of the refugee father.

MOHAMMED AND HIS FAMILY

Mohammed wanted to leave his home way before the situation got out of hand to the extent that his family's life was hanging by a thread. Unfortunately, when he did manage to organize a way out, in the summer of 2013, it was already very late, and he had to work around a great number of perils. He took his wife and their two children- son who was 4 years old and daughter who was 9 months old- and left their- ravaged by conflict- country once and for all. They crossed Turkey and reached the coasts of the Aegean Sea, just across the Greek islands. Mohammed was looking for the safest possible way of reaching Greece. He had a clear plan: to reduce the possibility of danger as much as possible and to bring his family to a place that was in a safe and 'protected' place as soon as possible. From there, he was going to negotiate their journey to Northern Europe, the 'Promised Land' where they could all start anew, away from the destruction and suffering in their place of birth. He has promised his mother and parents in law that he would strive his best to bring the plan to fruition and, above all, that he would keep his wife and children safe throughout the journey. Mohammed was rather comfortable financially. Having worked abroad for years and saved up, he was in position to pay a large sum of money to the traffickers in order to transfer the family in a yacht. He was satisfied with himself, believing that he had perfectly organized a safe trip, meaning he had kept his word and promises. However,

the traffickers fooled him and, at the last moment, forced them to board and old and extremely precarious boat which could barely float. He got angry and argued with them, to no avail. In the end he figured out he had no choice. The weather was bad, with strong winds and a stormy sea. The boat sunk. His wife and children were taken by the strong streams, and Mohammed lost them. The last words he heard came from his son: "Dad, don't leave me, don't let me go". Mohammed desperately tried to find them, but could not see anything during the night, with the sea being so violent. He somehow managed to save himself by making it out to land where he passed out, half-dead from exhaustion. At this time, the mass influx of refugees from Turkey to Greece had not fully commenced. There was nobody in the coasts helping people arriving, and nobody quite understood that a boat has sunk. The general sentiment towards migrants and refugees was different to how it is now. Back then, whoever reached Greece without having arranged some sort of paperwork was arrested and detained. The same happened to Mohammed. He was detained and nobody would hear his protests and begging to search his lost family. Initially, he was to stay at the local police station; later he was moved to one of the detention centers of the island. A month (at the very least) later, a lawyer committee paid a visit to the centre. Mohammed found a way to come in contact with some of its members and got the opportunity to tell his story, asking for help. The lawyers listened to his story and helped him immediately. They made sure he got out of prison and mobilized the authorities in order to send teams looking for survivors. Mohammed's story was published, and many volunteers offered to help. After a few days the corpses of his two children were found. The process of the bodies' recognition through DNA testing was necessary. Mohammed was inconsolable, full of pain, anger, guilt, and immense desperation. He was fully disoriented and attempted to commit suicide twice. His new friends suggested he move to Athens where he could receive support to his multiple needs, his mental wellbeing being one of them.

The therapeutic relationship began with a relatively long acquaintance period, where the authors took time to really get to know the father. By long, what is implied is no more than a few days where the two sides have the chance to share experiences and build an honest and understanding relationship. It feels critical to note this, because the setting and context of a lot of the therapeutic work that occurs with refugees is strongly impacted by time limitations. It is sometimes the case that professionals

have taken a beneficiary's record within the first few sessions (2-3 hours) of having met. The case here was then different, as it involved house visits, long free-of-pressure conversations, and a much more powerful element of human communication, which unfortunately will hardly ever be the case in common daily interactions.

Following acquaintance, the first step was for the therapist to recognize the father's responses to abnormal distress as a normal reaction to the awful things he lived through. It is wise to note here that when a therapist approaches someone presupposing pathology the individual will soon recognize that and will avoid showing their genuine self with all its complexity. Following that, the therapist felt useful to communicate their perception and documentation of the father's negative responses to adversity, trying to also note the retained positive characteristics as well as their new positive responses activated by the challenges he was currently facing.

Once those were clearly distinguished and made salient, the therapist could focus on also differentiating between solely the negative responses. This implied demonstrating that chaotic, strong negative emotions each have a discrete entity and mobilization of attending to them starts with recognition of each separately. After these differentiations were made, the father could better see the roots of all the negative triggers he faced as parts making up a whole rather than as one unified and permanent cloud of misery.

The therapist then approached the notion of time, widening his conception of it and more specifically the expansion of the father's perspective of past, present, and future. He helped him see the future as more than an empty abstraction, encouraging him to look forward to a period where he can look back at this time as the most difficult of their existence. The end goal of this temporal exploration was to show him that in the future, the given period would become the most difficult phase he ended up living through in his life. Through this process, the father was able to see how the past and the present do not only contain challenges and traumas, but also some positive elements that he tended to hinder, due to the overwhelming challenges that the father had had to face.

The therapist's goal of engaging the father into this process was not to 'cure' him of any trauma. There is certainly awareness that some types of pain will never fully go away, and the purpose is not to make people insentient. The point was to encourage him to go beyond just reporting the events that led to his suffering, and instead to

focus on the meaning that those events had on him as an individual, meanings which are usually much more complex. He is asked to deconstruct the negative emotions building up and recognize how they are distinctly triggered by a great number of pressures, each of which build up and seemingly create a negative whole. He was asked to investigate how his complexity, uniqueness and totality are each smashed by the things which happened to them (for a more extensive presentation of this study, see Papadopoulos & Gionakis, 2018).

2.5. CONCLUDING THOUGHTS ABOUT WORKING WITH FATHERS

The father that was supported in the duration of these interactions was assisted to liberate himself of the immense pressure that his responsibilities and perceived all-powerful personas exerted upon him. It helped him come in touch with the pain, as well as the insights and growth that accompanied his predicament.

Through synergic contact, he became capable of better grasping how and why his difficulties arose, and how these difficulties created a path for some personal development. He came in contact with the totality of his being and rendered himself better equipped to look forward to the future with confidence.

For a comments on the particularities of working with fathers who are refugees from Prof. Papadopoulos, see here

* * *

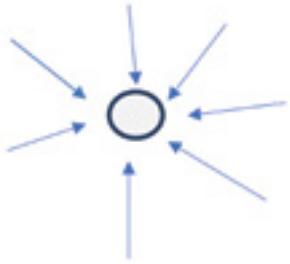
Exercise 10

Please go back to the previous story of the family from Syria (Omar's family) and reflect upon the father's predicament from his own prism.

What is tormenting him? What kind of losses has he suffered (including losses outside the family, within the family, as well as in themselves)?

• What kind of challenges does he have to face?

- Use the 'Recording Pressures and Supports Diagram' (See Chapter 3, Unit 3) to record their pressures.



- How can you approach his suffering and what kind of 'interventions' will be appropriate for him?
- Which kind of challenges can arise when trying to implement these interventions? How can you cope with them?

* * *

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UNIT 3 - WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE

Supporting people with experiences of torture in a manner that both follows the 'doing no further harm' doctrine as well as truly promotes improvement in wellbeing involves several challenges. There are multiple different dimensions and realities that play a role in how a synergic approach ought to shape in the work with this population, which, in conjunction with the unpredictability in the range of typical reactions to physical abuse, render reaching out an extremely complex task.

Although assisting people in their recovery after they have been exposed to violence is a tall order, keeping a flexible set of goals, recognizing how volatile the experience of torture could be depending on the person, and the avoidance of fixed polarization profiles can usually go a long way into honest support.

3.1. DIFFERENT DIMENSIONS AND REALITIES FOR PEOPLE WITH EXPERIENCES OF TORTURE

The first thing worth mentioning in dealing with the typical reactions to torture is awareness of the differing dimensions and realities; these may take the form of:

i) formal realities: legal, demographic, professional, organizational,

ii) idiomorphic realities: based on unique personal experiences and subjective factors (Papadopoulos, 2018b).

It is certainly easy to misunderstand and misevaluate these different dimensions because subjective realities, despite having vastly dissimilar manifestations, are still based on comprehensive systems of meaning stemming from ideological, historical, ethical and other triggers. In other words, peoples' sources of meaning are derived from common and understandable experiences, putting a professional in the unenviable position of drawing out the distinct impact these may have each had and how to mobilize this impact in an effort to be of assistance.

Making sense of these realities without confusing them could play a decisive role in the extent to which one can truly reach out and have an impact on an individual. For instance, not being able to discern whether a particular reality described by a beneficiary is based on one's extended pain or on their prior expectation rooted in their ethical/religious conviction might lead a professional to entirely 'lose' the person in front of

them. Those who have worked with this population could testify that a beneficiary is very adept at deciding how much and what type of information a professional can truly understand and handle.

Similarly, not being able to convey the legal aspect of the victimization they have been exposed to in an ethically sound manner could further serve this victimization; something in that direction would go directly against the 'doing no harm' principle and only serve to worsen insecurities and unpleasant reactions.

The legal reality has further implications regarding the factor of reliability. One should be careful with their anticipation toward absolute truths and intertwining asylum applications with criminal law. These are procedural issues that perhaps go beyond the handbook's purposes, but interpretation of the legal and moral realities and its effect on people with experiences of torture are extremely contingent on the interdisciplinary team of professionals that surround them.

WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE

- Legal, psychosocial and other dimensions of the phenomenon
- Common reactions to experiences of torture
- Particularities in working with people having experienced torture

WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE
DIFFERENT DIMENSIONS/REALITIES

Beneficiaries:

- Claiming benefits: external needs and survival
- Need to be recognized. Not an 'impersonal other'- internal needs
- This may often be contradictory!

Stakeholders

- Professional
- Organizational

Socio-political structures

We must be cautious not to falsely perceive and evaluate different objectives that influence the meaning-making of these realities.

3.2. TYPICAL REACTIONS TO TORTURE, INCLUDING AAD-RELEVANT REACTIONS

As has been attempted throughout this package, it is again deemed meaningful to find common characteristics among a certain population without that characteristic taking the form of a specific, irreversible pathology. People with experiences of torture feel above all a deep sense of violation and anguish, which inevitably leads to fear, lack of control and a reasonable disconnection and loneliness (Schinina, 2004).

Their identities are shattered, the cruelty experienced shakes their values, potentially destroying previously held assumptions with regards to humanity. Their mental health capacity is exhausted by a mixture of ambivalent emotions; from one side, they wish to reconnect with people, restore trust and security, on the other hand, they may also feel a strong need to protect themselves through keeping everybody away as a defense mechanism.

It is this dichotomy that one should try to get nearer with the goal to facilitate their path to wellbeing progress. This does not imply forgetting that the experience of torture does change people in multiple ways, but rather acts as a constant reminder that humans are exceptionally flexible and resilient. Utilization of the Adversity Grid and CUT frameworks should hopefully bring forth certain aspects within one's personality that have been strengthened/ developed, or perhaps inadvertently fostered. The very fact that an individual has survived brutal adversity predisposes them to a range of empowering feelings which are in simultaneous activation with the negative emotions. For instance, the loss of trust and disconnectedness could be concurrently paired with a subjectively felt heightened trust; this could be trust towards oneself for managing to survive, as well as towards others in an effort to recapture the need to connect or to find a helping hand as a response to desperation (Papadopoulos, 2018b).

Beyond trust, another unintentional positive reaction could be a profound sense of omnipotence and/or superiority for having overcome abuse. One must avoid overreacting to potential arrogance and do our best to never create a competitive relationship throughout the interaction. Of course, professionals' role here is doubly significant: to demonstrate that new-found strength to beneficiaries, as well as to help them level it so it does not perpetuate this arrogance (which is a perfectly normal reaction!), or facilitate competitiveness stemming from a need for vengeance.

Another use of the Grid could deal with their relationship towards community and

social support. It is particularly important to ascertain the torture survivors are not marginalized or secluded by own choice, and one should do what is possible to give them opportunities to contribute to their communities or engage them in social activities (Schinina, 2004; Asociaci n, E. X. I. L., & al Refugiat, C. C. D. A., 2016). Support provision must strive for them to be surrounded by people who make them feel secure and who possess a certain form of understanding about the circumstances they have been under.

WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE
TYPICAL EXPERIENCES OF TORTURE

- Deep sense of violation (of their bodies, their control, their self-sovereignty, their boundaries)
- Anguish (bodily, mental, existential)
- Disconnection (from others and their selves)
- Deep loneliness (isolation, alienation)
- Lack of control
- Lack of trust (in themselves and others)
- Fear
- Previous assumptions and values are shaken

TYPICAL EXPERIENCES OF TORTURE (2)
THE OTHER SIDE

But also

- **Subjectively felt heightened trust (in themselves and others)**
- **Omnipotence**
- **Sense of superiority, arrogance, competitiveness**

WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE TYPICAL REACTIONS TO TORTURE EXPERIENCES

- A combination of negative and positive effects and reactions
- It is almost unpredictable how each person will be affected by torture, how each person will experience them
- It is almost unpredictable how the effects of torture will be manifested in each person, with regards to his/her contact with others (be that a professionals, an organisation, a bureaucratic officer, etc.)

3.3 DECONSTRUCTING POLARIZATION PROFILES

The potential usefulness of the Grid is not limited to typical reactions and feelings post-torture. Polarization is of course pertinent in that respect, but also with regards to our wider interaction and intervention stance with survivors. The social and systemic frameworks that are almost always employed with VoTs, due to the sensitivity regarding their condition, have multiple direct and indirect effects on us and the interventions. Organizations encourage professionals working for them to 'see' victims, and in turn the system helps someone only after they have been officially and institutionally victimized.

The epistemological framework seeks to dissuade the dichotomies of 'victim→vulnerability, survivor→resilience'. Once this pattern of thinking settles in, survivors are encouraged to view themselves under a fixed prism and their identities more or less stabilize. What must be demonstrated to them, conversely, is that they are both vulnerable victims-in certain parameters and during a particular time period- as well as resilient survivors- in certain other parameters, again for only an undecided time period (Papadopoulos, 2018b).

Behind all this there also lies another paradoxical challenge which confuses people with experiences of torture: the different expectations of the people called on to assist them. While the doctors, physiotherapists and sometimes psychologists ask to see/activate omnipotence, lawyers 'want' to see a milder version of that mixed with some helplessness. This type of polarization puts an extra pressure on beneficiaries and essentially compromises potential improvements in wellbeing that take much valuable time to achieve.

3.4. HUMAN CONTACT AND COOPERATION VS. CONSENT

It is one thing to be aware of the emotional volatility of people with experiences of torture, distinguishing between the dimensions and realities, or grasping how harmful polarization can be, and quite another to know how to actually be therapeutic with them. The distorted identities and values call for much more than conventional therapy. First and foremost, then comes human communication; genuine human contact, without which any sort of professional contact is deficient, can be deemed indispensable. Evidence is pointing to the direction that psychotherapy is much less significant

than for victims of torture, and they instead seek reparation (Cullinan, 2001). Considering the latter is not always possible, acknowledgement and recognition goes an exceptionally long way.

From a psychoanalytical perspective, survivors' identity alterations intensely call for a need to be recognized beyond the 'impersonal other'. It is only through that recognition that heightened fear and lack of trust could be reversed. Professionals should then attempt to get out of the essentialist loop and do their best to create a safe space where one's experiences and their perceived effects are eventually shared.

One should be open to understand that gender sensitivities and other factors might render a specific person unsuitable for a particular beneficiary. It is alright to realize that, and rather than serve to make the person feel incapable, they should accept that and propose a different professional with whom the individual might feel more comfortable.

The caveat with this sort of close relationship is that sometimes practitioners may be overly influenced by a sense of social justice within them. While that is part of being involved in the 'humanitarian sector' and is sometimes a great motivating factor, 'forming an alliance' of this type can soon invade and harm the psychosocial work with refugees.

The consequences of that go back to discussion of the victim triangle and how its preservation may easily deter actual progress and instead promote vengeful feelings holding people back from moving on with their lives. One can then understand that human contact should not be a form of alliance but rather the start and end of a therapeutic relationship.

The building of trust through human contact is of course not guaranteed, and even its achievement does not in any way imply a lack of challenges. There will still be dilemmas, the most prominent of which may concern different goals and expectations between workers and beneficiaries. Some topics and events will be avoided, realities denied (as a mechanism for survival and coping) while strong emotional reactions could be frequent. There will be elements provoking recollection of past event circumstances, as the trigger of recent torture is too potent to cast off. The wish here is not to limit or push these back completely, but rather to illuminate what these reactions mean and consist of, and to promote the consideration of their causes and effects depending on the individual's unique experience and environment.

Going back to the synergic approach, it feels necessary to draw a line between cooperation and consent (Papadopoulos, 2018b). Professionals regularly look to gain consent in order to pre-arrange and guide the entirety of an intervention with little feedback or partaking from the person in need of support. Rather than looking to have this control over the process, one should strive to co-construct a plan from the beginning to the end. This plan is comprised of reframing the narrative of their life-story, reconsidering why values were construed the way they were, and a constant monitoring of gradual, even very small changes. Above all, what makes this synergic plan special is that it does not have to be a plan at all, but rather an arrangement which can go through constant alteration depending on how the meetings take shape.

3.5. CONCLUDING THOUGHTS ABOUT WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE

Being subjected to torture obviously comes with irreparable repercussions, and people that have experienced it in any form must be treated with care. It is, however, very important to remember that reactions to violence are multifaceted and, simultaneously with the negative reactions, individuals may experience positive manifestations/personal growth. How someone is impacted by torture is extremely unpredictable, and this variance is very much mediated by their current triggers, previous experiences, as well as the quality of their contact with professionals attending to their support. Identities are not one-dimensional, and people with experiences of torture are not a homogeneous group (Cullinan, 2001). It is the role of the health worker to explore the personal events and experience that help one form a holistic self.

The concept of time must be made salient to them, together with how the therapeutic process is to go through different (not necessarily uniform) changes, which do not directly tie to personal progress and betterment. Everybody will go through a different journey of recovery, and the obstacles along the way will likely diverge among individuals. Expectations and goals must be co-constructed and closely monitored synergically. One must be able to overcome the sense of injustice and the over-emphasis on the legal/moral aspect of these people's reality and do what is possible to help them see themselves as complex, unique and total beings who have the capacity to reframe their present and future. To do that, one cannot allow ourselves or the in-

dividuals supported to be clouded by polarized discourses, as this often presupposes that a person subjected to extreme painful events has been permanently and irretrievably traumatized.

People working with survivors of torture must absolutely ensure human contact is established; when the support providers can truly believe in their flexibility to evolve, it becomes awfully easier for beneficiaries to believe in their own resilience.

For a more extensive comment on working with people who have experiences of torture by Prof. Papadopoulos, see here

WORKING WITH PEOPLE WITH EXPERIENCES OF TORTURE EPISTEMOLOGICAL FRAMEWORK

The beneficiaries are
- Both victims (and vulnerable) in relation to certain parameters
- And survivors! (resilient) in relation to some others
- Epistemological Framework beyond polarisation

*Such a framework goes against the established ones (systemic-organizational, social etc).

Exercise 11

In the following case, try to discern the aspects in which the victim identity is salient; then jot down the aspects where the survivor identity is predominant. Try to think of some circumstances when the woman in question needs to make use of her victim position as well as circumstances when she emphasizes and "uses" her survivor status. Try to locate her (as well as the professionals') actions, feelings, and stance within the Victim Grid.

Sometimes, different professionals working together in a multidisciplinary team may focus more on the survivor or the victim identity, depending on their different orientations. Think about how the team manages these emphases that may appear conflicting.

Marai is a 26-year-old woman from Sierra Leone. She comes from a family that was outspoken against the establishment. Her father has been involved in several mobilizations, and due to his leader position in certain informal organizations has made the entire family a target.

Marai herself was involved in less prominent unions and had led some protests in the context of the university she attended. She has been very sensitive with the inequality prevalent in her home-country, evident from her political activity.

One day, her father was arrested and taken away from the family. Briefly after that, Marai herself was taken away. She was imprisoned, and shortly after taken away to be informally held by paramilitary forces. She spent months there, where she was continuously subjected to torture, rape and further humiliation.

It is unclear whether Marai was let go or managed to escape. She came to Greece a couple of years back and went through an extreme transitional stage. Her first months in the country she lived on the street and began to struggle with substance abuse. To support her substance abuse, she solicited herself. She eventually got pregnant, which was when she decided it was time to ask for support. At first her request was help with the pregnancy, but later moved on to explore the provision of other social services, cognizant of a need to change her circumstances.

After familiarizing herself with several organizations and ensuring a safe shelter, Marai began to mobilize herself towards an asylum application and the search for papers. She stays at a flat where she is the recognized tenant, and co-lives with a number of other women, also from Sierra Leone. The other women help her out with taking care of her daughter. Marai is rather busy at this stage, taking Greek as well as English lessons. She volunteers as a cook for the community and has even begun to make her own products and sell them to get by and pay basic amenities. She has rediscovered her political interests and is now striving to keep up to date with the situation back in her country. She has become involved with some NGOs, festivals, protests and is even active in advocacy and rights provision.

Marai is serious about claiming her rights and has gone a long way from her first days in Greece to now. She sees herself as an independent, strong woman who is not hesitant to speak out.

Marai does have a second, more vulnerable side to her, which only becomes prom-

inent through her contact with professionals (lawyers, psychologists, social workers). She is not shy about talking of her past and the immense challenges that she went through and appreciates that these have left her some scars she will hardly ever get rid of. In this sense, when it comes to her asylum application and her appointments, she does often have emotional breakdowns. Her vulnerability has ensured her a cash card and safe shelter, and she is hopeful that her asylum application will be successful. She has sufficiently 'used' her status as a single mother, and that of a torture survivor. Sometimes she finds it hard to be an actor of both roles: that of the independent woman who supports others, and that of a helpless solitary person who needs help. Her lawyer has not discouraged her from making use of her victim status to an appropriate extent.

Marai at some point asked to move out of her flat, as she had become increasingly bothered by having to live with many other women at the same time. She felt burdened with additional responsibilities, as she had to be a caretaker for not only her daughter but a number of other people too. Due to her vulnerability status, she managed to apply for a shared shelter for refugee mothers. She spent a week there before feeling that the rules established there, and the strictness of the shelter was not a viable way for her to live based on her prior experiences and perceived independence.

The professionals who have come to contact with her talk about an incredible human being, from whom a lot of others can draw inspiration. She is proud of the way in which she fought, though she does acknowledge the role of fortune when it comes to the decision to change her life and habits.

However, none of this can make her fully forget the shame she feels for what she has gone through. She still grieves, and vows to never stop grieving, as the pain was too intense for her to simply leave behind. She loves helping people in the community and especially newcomers to Greece who feel lost, disoriented and alone. She even helps them integrate and gives them tips about bureaucratic procedures in the country just as her social worker gave her once. At the same time, she admits that even though she feels comfortable conveying that positivity and supporting others, she feels unable to apply these tips to herself. She is constantly stressed, unsure of what the best way to help her daughter have a normal childhood is and has mixed feelings about the future. These appear to be facets of her everyday life that she only conveys through therapy, and most of the people around her are not aware of the extent of her distress.

TIPS

- Reflect on the dilemma: Should Marai claim the benefits she is entitled to or exercise personal dignity?
- THINK Complexity! She is both a survivor and a victim with regards to various parameters.
- Contemplate how these conflicting statuses may further influence her distress.

* * *

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CHAPTER 05

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Staff Care

OVERARCHING GOAL

This chapter reflects upon the inherent challenges of working with dislocated people and the critical importance of staff care. It will attempt to introduce some 'antidotes' to these challenges, the utilization of which could assist professionals better take care of themselves and their relationships to offer optimal support to their beneficiaries.

LEARNING OBJECTIVES

At the end of this chapter, readers will be able to:

- Identify the multiple stressors and challenges for professionals working with refugees and contemplate on their potential impact.
- Reconsider their "mistaken epistemologies'' and grasp new ways of seeing the refugee predicament, liberating themselves and rendering their work with beneficiaries more effective and therapeutic.
- Comprehend how the Adversity Grid may act as an 'antidote' to the narrow conceptualization of refugees as traumatized victims and professionals as rescuers prone to burn-out.
- Recognize and appreciate the importance of staff care and consider some effective ways, policies, and procedures they can adopt to appropriately care for themselves.

Keywords: Challenges related to the nature of work, challenges related to the working conditions, burnout, antidote, staff care

UNIT 1 - OVERVIEW OF EFFECTS ON THE PROFESSIONALS
1.1. PSYCHOLOGICAL CONSEQUENCES OF THE NATURE OF WORK

Work with dislocated people naturally involves a close, face-to-face encounter with human suffering. Professionals are called to support individuals who have had first-hand experiences of war, violence, and death daily. Depending on the phase in which they find themselves relative to their dislocation, their needs are volatile, complex, and different. Some of them are still trying to come to terms with what happened to them, whereas others are already beginning to plan a future to integrate themselves to a new reality. (Robertshaw, Dhesi & Jones, 2018). Understanding these people and their polymorphous state of mental wellbeing often renders the interaction with them beyond complicated, especially when the epistemology that one consciously or unconsciously utilizes to comprehend them is questionable.

• These mistaken epistemologies, when they remain intact and do not enter conscious contemplation, as well as are not put on the table in the context of supervision, training, and everyday interaction with colleagues in set as well as informal meetings, are bound to lead to occupational exhaustion. Relevant studies have already explored the idea of vicarious traumatization (Bloom, 2003).

• As previously mentioned, these epistemologies lead to a dichotomous narrative according to which beneficiaries have a stabilized victim identity, and so the professionals are the default rescuers. This narrative deprives 'experts' of seeing the people sitting across us as individuals with the capability to have complex responses to adversity (Papadopoulos, 2009). This one-dimensional conceptualization mathematically leads to a dead-end, and consequently to the respite of thinking, as no person who is explicitly and exclusively viewed as a victim cannot receive help in a productive manner and gradually move on to integrate to their new situation.

• To be precise, three different moments can be distinguished in the reactions of professionals who conceive the situation under this dichotomous prism (victims-rescuers):

- The period of over-productivity and enthusiasm: Initially, the professionals go through a period of intense mobilization and enthusiasm. Deeply touched by the pain which they come in contact with, they are occupied by heroic fantasies ac-

cording to which they participate in saving the world through their work, and life acquires a different meaning. The work rhythms are characterized by an over-activity, trying to apply as many actions and ideas as possible, filling 100% of their work time and tending to go overtime too. During this period, one's social life tends to be devoted to colleagues from the field while personal needs are neglected dramatically without it becoming obviously perceptible due to the feeling of euphoria dominating.

- The period of defenses and suspicion: The period that may follow is one of frustration due to the inability to see noticeable improvements despite one's utmost efforts. The feeling is worsened when we pair this with the fact that one might not get the recognition, they feel they deserve by the beneficiaries, whose big problems seem to be perpetuated, whether that is in terms of time, practically, as well as mentally. Because the problems stem from an overwhelming external reality that is beyond the professionals' power, the initial mobilization shifts to the following feelings (depending on one's personality): guilt, sense of inadequacy, sense of helplessness, shame, lack of trust, reservation. These negative overwhelming feelings tend to be attributed to mistakes or the inadequacy of other colleagues (or organisations, or other parts of the system). In other words, they tend to be attributed to something "outside" of themselves. These constitute the matter out of which scapegoats are constructed (identification of certain individuals as responsible for the issues plaguing the organization) or the cliques created within an organization depending on their field of work (ex. psychologists vs. lawyers), background/nationality, or between longer tenure professionals and newer professionals. These constructions may temporarily provide relief (because the problem lies elsewhere), however they perpetuate the problematic circumstances and relationships, rendering any solution unattainable.
- The period of distancing oneself (and self-reflection): The third period involves a point in time where the abovementioned issues are mitigated and carry with them two potential developments:

    -The first scenario is that workers will tend to keep a safe distance from their work, protected yet deprived of meaning. As a result, they must fight the feeling of boredom which inevitably results from the mechanical and repetitive perception of their role.

-In the second scenario the abovementioned issues will create the "matter" necessary for them to better understand themselves, their colleagues, and the beneficiaries. This is enriching to their work experience and does not cause them to lose the complexity in their conceptualization and perception, avoiding stereotypes and prejudice.

At the same time, all the above has conscious as well as unconscious repercussions for the beneficiaries, which consequently come back to the professionals as extra challenges and dead ends. More specifically:

1) The initial stance that is based on the polarization of 'victim-savior', as already mentioned, pushes the professionals towards an omnipotent 'overengagement' which essentially undermines the potentialities of beneficiaries for resilient and positive reactions to adversity. This 'overengagement' nourishes unattainable expectations to beneficiaries with regards to the help that can be offered to them, as well as discourages them from taking initiative and utilizing their skills towards a creatively compromising adaptation to their new reality. In this environment, beneficiaries can easily regress towards a passive position, expecting everything from services, demanding idealistic, direct, and unrealistic solutions to their problems (for instance the ideal shelter, the magical solution to their legal requests). Behind this demand hides the pain and the effort to escape from it, or at least to lighten it. Yet when the professionals are acting in this paternalist manner (as saviors across victims) they contribute to the stabilization of this normal phase which renders the interaction with them extremely difficult.

2) Sooner or later the fantasy of the savior tends to be thwarted. Professionals soon reach the realization that "they will change the world another day". In this harmful scenario of disillusionment, they are likely to adopt an apathetic, distanced stance, which sometimes means the time they spend with beneficiaries is reduced (both in terms of quantity and quality). It is thus possible that they even avoid to truly connect with them. In this phase, the vicious circle contributes to an unhealthy dynamic: the professionals are distancing themselves more and more, which in turn pushes the beneficiaries to become more and more demanding, which then means the professionals get even more defensive (and back and forth). The two sides might appear to lose the meaning of what is being constructed in a cat and mouse game.

It should be highlighted that people providing psychosocial support and dislocated people could come to experience the above stages in no particular order, so this is not

necessarily a linear process. The emotions which correspond to these phases may be felt in circular fashion, especially when they remain unconscious and vague. One often observes an ambivalence between trying too much and being apathetic, between fantasies of omnipotence and regression to passivity, a back and forth between these two extremes. It should be mentioned that, at least to a certain extent, they tend to be experienced by all professionals. It is then important that these feelings reach conscious awareness and are productively utilized in a manner that they can lead to other, more efficient strategies.

OVERVIEW OF EFFECTS ON PROFESSIONALS

- The nature of work with this population
- Our mistaken epistemologies may lead to occupational exhaustion

Three different moments of professionals' reactions

- The period of over-productivity and enthusiasm
- The period of defenses and suspicion
- The period of distancing oneself (and self-reflection)

1.2. CHALLENGES RELATED TO WORKING CONDITIONS

In combination with the unrealistic expectations and the variety of challenges related to the nature of work with dislocated people, pressures with regards to organizational aspects put an extra burden on professionals. The heavy workload, the poorly defined executive structure, the unclear tasks and expectations and the high stress environment further compromise the appropriateness of working conditions and often lead to emotional and physical exhaustion (Mental Health and Psychosocial Support Working Group, 2018; Robertshaw et al., 2018). Moreover, frequent change of personnel, the lack of continuity in existing projects (often of short duration) may also create a deep sense of job-dissatisfaction as well as attach existential and financial insecurities to them.

Most of these issues are not tackled due to a lack of coordination and collaboration between the different authorities and stakeholders, which only serves to further compile to the sense of frustration among professionals (Lahn, Lampert, & Grafham, 2016). Of course, the emergency character of psychosocial support in times of crisis

implies that the lack of professional training is not only a result of poor structures, but also a product of the circumstances as they stand. In conjunction with all these complex issues and dynamics, it then becomes apparent that there are some contexts where a lot of professionals quite simply do not meet the basic standards of preparation for work with refugee populations. (Mental Health and Psychosocial Support Working Group, 2018).

It is difficult to blame professionals for feeling that they cannot appropriately care for their beneficiaries when they work in an environment that does not care for them (or in a worse scenario even seems 'threatening'). Many practitioners have to work in refugee camps, where basic living standards are neglected and almost rarely met, or other sites that are inadequate and unsafe for the refugees themselves and, of course, unsuitable for psychosocial work to take place (Lahn et al, 2016).

OVERVIEW OF EFFECTS ON PROFESSIONALS

- Conscious and unconscious repercussions for the beneficiaries
- Extra challengers and dead-ends for the professionals
  - ✔ An omnipotent 'overengagement' of professionals → undermined potentialities of beneficiaries for resilient and positive reactions
  - ✔ When the fantasy of the savior is thwarted → apathetic, distanced stance of professionals, reduced time with beneficiaries

1.3. DIFFERENT TYPES/SCALES OF STRESS

The overwhelming events narrated to professionals daily, together with this lack of support and resources in their occupational contexts increase the aforementioned weight. The vicarious traumatization that was briefly discussed could go on to manifest itself in pathology, or to a situation that might gradually lead to pathology. The range of consequences starts from the likelihood of countertransference, to the complex reactions that might ensue as a result of work with the dislocated, all the way to the extreme of burnout.

It is essential to distinguish between different types of stress and avoid misdiagnosing one's own emotions. For instance, one ought to discriminate between day-to-day stress and cumulative stress. The former is a natural position when con-

fronted with shifts, challenges and contemplate making changes to one's everyday decision-making and problem solving. It can act as motivation to be productive and encourages new ways of thinking. However, when someone is exposed to prolonged accumulated stressors without experiencing relief for a significant amount of time, it is likely they are undergoing cumulative stress. The latter is most often characterized by several frustrations due to a combination of personal and environmental factors and is a much more serious cause for concern.

Furthermore, there are emergency conditions that potentially upset professionals so much that they are rendered vulnerable, gradually causing them to lose control and a sense of security and predictability. The high level of stress that may occur from these (unique and specific) events is often referred to as critical incident stress. When this form of dysphoria becomes long-term and is not dealt with in time, one may be driven to the infamous phenomenon of burnout.

Burnout refers to a mental state of exhaustion, an inability to function at the desirable level while in work, considered to be the consequence of chronic job-related stress. This state involves a gradual emotional depletion and a loss of interest, motivation, and commitment to work, accompanied by various mental and physical symptoms as well as a diminished job accomplishment, including a painful sense of ineffectiveness and dissatisfaction with the results obtained (Maslach & Schaufeli, 1993; Montero-Marín, García-Campayo, Mosquera Mera, & Lópexdel Hoyo, 2009). The implications of its over-diagnosis and more will be elaborated in the next chapter.

OVERVIEW OF EFFECTS ON PROFESSIONALS BURNOUT

Need to distinguish between:

- Everyday stress
- Cumulative stress
- Critical incident stress
- Real burnout

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UNIT 2 - "ANTIDOTES" TO STAFF CARE CHALLENGES

It has been established to this point how the work environment of the field presents a unique set of challenges which may lead to a deep sense of occupational exhaustion and contribute towards a low quality of service provision. Nevertheless, it is the same challenges and the respective emotional circumstances that may be the ones that (with the correct utilization) can aid the support and genuine understanding of dislocated individuals in the context of an empathetic and strengthening environment.

Ideally, these feelings may become the object of realization and communication in appropriately equipped supervision contexts, staff meetings, staff support groups, and frequent opportunities to attend seminars and working groups. The lack of time should not constitute an argument for the deficiency of such initiatives; common sense dictates that once symptoms of occupational exhaustion settle in, the time lost is much more significant (again, both in terms of quantity and quality). Simply put, the ineffectiveness of the particular services offered could eventually lead all the way to the collapse of the institution that offers it.

2.1. SUPPORT CONTEXTS

It is now fruitful to delve deeper into the specific care and support systems that ought to be created for staff. This involves practical suggestions (together with their positive consequences) which are believed to be extremely meaningful and can be applied in all contexts and not only in specific organizations or idealized circumstances:

SUPERVISION TEAMS

In these teams, professionals present the cases that give them the most difficulties, under the support of a supervisor who must not be a member of the therapeutic team. The contemporary understanding of supervision is characterized by a non-directional strengthening of the professional's already existent interventions and understanding. In this way, the supervisor mirrors the stance that the professional should keep towards the beneficiary (Arlow, 1963 and Ogden, 2005). Using the Grid and the rest of the proposed epistemologies (set of theoretical and practical positions of the "model" that is proposed in this handbook) that accompany it, the supervision team tries to redefine and reassess the challenges inherent in the professional-beneficiary relationship, introducing complexity back into the mix.

Most of the time, part of the challenge is that beneficiary and professional are entrapped into the victimization narrative, unable to imagine a future where the negative consequences of dislocation are reversed. Escaping this narrative permits one to reframe their image of beneficiaries as thinking and constantly evolving individuals that, in time, will be able to dream and plan for their present and future. To the extent that polarization from the side of professionals becomes the object of self-reflection, the attempt at truly understanding beneficiaries is promoted rather than stalled. This way they can offer access to their own polarizations, permit truthful compassion as well as proper comprehension of how others feel when they interact with them. For example, if one feels that their thinking effectively stops when they are talking to a beneficiary, they gain access to their world and the dead-end which they find themselves in. Experiencing, detecting, naming, and exploring the situation, one acquires the capacity to gradually move away from it.

STAFF SUPPORT TEAMS

In these teams, professionals share their own psychological difficulties in relation to their work, with the presence of a psychologist who works outside of the therapeutic team. Emphasis here is given on the professional, and not on the beneficiary. Like in supervision teams, the goal here is communication and reinsertion of complexity, regarding the dichotomization of professionals themselves and not towards the beneficiaries. Detecting these dichotomies in the thought process of professionals is in reality a prerequisite for detecting it in the thoughts of the people supported. The conceptualization of beneficiaries as exclusively traumatized is explicitly connected to the perception of professionals as exclusively occupationally exhausted, and constantly vicariously traumatized.

Paradoxically, in this context where the negative reactions are understood as only one side of the lived reality, they can be explored with greater freedom of expression and creativity. The tendency for exposing oneself to more than they can handle, the tendency towards despair, the tendency for retrenchment in cliques, the tendency to be reserved, and the tendency for withdrawal, can all be gradually reduced and relativized from the moment when they become objects of fresh reflection.

Moreover, the reinforcement of perceiving the relationships within the field (of professionals and asylum seekers) as relationships between equal and capable individuals (and not between victims and saviours) constructs a reality which no longer requires “heroic solutions” of self-denial and self-sacrifice directed towards the helpless. Hyperboles and dramatizations of this kind are rendered redundant and unveil the narcissism and gloating present, even though these are to be expected by all parties when one first begins to do this type of work.

Taking care of oneself is then much more likely to take place and be searched for in the context of team encouragement. A team which thinks together and dares to speak about one another, as well as about the collaboration between its members in terms that question dichotomies and absolutisms.

INTERDISCIPLINARY STAFF TEAMS

In these teams, professionals communicate with one another about the distribution of referrals and update each other on the course of their work, this way offering an inter-

disciplinary outlook for the same person (beneficiary). Perhaps the inclusion of this type of team is taken for granted, and one might wonder why we include it in this section of antidotes. However, experience has showed that (partially due to the aforementioned dichotomies), interdisciplinary teams in certain organizations are purposely avoided. This of course has extremely negative repercussions for the quality of professionals' work, both for themselves and for the support they provide. The simple, yet systematic communication between different specialties offers a holistic understanding of beneficiaries, who as a matter of fact present a different side of themselves to the different people supporting them. Thus, for instance, the lawyer might find it hard to get a good understanding of what is happening to his/her client without information about their psychological state; similarly, the psychologist might be oblivious to the development and growth that the beneficiary presents to the employment consultant, to whom they speak much less about their pain and much more about their strengths and capabilities.

INITIAL AND CONTINUING EDUCATION AND DEVELOPMENT

Throughout the entirety of an individual's career in the field, it is beyond necessary that someone working with refugees stays in touch with and is updated about new ideas, research, and methods relevant to the betterment of support for the dislocated. Although continuous professional development is exceptionally important in all occupational contexts, here the need may be even more profound due to the following reasons:

a) Beneficiaries have differing needs depending on the stage of their dislocation process, and one must be in position to comprehend when space must be given before advocating for interventions due to nostalgic disorientation (Chapter 1, Papadopoulos, 2002), or other complex feelings (anger, petulance, etc) which render the interaction challenging. It is then vastly important that the initial response of the dislocated person in question is not taken to be the stable and default response of that person, and thus that we are able to recognize the constantly evolving/changing needs during different stages.

b) Professionals are called to differentiate and to adapt their occupational expertise on the field. For example, psychologists should become familiar with the difference between providing therapy and having a therapeutic stance/presence. Similar differences exist for all specialties, like consultants and lawyers, who will in the same man-

ner have to adjust and recalibrate their occupational function under different terms or principles than they may have been used to in the past.

c) The above have direct consequences on the quality of the services provided by professionals, which in turn has direct consequences in the formation of the occupational atmosphere in which they work. Work with constructed victims on an every-day basis can soon become a nightmare. The attempt to apply knowledge without adjusting/adapting this to the field imposes unrealistic expectations for both sides. Conversely, training and flexibility in the ways stated above are demanded by the reality of the field and help us pose realistic and potentially much more effective goals.

Supervision encourages the experiencing, the expression, and the processing of emotions, while at the same time increasing the skills, knowledge, and effectiveness. (Milne, 2009). These supervision suggestions tend to happen in manners that are practically (and for reasons of time) easier; for instance, the same team may often be employed as staff support team-supervision team-and staff meeting team. Here it is suggested that this is not the most desirable setup, and that these teams should be differentiated and distinct. Many of these suggestions allow the professionals to take the role of an observer. Again, this is profoundly important as it permits them to properly detect personal issues which are not registered consciously yet are likely impacting their relationship with beneficiaries in multiple and complex ways (Bennett-Levy & Thwaites, 2007).

2.2. IF THE REFUGEE EXPERIENCE DOES NOT PRESUPPOSE TRAUMA, REFUGEE SUPPORT DOES NOT PRESUPPOSE BURNOUT

The use of the Grid in these supervision and staff support teams is very helpful since it allows professionals to detect not only the negative consequences of coming in close contact with pain, but also those that bring out resilience and development. In the same way that the Grid can be an antidote to the tendency of establishing victim identities, it enables to free oneself from the trap of accepting burnout as an obvious and inevitable result of being exposed to strong emotions in the context of the workplace.

It would appear rational that when professionals learn to explore and identify the complexity of their beneficiaries' situation, they may get to also recognize the positive aspects better from their own seemingly challenging experiences too. This is of course

not necessarily true (surely, we can all think of colleagues who are excellent in their work yet very much neglect to take care of themselves), but at least with time and experience, from a useful tool it can be turned into an 'automatic' framework of thinking.

Once again, it is extremely crucial to keep in mind that the overwhelming pressures are not necessarily pathological, and thus do not imply burnout. The question is how to approach them and consequently reconstruct them. The nature of work with refugees for is both traumatic and enriching.

At any rate, burnout is a real phenomenon and should never be neglected; the worrying signs ought to not be ignored; it should not be taken for granted that time will solve all problems. The first step is keeping a good record of the conditions that led to extreme pressure and burnout symptoms. The next is to create the space and time to think, reflect, as well as remind oneself of their support systems. Relevant to this work, one should at the same time keep their expectations in check and be as realistic as the circumstances permit.

Reconsidering false epistemologies is certainly liberating, though in no way does it mean that it sets one free from the experience of stress or inordinately strong feelings. These are not simply common and normal but are to be understood and employed towards a motivating, productive process. Essentially, people who support the dislocated should not actively avoid stress but find ways to incorporate it into their reality. They owe this to themselves, but also to their beneficiaries. It is by now rather well established that professionals who take care of themselves are more devoted and more effective in their work. (KonTerra Group, 2017).

STAFF CARE ANTIDOTES TO BURNOUT

«Change in our epistemology:

- "If the refugee experience does not presuppose trauma, refugee support does not presuppose burnout"

Supervision teams

- Staff support teams (with the presence of psychologists who are not part of the therapeutic team)
- Interdisciplinary staff teams
- Seminars, trainings & workshops

2.3. CONCLUDING THOUGHTS ABOUT STAFF CARE

Each professional likely has their own ways of approaching staff care. In this chapter, an effort was made to explain why part of the development in this field of work also consists of self-help and self-support skills. Whether that comes in the form of certain "rituals" (alone or with colleagues), claiming and searching for available resources, or the reconstruction of experiences, it is of vital importance that mental health workers do not neglect themselves. Most of the time, this could be something awfully easy, such as a walk, meditation, or time off. (Mahoney, 2003). Regular exercise, rest, socializing, and good nutrition play equally large roles in one's mental health wellbeing.

The everyday interaction with dislocated individuals who are amid a profound disorientating experience where hope and meaning have been compromised has a double character. It motivates one to mobilize and be the best version of themselves, or it fills one with rage and stress about the human condition, rendering reactions to it extremely unpredictable considering the triggers that one may have at any given time in a particular personal environment.

The inherent challenges in supporting people who have come from war-torn places and have experienced unbearable adversities are well documented. These individuals have often lost meaning and any glimpse of hope and are now searching for ways to reframe their life stories. Working with them is a daunting task; it requires one to above all muster courage, leave prejudice, and set expectations behind, and at times lose track of oneself in order to be of tangible service to others. Yet, it also requires one to respect and care for himself/herself to be effective as a professional. If it is managed to retain a balance when devoting to the support of these people and to care about others while not neglecting oneself in the process, helping dislocated people to thrive in a new society and change their seemingly predictable trajectory is without a doubt a most worthy, rewarding, and priceless work.

Exercise 12

Take a moment to reflect and write down your answer to the following questions:

- What do I do to take care of myself?
- What does my team (colleagues, organization, etc.) do to take care of each other?
- What other means can I use to more appropriate care for myself to be able to care for others?

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CHARTER 06

PHOTO: ΕΙΡΗΝΗ ΒΟΥΡΛΟΥΜΗ

Collaboration with linguistic facilitators*

OVERARCHING GOAL

This chapter aims to introduce several useful guiding principles which professionals can utilize, as well as be respectful of, towards an effective collaboration with linguistic facilitators.

LEARNING OBJECTIVES

By the end of this chapter, readers will be able to:

- Understand how to best prepare themselves for a meeting in which a linguistic facilitator participates.
- Grasp the intricacies of effective cooperation with a linguistic facilitator during a meeting.
- Appreciate the usefulness/importance of good collaboration between professional and linguistic facilitator in everyday practice.
- Recognize the support required by a linguistic facilitator, both in terms of their job as well as their wellbeing.

Keywords: Linguistic facilitator, preparation, effective collaboration, support, guiding principles.

* We use the term "linguistic facilitators" to refer to the people who cover the need and enable us to communicate with refugees, but who do not in their vast majority possess a formal certification as interpreters or cultural mediators (the professional outlines of whom have only recently been sketched). In this way, people who get to do this work serve the much-needed purpose of facilitating communication, while their capacity develops and improves through the experience they acquire as well as through seminars and other forms of informal educational meetings in which they take part in.

UNIT 1 – THE SIGNIFICANCE OF INTERPRETATION

1.1. LANGUAGE AS AN IMPORTANT ELEMENT IN DISLOCATED PEOPLE'S CULTURE

As aforementioned, the refugee experience involves much more than the loss of one's homeland; one such extremely crucial aspect of one's world that has not been paid much tribute to up to this point is language. Most asylum seekers in Europe find themselves in a place where people are very unfamiliar with their native tongue, meaning communication is achieved either through a commonly spoken language (e.g., English), or through linguistic facilitators.

Of course, spoken language carries with it much more than the function of communication. Cultural characteristics inherent in it (as well as transferred through it) mean that the inability to connect with others through that language could constitute another loss. This loss may be manifested in the obstruction of expression, namely rendering certain people unable to put into words their emotional and practical needs.

It is therefore a responsibility, if not an obligation, for professionals working with refugees to be able to successfully cooperate with linguistic facilitators who have the skills and experience required for their work. Part of that means developing a genuine and synergic relationship with them, without which the accurate and effective communication with a beneficiary is compromised, and often completely ruined.

Good cooperation with linguistic facilitators is then necessary for two vital reasons: to ensure the basic human right of the dislocated towards equitable access to health (and mental health) services and social support, as well as to allow them to maintain a meaningful connection with their culture and everything that comes with it. Linguistic facilitators thus do not simply play the role of translators, but also provide a point of association with one's culture and are in this manner essentially a bridge connecting them with their past experiences and/or background.

In short, a linguistic facilitator can be considered a partner, with a role that is equally or at times even more significant towards the wellbeing of a beneficiary. They are professionals themselves and carry the weight of providing valuable information that actively contributes to the care and support offered to dislocated people.

Exercise 13

- Have you found yourselves in a place where you do not speak the local language? Try to remember that time.
- How did you feel?
- How easy was it to communicate via an interpreter?
- Could you understand certain things only in virtue of body language?
- Were there gestures that had a different meaning than the one you are used to?

* * *

1.2. WHEN IS COOPERATION WITH A LINGUISTIC FACILITATOR NECESSARY?

In order for a professional to appreciate and detect the need to cooperate with a linguistic facilitator, they must first assess the beneficiary's level of speaking and understanding of the host language, provided they do not share another common language. A general guideline is that the linguistic facilitator should be present when a beneficiary can only grasp little more than basic greetings and phrases, or when even though they are in position to have a chat in the host language, they feel unable to express themselves with regards to more complicated issues such as emotional difficulties or clinical matters (Miletic, Piu, Minas, Stankovska, Stolk, & Klimidis, 2006). As a rough rule of thumb, a facilitator is usually utilized for beneficiaries who have been living in the host country for less than 2 years.

THE USE AND SIGNIFICANCE OF INTERPRETATION

The linguistic facilitator - an exceptionally important member in the interdisciplinary team

- He/she offers crucial information (both about the particular beneficiary as well as his cultural background) which actively contributes to our care provision.
- He/she can act as a "connecting bridge" for the dislocated (of host society and homeland).

UNIT 2 – PREPARING THE MEETING

Achieving a successful relationship between linguistic facilitator and a health worker involves a number of steps that ought to be taken by the latter. Perhaps the first step towards a synergic cooperation is the right preparation for the meeting.

2.1. CHOOSING LINGUISTIC FACILITATOR

Choosing the appropriate facilitator is an essential part of good preparation. Coming from the same region, or even the same country as someone else does not necessarily imply suitability, for the number of reasons that will be outlined. Realistically, however, this comes with many "ifs" as it presupposes that the context of one's work is one where multiple facilitators are available, which more often than not may be far from the case.

Linguistic facilitator and beneficiary may be speaking a different language (an Afghani-born individual might speak Farsi but might also speak Pashtu) or a vastly different dialect. Nationality, religious beliefs, educational level, as well as the migration history and the political landscape of a beneficiary's homeland ought to be considered seriously. This is not simply a matter of respect but could determine the extent to which a relationship can form; being on opposite sides of the regime as the facilitator, not sharing religious convictions or even sexual preferences can compromise these dynamics and even render such a relationship completely unattainable (Miletic et al., 2006). For appointments with families, the very least would be to ensure that the language of interpretation is understood by all its members.

Beyond a professional's own preparation, it is valuable to find out whether the beneficiary themselves has a preference regarding the facilitator's gender, dialect, country of origin, or nationality. In the scenario that the circumstances of a professional's context do not allow it, or the resources are too limited, it is of course compulsory that the facilitator that will be called to assist is the first one that becomes available. If that is the case, the professional may want to do some additional research on potential factors that could impact the therapeutic relationship, and if these are apparent to have a talk with the interpreter to ensure no foreseen difficulties emerge.

2.2 BRIEFING THE LINGUISTIC FACILITATOR

As soon as an appropriate linguistic facilitator has been found, the next step is their briefing about the meeting by the professional. This briefing could be short but is extremely significant, especially in the case that it is a first meeting. This briefing ought to take place in order to:

- Provide information about the beneficiary (gender, age, nationality, language, type of support requested), as well as about anyone else that may be participating in the meeting.
- Discuss with them the purpose of the meeting, what questions will be asked and what sort of information must be gathered, and
- Acquaint the linguistic facilitator with any written form that may be used during the meeting, so they are familiarized with it before having to translate it (Miletic et al., 2006).

This information will help the linguistic facilitator sufficiently prepare for the upcoming meeting and express any worries they may have before the meeting and not during it. It is also important to ensure that the linguistic facilitator fully understands what is expected from them during the meeting; for instance, the type of interpreting they should follow should be clarified, (simultaneous or consecutive), as should the seating arrangement, the person who will be responsible for the introductions, whether they should be careful in a certain aspect of the beneficiary's behaviour (intense aggressiveness, dyslexia, any other behavioural challenge) or other issues they should be in the know about.

ISSUES THAT REQUIRE ATTENTION:

Before the meeting, it is critical that the linguistic facilitator does not wait in the same room/space as the beneficiary, to avoid the possibility of them starting a discussion regarding the individual's personal matters or them asking for help and advice. Such a situation may easily compromise both the facilitator-beneficiary and the professional-beneficiary relationship and should be resisted even if someone might find it tempting to establish some form of rapport pre-meeting.

Additionally, if the linguistic facilitator happens to find out that they personally know the beneficiary they are called to interpret for from their social or familial environment (e.g. they are a relative, friend or acquaintance), it should be reported immediately so that another linguistic facilitator is notified to take over.

2.3. SEATING ARRANGEMENT IN THE MEETING ROOM

The third step towards sufficient preparation of a meeting where a linguistic facilitator participates is finding an appropriate seating arrangement. The way in which chairs are positioned plays a potentially surprising vital role in the ensuing conversations and can be a factor that either enables or compromises communication between beneficiary and professionals.

The arrangement is subject to flexibility depending on the number of people present in the appointment. If the meeting takes place with three people in total (the conventional professional-beneficiary-linguistic facilitator triad), it is perhaps best that they sit in the shape of a triangle, if there is four people in the shape of a horseshoe, and in the case of a meeting with more than four people (such as a family) in the shape of a circle (Miletic et al., 2006).

Triangle Horseshoe Circle

BEFORE THE MEETING
BRIEFING

Briefing of the linguistic facilitator in order to:

- Familiarize himself/herself with basic information about the beneficiary (gender, age, nationality, language, reason they are at the particular service).
- Understand the purpose/aim of the specific appointment.
- Acquaint himself/herself with possible questionnaires or forms that will be utilized.

It should be noted that the seating arrangement ought to be consistent in every meeting with the beneficiary/ies in question, with the linguistic facilitator sitting always next to the professional.

UNIT 3 – DURING THE MEETING
3.1. FIRST MEETING

As was also mentioned in Unit 2, the first meeting is particularly important in the effort to create an environment of trust between the dislocated person, the linguistic facilitator, and the professional. One should be ready to devote more time than usually designated, with the ultimate goals of this meeting being to:

- Introduce themselves and the linguistic facilitator.
- Explain who they are and what their role entails.
- Explain what the role of the linguistic facilitator is.
- Explain that the facilitator is bound by an ethical code in their profession and will ensure full confidentiality with regards to everything that will be said during the meeting.
- Explain the purpose of the meeting, as well as the exact process of linguistic facilitation. (Miletic et al., 2006)

The role of the interpreter may only truly begin when confidentiality issues have been clarified and agreed upon. It might sound obvious, but it is not: the beneficiary must be explicitly told (and, if need be, shall be repeated) that the linguistic facilitator has committed to confidentiality and is in no position to discuss anything with people outside of that meeting. It is equally important to establish the limits of each person's role (professional and linguistic facilitator), in a sufficient manner where the beneficiary knows what to expect from all parties present in the meeting.

DURING THE MEETING
THE FIRST APPOINTMENT

- Proper introductions.
- Demarcation and clear explanation of roles for those present in the appointment.
- Clarifying the linguistic facilitator's deontological code as well as the confidentiality commitment.
- Explain the purpose and goal of the particular meeting, together with an understanding of the process of interpretation

3.2. DURING THE MEETING

Emphasis should be given to all forms of communication simultaneously at play during a meeting. The mental health professional should be very much aware of both verbal as well as nonverbal cues and to make sure that it is they who monitor the dynamics of the interaction rather than the linguistic facilitator, so that the latter can focus more on their task and not be overburdened. With regards to verbal and nonverbal communication, the professional ought to (Miletic et al., 2006):

- Make sure to keep their sentences and questions short, and to pause frequently in between so that the linguistic facilitator has the time to translate.
- Speak directly to the beneficiary in the first person, using the first and second person "I" and "you".
- Avoid specialized terms or colloquial language and explain the interpreter potentially difficult terms or concepts.
- Recognize that there will be occasions where the linguistic facilitator might have to take a bit more time to explain what was said in an effort to better clarify it.
- Avoid sarcasm, cynicism, and jokes, as these are usually difficult to translate.
- Maintain eye contact with the beneficiary, even when the linguistic facilitator is speaking, and observe signs in the body language of both the interpreter and the beneficiary.

3.3. ISSUES REQUIRING ATTENTION:

- In cases of meetings where many individuals are present (e.g. family), professionals ought to have a certain amount of "control" over the meeting in a way that ensures everybody can participate.
- The linguistic facilitator should not be left alone in the room with the beneficiary, in particular during the first meetings. If for some reason the professional must leave the room, they should explain that and also clarify why the facilitator should also come out with them.
- The linguistic facilitator ought to always remain neutral with regards to the beneficiary, and not intervene in the form of making their own interpretations or giving their own opinion. It is essential that they can keep calm under all circumstances, at the same time being alert, maintaining eye contact, and being precise while

translating. They should not hesitate to double-check everything that was not fully understood.

- That said, translation should not necessarily be word-to-word. Sometimes word-to-word translation deprives us of meaning or in some cases even appropriateness. To the extent that a linguistic facilitator's ability allows, they must try and correctly convey the meaning of what is said. The fact that some words or phrases cannot be translated does not necessarily constitute a problem.
- Along with the professional, the linguistic facilitator should also employ first and second person ("I" and "you") in their communication with the beneficiaries. This ensures that what is being discussed comes directly from the professional to the beneficiary (and the reverse).
- Finally, professional and interpreter would do best to avoid discussing with each other without translating the content of their chat. This could create unintended problems, with someone taking offense or perceiving the process as 'double standard'. Potential nuisances such as mobile phones should of course be sought to be minimized too.

- To see what would be good to do in a first meeting between a mental health professional, an interpreter and a beneficiary see here
- To see what would be good to avoid in the collaboration between mental health professional and an interpreter during a first meeting with a beneficiary, see here

3.4. BEHAVIOURS THAT SHOULD BE AVOIDED DURING THE MEETING

During a meeting in which a linguistic facilitator is also present, there could be circumstances where either the professional or the linguistic facilitator adopt behaviours which bring along obstacles to their sufficient cooperation.

It is significant for a professional to be in position to recognize these behaviours so that they can guide a facilitator towards avoiding a certain type of conduct and not repeat it. Examples of such conduct may be (Miletic et al., 2006):

- Not translating everything that is being said, or selectively translating (unless

someone speaks so fast that it can be rendered impossible).

- Carrying out a side discussion during the meeting, excluding the third party.
- Speaking on behalf of the beneficiary.
- Answering the phone during the meeting.
- Undermining the beneficiary or exhibiting any sort of derogatory behaviour towards them.

Professionals shall not hesitate to speak to the linguistic facilitators in case they find that they are not enabling better communication but are instead causing further challenges to the relationship with the beneficiary. This should of course occur after the meeting and be explained properly. As has been said repeatedly, one cannot take anything for granted in the synergic relationship and that includes the supposition that everyone is aware of their mistakes while making them. If for whatever reason the issue cannot be sufficiently resolved, supervisors ought to be notified for a commonly agreed solution to be sought.

The professional himself/herself should be wary of certain behaviours that they too may be adopting during a meeting, things which should always be prevented. For instance, these can be:

- Answering the phone during the meeting.
- Carrying out a side discussion during the meeting with the facilitator, excluding the beneficiary.
- Undermining or exhibiting any sort of derogatory behaviour towards either the facilitator or the beneficiary.

DURING THE MEETING
GOOD PRACTICES

- Keep the sentences and questions brief.
- Pause at the end of every made point/question/idea so that the linguistic facilitator can comfortably translate it.
- The interpreter might have to (further) clarify a particular point to the beneficiary, which could at times take longer than expected.
- Maintain direct eye-contact with the beneficiary even when the linguistic facilitator is speaking.
- Use first person “I” and second person “you” in our contact with the beneficiary.
- Avoid specialized or colloquial language- which is particularly challenging to translate – and clearly explain potentially difficult terms or concepts.

DURING THE MEETING
MORE GOOD PRACTICES

• Observe the linguistic facilitator's, as well as the beneficiary's body language.
Avoid sarcasm, cynicism, and jokes- these are tough (and often inappropriate) to translate.
In cases where larger teams (e.g. families) attend, everybody should participate.
Avoid leaving the linguistic facilitator and the beneficiary alone in the room.
Minimize potential nuisances (e.g. mobile phones).

3.5. CHANGE IN THE RELATIONSHIP DYNAMICS

The presence of a third person, namely the linguistic facilitator, in a session that generally consists of a dyadic relationship, changes the dynamics of this connection between beneficiary and professional. The most frequent changes that have been observed are the following (Miletic et al., 2006):

- **Identification between linguistic facilitator and beneficiary** (the facilitator forms an alliance with the beneficiary and together marginalize the professional)
- **Identification between linguistic facilitator and professional** (the facilitator forms an alliance with the professional, marginalizing the beneficiary)
- **Dominance by linguistic** facilitator (the **facilitator** takes control of the meeting)
- **Rejection of linguistic** facilitator (the **facilitator** is rejected by the beneficiary)

To prevent these issues from surfacing, a clear set of roles ought to be established before the meeting; potential dynamics shifts that may arise during it should then be discussed after it has taken place. If the relationship is synergic and feedback is offered from both sides continuously, these issues will generally be kept at bay.

DURING THE MEETING
THE MOST FREQUENT CHANGES IN THE RELATIONSHIP DYNAMICS
(due to the presence of a third party)

- Identification between linguistic facilitator and beneficiary.
- Identification between linguistic facilitator and mental health/social worker professional.
- Dominance by linguistic facilitator
- Rejection of linguistic facilitator

UNIT 4 – AFTER THE MEETING

4.1. DEBRIEFING BETWEEN PROFESSIONAL AND LINGUISTIC FACILITATOR

After a meeting has concluded and the beneficiary has left the room, the two professionals ought to give some time to reflect on the meeting. This discussion could revolve around topics that may have arisen with regards to all the aforementioned issues as well as additional ones.

The debriefing could center on interpretation problems (difficulty in understanding due to dialect, flow of speech, etc). It could also be on other matters that gave the linguistic facilitator a difficult time, whether because of personal convictions or anything of a more sensitive nature. It is essential that the support needs of the facilitator are not neglected and that issues are tackled cooperatively and upon synergic discussion before an issue is perpetuated.

For the professional to adopt an approach that is culturally sensitive, it is vital that time and space are devoted to the interpreter for sharing any comment or insight they deem valuable relative to one's cultural background if that is to contribute to the quality of the support provided. Again, this should be approached with caution; the fact that beneficiary and interpreter speak the same language does not presuppose they are ethnically or culturally homogeneous.

In case particularly 'difficult' events have been described in a meeting (e.g., traumatic experiences, death, torture), it is essential that the two professionals devote some time to further reflect upon their feelings.

4.2. SUPPORTING THE LINGUISTIC FACILITATOR

When such traumatic stories of pain and violence are divulged during a meeting, the process of interpretation itself becomes vastly different. Experienced professionals know that the narration of these experiences may potentially exert intense emotional impact on the wellbeing of the linguistic facilitator. Compounded with the possibility that there is more than one such narration throughout the same day, it could constitute a large burden.

The linguistic facilitator may only just be finding out about the extent of violence that is apparent in their country of origin, and/or the reaction to such experiences may cause them to personally associate with their own. At times, they could inadvertently partly change their interpretation/translation in an effort to cope with the information that they are receiving (Miletic et al., 2006).

It is understandable that the two professionals might want to abstain from further analyzing the extremely emotional content that they have just had to come to terms with. However, such reflection is beyond necessary and is such a large part of the job that rather than avoided, we should strive to become more comfortable with sharing feelings in this context.

Without exerting pressure, one must find a way to give time to the linguistic facilitator to discuss all matters that may have disoriented or made them uncomfortable. Especially in the scenario that the facilitator has had similar traumatic experiences in the past, it is deemed compulsory that we can at least prompt for a discussion or at the very least a brief chat.

It is useful, respectful, and often necessary to include the linguistic facilitator in official supervision meetings designated for staff, especially the ones that primarily focus on challenging appointments. If one judges that the linguistic facilitator needs individual supervision, they should be encouraged to ask for supervision and support by experts outside of the organization.

AFTER THE MEETING
WHAT MUST BE DONE

- The linguistic facilitator has the opportunity to share any comments he/she has with regards to the general communication or simply the language employed.
- Clarification or in-depth conversation of matters related to interpretation or culture.
- In case traumatic or extremely difficult topics have been discussed, devote an appropriate amount of time to further discussion.

ISSUES THAT REQUIRE ATTENTION

Much has been said about relatives or friends acting as designated interpreters for dislocated people trying to access services. It is argued here that communication with

a beneficiary should always occur with an appropriately trained (objective) linguistic facilitator, and especially not with close family members (Miletic et al., 2006). Such practice is not only likely to cause problems in the relationship with the person in question but could also serve to hinder or distort useful information, compromising an honest synergic relationship once and for all.

If possible, the ideal practice is that after several sessions with a beneficiary, collaborating with the same linguistic facilitator is the best possible way of establishing a genuine human relationship of trust (in the whole range of the triad's individual and group dynamics). Sticking to a regular and consistent meeting schedule both prior to the appointment as well as after it assists in the development of synergy and gives one a better chance of avoiding problems or misunderstandings that could always ensue.

Offering an open channel of constant (and appropriate) support for the linguistic facilitator is a prerequisite for successful collaboration. One should not hesitate to direct them to this and encourage them to make use of available supervision resources. Finally, the development of an equitable and cooperative relationship that is predicated on mutual respect and trust contributes to proper and successful communication with beneficiaries. Both parties are professionals, and their role should be highlighted, considered, and validated on an everyday basis.

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EPILOGUE

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We can conclude that much like any other experience, the refugee experience has its own uniqueness, complexity and totality for each person concerned. If we accept that what makes the refugee experience distinct from any other is the involuntary loss of home, then we can accept that refugees are looking for and anticipate building a new home, even if they are not always conscious of it.

In this regard, the role of professionals could be to accompany and assist refugees in their attempt to create this new home. Often, for the creation of a new home to be feasible for involuntarily dislocated people, professionals must *'leave behind' familiar aspects attached to their own home*. They are often called to move from their safe spaces to genuinely meet the person sitting across them: the stranger, the other, the unfamiliar, who is, at the same time, rather familiar.

During this path, paved with pain and hope, despair and courage, anger and affection, fear and optimism, concern and threat, the encounter of these two sides becomes possible when both beneficiary and professional have the courage to 'move' not only in space but mainly in less tangible dimensions: in time, culture, their ways of seeing the world. Perhaps, at that point, life becomes less painful for both those who experience the refugee predicament as well as those who get to come in contact with it.

APPENDIX

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INDICATIVE ANSWERS FOR ACTIVITIES

Exercise 2

In this young boy's words, it is apparent that the loss of home constitutes a deep and complex loss that creates a gap that appears rather inexplicable. This gap goes beyond concrete losses and also involves the loss of a sense of familiarity, stability and predictability (your habits, routines, culture, etc. namely your life as it once was) as well as the sense of being contained.

Consider the silent 'mourning' for his old life, the inevitable nostalgia of home paired with the struggles to fit in his host country. Further contemplation of the parts that make up the 'mosaic substrate of identity' help us comprehend how the discomforting and disorientating impact of this loss resonates with the concept of nostalgic disorientation.

Exercise 3

His initial response was to get extremely angry and suffer a lot. Even though he still suffers, he has had the emotional strength to leave the cruelties of his past behind and thus, break the cycle of violence. By "forgiving" all those who abused him (deconstruction of the victim triangle), he has managed to use the bad experiences to develop new positive values, improve his life and pave a better version of himself.

Exercise 4

Contributing Factors:

Personal factors: motivation ("I have a reason to be away"), personal values, belief systems, meaning making ("Difficulties are part of life"), ability to see the positives ("be able to turn it in a positive light").

Inter-personal factors: positive family upbringing ("What I have learned from my family is there is only humanity").

Socio-political factors: He has ideological and socio-political reasons to endure his predicament ("I did something that I believed in", "I did it to protect my country").

Exercise 6

A draw up/record of the pressures for each party involved (Hussam, teacher, headmaster, mother, students, etc) should help illuminate this. Trying to get into each person's shoes separately when conducting their own record of challenges and to attending to not only their individual pressures but their further responsibilities/concerns, will allow us to have a clearer idea of the complexity of this situation, the power of interactions in shaping behaviors as well as the limitations resulting from not having the whole picture.

Exercise 7

CASE 1 – CAMILLE

Negative responses

Ordinary human suffering

"I suffered a lot, I had problems for which I would rather not speak about. I prefer to be busy, to be doing things, in order not to think."

Signs of mental disorders

"I was depressed … I was sick, I used to go to the hospital. I was seeing a psychologist there."

Responses revealing that people change neither positively nor negatively

Retaining her strengths & ways of coping she has developed through previous adversities

"I have to fight for my life, fight in order to be happy…
I have learned to be strong ever since I was young. My uncle made me appear like a person that was in a mess, and I was fighting to show my family and my parents that this was not who I was. I had to fight so I could get my degrees and be able to work in order to pay for my studies. I learned to fight…
I have the will to achieve, that is my motivation."

Caring/Fighting for her child

"But I had a kid to take care of and I had to fight for him. When my son was born,

I told myself that I had to get my degree in order to maintain a steady job and be able to leave all this behind."

Retaining some of the negative characteristics

"I am very lonely. Ever since I was a kid, with all that I went through in my home environment, I wanted to be alone, I did not want to be with other people. My life is still that way."

Adversity-activated development

Re-appreciation of their lives, setting new goals

"Despite all this, that was like a new beginning in my life. I was receiving information about I could do here, how I could occupy myself...
I do not want to live the way that I lived before."

Development of new positive qualities

"I started volunteering in a refugee organization. There we cook food for all those in need and I feel good to serve others in any way...
I started to take Greek classes, English classes, as well as IT classes."

Grasping the opportunity to meet people of different backgrounds and widen her convictions

"There I meet people from different cultures, and this is something very different for me so it's a nice experience.

CASE 2 – MUSTAFA

Negative responses

Ordinary human suffering

"I missed my previous life."

Responses revealing that people change neither positively nor negatively

Retained positives – he has always been an optimist

"So, I guess I just always like to think positive, think of that possibility of success with the asylum process."

Retained positives – he has retained his faith in certain ideals

"What I have learned from my family is there is only humanity, no separation between the Islamic divisions. So sure, yeah I lost it all, but I did it to protect my country, protect it from that government."

Adversity Activated Development

Developing empathy, increased sense of compassion and sensitivity - Helping others

"I am involved with a number of organizations. I do voluntary work; I want to make myself available for help. I can do interpretations for them, I can help them manage to get to places, any sort of administrative help, I offer leader support. I'm also active with unaccompanied minors. If someone needs emergency clothes, blankets or anything I instantly call my friends and they help out."

Setting new goals, future plans, etc.

"The plan I have for the refugees, but also for other people is helping them on the job market. Finding them jobs, and especially unaccompanied minors to receive good knowledge about how they can make themselves employable in the future, building a professional career…

I am trying to build an IT company as I said, and one of my friends also wants to create another company, more emphasized on assisting refugees with employability. That's our future plan. Our plan is to give them legal advice & support, facilitate the process for them. There are many refugees who are skilled, who are professional in a specific field. They can be utilized in this society."

Sense of pride

"I lost everything. This makes me feel a bit stupid. But also, sometimes it makes me feel proud, because I did something that I believed in."

Taking up more responsibilities, becoming more mature

"I did everything without the help of the government and my family…

I used to think that nothing bad could really come my way, my family is so wealthy, they are so good, so I didn't have to overthink about what will happen in the future. So, wanting to start an IT company, I knew there would be no is-

sues with it, having my father around too…

But here I've realized I don't need that support…

I will have to make myself from the beginning…

I'm not forced. I want to do it for myself. I could have support from my family but have chosen to do it on my own. My parents would probably never say no to anything I asked them…

Before when I lived with my family, they used to say I am not a mature person. So, once I came here, I struggled a lot, so that's when I understood what my parents were talking about. It made me more mature, I became more serious with my life. Before it's like I was playing, now I'm much more serious."

Development of new sense of strength – Appreciation of past difficulties

"Having gone through that in Afghanistan everything here appears easy."

Seeing through a positive prism

"Right, so we don't all deal with things the same way; we may experience the same thing/event, but we all react in different ways. We are affected by the same event in different ways. Maybe me personally, I would be affected by something really negatively, but you were able to turn it in a positive light, to make the most out of a difficulty."

Development of a more complete (politicized/social) understanding

"I'm not proud of it, but sometimes I laughed with the idea of 'a political refugee'. I didn't really understand, I couldn't take it seriously. Now, having been through all this my thinking has completely changed."

CASE 3 – CELESTE

Negative Responses

Ordinary human suffering

"It was tough, really tough. I had to fight on my own, with myself!
I left my career, my life, my home, the future I could have had there. Everything…
The pain is there. Especially if it keeps going on, you continue to live that way.
And all of it brings memories, memories that hurt.
Even now to this day I am feeling bad."

Ordinary human suffering – but also- Resilience (being strong, enduring adversities)

"I remember I was sitting outside crying. But then I said I have to be strong…
When I sit on my own, I always suffer. All these problems that I have gone through and am still going through. […] And I try to put them on the side but every time I get rid of these clouds something comes and hits me again, continuously."

Distressful psychological reactions

"All this made me feel really down, really bad psychologically.
You can go to many psychologists and speak about that, but it won't change anything."

Signs of mental disorders - Negative effects on functionality, depressive mood, restricted activity, etc.

"I can't bear much on the job. Every time I get tired, I am reminded of my homeland, and I can't work…
I was always crying; I was a wreck. My doctor told me to get medication.
There was a moment when I was thinking about dying. But then I looked at my children and told myself that I had to fight for them."

Harmful coping

"And I am trying to forget, and I drink in order to not remember, in order not to be in pain."

Responses revealing that people change neither positively nor negatively

Retaining hope - Making it through adversities in virtue of existing strengths

"My hope, I never lost it. Through hope I went on, and always found the power to bring myself up…

This strength came from my children. When I looked at them, I was thinking that they have nobody but me. I wanted them to have a better life. And I told myself I could hold difficult jobs, but they must study, to have a better time than I did. I want my children to grow up happy."

Getting by under difficult circumstances

"I now see my old daughter finishing her studies and that makes me happy. It's like having invested in something that was fruitful. And all this makes me happy, makes me keep going and living…

I am a warrior."

Adversity-activated development

Development of a new sense of strength through responsibility

"In my country the people I have left behind expect something of me. All this makes me stronger; I have to show that I can make it. Every time I fall, I must get up, for them. In my country we have this obligation towards our family."

How the sense of debt towards her family affects her both positively and negatively

"But that was also my mistake. I would forget myself. I am not taking care of myself enough."

Changes in viewpoints or ideologies-seeing through a positive lens

"All that I went through changed me as a person. Now I see everything in a positive light. Back then, if I had lived all that I would be constantly sad and upset, but now I am thinking "Oh well, if that's how my fate's written then I'll live through it."

Exercise 8

One thing you could do is to fill in the Adversity Grid separately for each family member, thinking of their potential responses. Also, a draw up/record of the pressures for each party involved (father, mother son, second son, daughter) should help illuminate this. Try to get into each person's shoes separately when conducting their own record of challenges and to attend to not only their individual pressures but their further responsibilities/concerns as family members. Then take everyone together, considering their totality and the complexity of the challenges faced at a more inclusive level.

Exercise 9

While drawing an intervention plan, keep in mind the exploration of the different family members' feelings for each other and towards their re-unification, since they have been separated for many years. Also keep in mind the different, often conflicting needs of the family members (e.g. the mother's concern for Dante's safety and his demand not to leave home alone as well as Dante's need for autonomy and independence as a 18-year old young man).

Think about the complex feelings the mother has towards the reunification with her son. Contemplate, also, how Dante feels about being re-united with his mother, living with his new family, as well as having left behind his biological father. Reflect on how the other family members feel about Dante's entrance in the family unit. Bear in mind that mother and son may feel like strangers after their long separation. Dante may not feel at home with his mother. The mother may feel guilty about abandoning her son while he was young. She wants to "repair" the damage. However, the son has brought additional problems to her; she struggles with his mental illness and, perhaps, with several problems that may have arisen in her family life.

Apart from the negative effects, you should also pay attention to certain resilient and positive aspects within these family members (e.g., Dante displays affection towards his siblings; his mother has managed to find ways to 'soothe' her son's suffering; she has conceptualized her attempt to care for her son who suffers from mental health difficulties as an opportunity to make up for the lost time with her son as a young boy).

Exercise 10

As a refugee father, Omar has suffered the following losses:

Outside the family: Loss of his job, his good financial condition, his properties (e.g., his home back in Syria), his connections, social circle, and community.

Within the family: Loss of loved ones (his parents), his leading role in the family (he has to depend on his son who speaks Greek).

In themselves: Loss of his identity as the breadwinner of the family and as the family leader, his sense of pride and reputation, the ability to take care of his family.

Concerning the interventions, you should appreciate the different levels of negative responses (e.g., his understandable dissatisfaction and worries about his predicament, his agitation, his frequent pains and sense of being unwell that could be psychosomatic symptoms, etc.) and fill in the diagram of the multiplicity of actual pressures in his life at the time (living in the camp, not having a job, concerns about the son, quarrels with his wife, coming to terms with his previous losses, etc.).

In real practice, this must be done in collaboration with the person in front of us, trying to assist him to prioritise his needs and the ways he could attend to these challenges in a tangible and step-by-step way. You should also identify his functionality and strengths that appear to have been retained (e.g., his role as a caring father) as well as any positive aspects that have been activated because of his predicament (e.g., he has learnt how to parent the young daughter, a duty for which he wasn't responsible before).

Some challenges can also arise when trying to work with him.

Indicatively: his reluctance to collaborate with any member of the psychosocial team perhaps due to his different mentality or cultural beliefs, the pressure of certain practical needs that should be met first.

Exercise 11

It might be of value to create a table with two rows, listing the victim and the survivor aspects, juxtaposing them next to each other in a way that shows that the very same event/response/personality facet can be manifested in two or more very distinct ways. For instance, we could say that the positive of being active in the community and

helping struggling others might also partly be the reason how she remembers herself being in a challenging position which does not let her leave it behind.

It is worth noting that Marai's position in the victim grid is healthy. She has not assumed a victim identity when it comes to her current living experience, but only makes use of that status in order to claim her rights and obtain the most basic provision. Of course, this does not necessarily mean that everything about her use of it is healthy. Being called to (and even encouraged by the lawyer) adopt her victim side because she might otherwise not get asylum must be particularly difficult on her considering the things she has been through. She might be in a position where what she truly needs is to move on and keep doing the healthy things that get her going, and yet the institutionalization of vulnerability comes back to drag her to the past. The point of fact is that until she gets those papers, her painful past is potentially perpetuated and reminded to her despite her incredible capacity to move on and keep building a new life.

Also contemplate the shelter situation. She fought hard to be able to go and live there and get out of her current flat, only to change her mind a week after as she felt she had lost independence. What could this mean for her, beyond the obvious implications? Could this be part of the different realities/dimensions of her condition?

Question yourself with regards to her resilient aspects. Perhaps her most salient resilient aspect is her political activism and her involvement with the community to restore justice. This might be extremely meaningful to her in the long run, but is it necessarily the best thing for her to be occupied in at this very moment as she awaits the asylum decision? Explore feelings of vengeance and disentangle her idea of the victim triangle.

Again, it should be useful to note down the record of pressures, challenges as well as positive aspects like in previous exercises. One can then realize that certain aspects of her lived experience cannot easily change. Sometimes you have a choice between one or the other; you either feel the pressure of getting your asylum application rejected, or you alter your identity to fit into what these papers ask you to be. Again, try to understand which particular pressures pertain to which dimension/reality of her situation.

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