A PSYCHOSOCIAL FRAMEWORK FOR WITH REFUGEES
Renos K. Papadopoulos

Renos K. Papadopoulos, Ph.D., is Professor and Director of the Centre for Trauma, Asylum and Refugees, and a member of the Human Rights Centre, at the University of Essex; Honorary Clinical Psychologist and Systemic Family Psychotherapist at the Tavistock Clinic, training and supervising systemic family psychotherapist and Jungian psychoanalyst in private practice in London. As consultant to the United Nations and other organizations, he has worked with refugees and other survivors of political violence and disasters in many countries. He is the founder and director of the Masters and PhD programmes in Refugee Care that are offered jointly by the University of Essex and the Tavistock Clinic. He lectures, offers specialist training and consultancy internationally, and his writings have been published in eleven languages.

The Interactional Matrix of Humanitarian Support

Essentially, being a refugee is not a psychological phenomenon but a political one. Any human being, regardless of their psychological strengths or weaknesses, may become a refugee depending on certain sets of external circumstances, devastating events that are dictated by political factors. These external factors are imposed on individual citizens regardless of the specificities of their personalities or their previous personal and family history or their level of functioning. However, once they become refugees, that very condition of becoming a refuge creates various psychological states in them that need to be understood properly so that the best possible assistance is provided for them.

The first point that needs to be made is that the psychological states of refugees are not created solely by those devastating events that force them abandon involuntarily their homes; instead, these states are part of a wider *interactional matrix* of reciprocal influences. As we know, the political (and often military) events that lead people to becoming refugees also affect, to varying degrees, other people not only from that region but also far wider. The media of mass communication bring images and stories of destruction and human suffering across the globe with remarkable speed and immediacy, impacting increasingly on larger numbers of people. Thus, the refugees are affected not only by the devastating events themselves (i.e. those events that force them to become refugees) but also by the way the wider society responds to the same events. For example, if the 'international community' is aware of those devastating events, condemns them and their perpetrators and mobilises assistance for those afflicted by them, then the refugees are likely to feel better than if the international response was non-existent and, thus, made the refugees feel alone and forgotten.

Moreover, the responses by the international community and the refugees are closely inter-related and the one affects the other. It is important to appreciate that both respond not only to the actual devastating events that create refugees but also to each-others' responses. The societal response to those afflicted is affected by the way the refugees respond – the more tragic the images and stories that are presented and the more sympathetic the presentation, the more generous and compassionate the societal response is likely to be. Similarly, the more

apathetic the response by the wider international community, the more bitter the response will be by the refugees.

Finally, this inter-relationship of responses is taking place within the wider context of socio-political and cultural milieu that also affects both sets of responses (Papadopoulos, 2005). The public climate in each country gives meaning to the images and stories of the refugee plight according to its own predisposition towards the people of that region which is often motivated by political or other considerations. This bias in the perception of the plight of those afflicted is not limited to the interpretation of images and stories of suffering but also by the very selection of these images. For example, the recent humanitarian crisis in Libya due to the military conflict in that country has been presented differently by the TV channels of BBC, CNN, Al Jazeera and RT (Russia Today), with the latter focusing mainly on the plight of Libyans suffering from the NATO bombings, whereas the BBC and CNN have been emphasising the suffering of those who oppose the Gaddafi regime. It is well known that not all catastrophic events are presented with the same vividness and sympathy by all, and the very selection of stories and images that are carried by the mass media is not based solely on the actual severity of the situation.

In a more specific way, the organisations and individuals that offer assistance to refugees occupy a more central position in this *interactional matrix* of reciprocal influences (Papadopoulos, 2008). Under the emotional pressure to 'do something', rather than stand by and see people suffering, these individuals and organisations tend to become (consciously or unconsciously) the instruments that the wider society uses to express its concern about the adversity survivors and, therefore, tend to be subjected to the distress and emotional pressure from both sides – from the refugees as well as from the 'public opinion'.

Therefore, it is not always the case that the assistance that is provided to refugees is always based on an objective appreciation of their needs, an unbiased assessment of their psychological states. The very perception of needs of those afflicted by humanitarian disasters is affected by a multiplicity of socio-political and other factors (Papadopoulos, 2002).

Consequently, the best way to grasp the refugee situation is not only by focusing on the refugees' own specific predicament and needs but also to consider the wider context within which this *interactional matrix* of networks of reciprocal influences takes place.

Factors affecting the experience of adversity

The traditional approach to working in this field has been to focus on 'trauma', in relation to the beneficiaries, and on 'burn-out', in relation to the staff working with them. However, such an approach does not take into consideration the effects of the wider *interactional matrix* of reciprocal influences involved in humanitarian support and, also, it does not appreciate the wide range of people's responses to adversity.

The refugee phenomena do not fall within the usual realm of psychological theorising and treatment. Therefore, it is understandable that psychologists attempted to comprehend them by looking for some comparable phenomena and for existing psychological theories that can be applicable to these novel situations. The concept of 'psychological trauma' has emerged as the most suitable perspective as it is the only one that privileges the reality of external events. Similarly, the psychiatric category of Post Traumatic Stress Disorder (PTSD) is the only such

category that is based on the presence of an external event and, therefore, the theme of 'trauma' has been the predominant one when considering phenomena connected with refugees. The word 'trauma' has been used indiscriminately to address an extremely wide spectrum of phenomena ranging from serious psychiatric disorders to mild personal discomfort as well as for various forms of group experiences.

Psychology teaches us that each individual is unique and would, therefore, respond to being exposed to adversity (including the devastating events that lead one to become a refugee) in a highly individual way. There are many factors that affect the way one responds to adversity and there is an enormous variability in the way people respond, depending on the combination of these factors. Many theorists attempted to identify these contributing factors and although there is no definitive agreement about them, it seems that the majority of theorists would agree with the following list:

- Personal: history, psychological characteristics, coping mechanisms, strengths/weaknesses, status, education
- Relational: various support systems that include family (nuclear and extended), community
- Gender
- Power position: degrees of helplessness and humiliation
- Circumstances of the actual devastating events: predictability, isolation, duration, lasting effects
- Meaning given to the events and the experience of these events: e.g. political, religious, ideological
- Current conditions
- Hope or the lack of hope.

Each one of these factors can influence the way that an individual experiences in a unique way the specific set of devastating events of adversity that is exposed to.

Trauma and the 'Trauma Grid'

In reality, and logically, the range of possible responses to being exposed to any form of adversity, including the devastating events that lead people to become refugees, falls into three broad categories: negative, positive and neutral.

1. **Negative**:

There is no doubt that certain people become traumatised by the various devastating effects. However, not all negative effects to being exposed to adversity are the same and it is important to differentiate at least three degrees of severity:

(a) Psychiatric Disorder (PD): the most severe form is that of developing a Psychiatric Disorder, and the most common one is PTSD (Post Traumatic Stress Disorder) which requires professional intervention. However, it is also possible to develop other forms of psychiatric disorders, e.g. depressive reactions or even psychotic episodes.
(b) Distressful Psychological Reactions (DPR): a less severe form of response to adversity is when people develop various distressful psychological symptoms, e.g. anxiety,

flashbacks, irritability, insomnia, etc. Often, ordinary support systems and appropriate care can deal effectively with these types of responses.

(c) Ordinary Human Suffering (OHS): this is the most common human response to adversity and tragedies in life. Suffering is not necessarily a pathological condition; suffering is part of the human condition and it is inappropriate to either attempt to eradicate it completely or to understand it exclusively as a medical or psychiatric condition, i.e. medicalise it or pathologise it.

(2) **Positive**:

The second category of possible responses to adversity tends to be neglected by the majority of professional theories and practices. Undoubtedly, there are people who not only survive the inhuman and cruel conditions they had endured but, moreover, they become strengthened by their very exposure to that particular form of adversity. It is for this reason that this response has been termed 'Adversity-Activated Development' (AAD) (Papadopoulos, 2004, 2007, 2010), i.e. it refers to new positive developments that have been activated by the person's very exposure to adversity. There are endless accounts of individuals and groups who find meaning in their suffering and are able to transmute their experiences in a positive way, deriving new meaning and strength from them. Such accounts of transformative renewal are not just moving human testimonies but they also challenge the general and vague societal understanding of trauma that emphasises heavily the damaging effect of trauma and tending to medicalise and pathologise human suffering. With reference to refugees, this kind of response creates awkward moral dilemmas and complexities because one certainly does not wish to minimise the negative effects of becoming a refugee and should not ignore the human rights violations involved; nevertheless, the inevitable emphasis on the negative elements of the phenomena associated with refugees should not cloud our perception and we should not underestimate the positive responses that people develop, in addition to (not, instead of) the negative ones.

(3) '**Neutral':**

The third possible response to being exposed to adversity is that of resilience. There are many definitions and understandings of this term. Here it is used in its original meaning (in physics) that refers to the ability of a body not to be altered after being subjected to various severe conditions. Therefore, resilient are all the positive qualities, characteristics and functions of a person that existed before the person's exposure to adversity and survived that experience and continue to exist and function as they did prior to the person's exposure to adversity. They are referred to here as 'neutral' (in inverted commas) because although they are definitely positive in nature, they were not altered by the adversity either in a negative way or in a positive way and they continue to exist as they did before the person's exposure to adversity.

Therefore, both resilience and Adversity Activated Development (AAD) refer to unmistakably positive characteristics and it is of great importance to note their crucial difference: the former refers to positive characteristics that existed prior to adversity, whereas AAD refers to newly acquired characteristics that did not exist before adversity and were activated specifically by the very exposure to adversity.

One of the important qualities of human resilience is that, by and large, it is not a result of individual strength but, often, of a relational process (Walsh 1993). This means that persons retain more resilient positive functions if they secure a collaborative and reciprocal support

with others rather than when they struggle to overcome adversity on the basis of their own personal strength.

Finally, it should be remembered that these three responses by refugees to adversity are not mutually exclusive but exist simultaneously. This means that whilst one is traumatised and suffers from various psychological symptoms, at the same time retains certain positive characteristics and also gains some new positive qualities. The task is for the staff who work with refugees to assist them identify all three types of responses to adversity and not see them only as suffering from negative symptoms only.

It is imperative that all staff who work with refugees, regardless of their remit, keep in mind the totality of each individual's experiences and also be mindful of how these relate to the wider network of their interrelationships, past and present, good and bad, positive, negative and neutral. It is essential that we look at refugees in terms of their totality, three-dimensionality, and not only as trauma sufferers. The 'Trauma Grid' was devised (Papadopoulos, 2004) in order to identify in a tangible and tabulated form the wide range of responses to adversity not only of individuals but also of families, communities and the wider society/culture.

THE TRAUMA GRID

Levels	**Negative**			**'Neutral'**	**Positive**
	INJURY, WOUND			**RESILIENCE**	**ADVERSITY-ACTIVATED DEVELOPMENT** (AAD)
	Psychiatric Disorders, PTSD	*Distressful Psychological Reactions*	Ordinary Human Suffering		
Individual					
Family					
Community					
Society/culture					

The Grid is helpful to make staff mindful of this totality whilst, at the same time, provides a framework to differentiate in a more precise way the various types of responses to adversity, thus avoiding unhelpful generalisations, compartmentalisations and polarisations. A person is not just 'traumatised' or 'resilient' in an undifferentiated way – each refugee, besides experiencing the negative effects of the adversity of the devastating events that made him/her a refugee, also retains some existing strengths (Resilience) as well as acquires new positive qualities (AAD). The Grid is useful in reminding us that the box of individual pathology is only a small space in relation to the wider spectrum of other responses to adversity that co-exist with the pathology. By being mindful of this totality, staff who work with refugees in any capacity have a better chance to address more appropriately the effects of trauma and to avoid the pitfalls of over-simplification, polarisation and all other approaches that are based on narrow perspectives.

Psychosocial perspectives

Psychology helps us appreciate that every human reaction to any situation is unique for that individual and dependent on a number of contributing factors. At the same time, each

individual is located within several defining contexts such as family, community, culture/society, as the Grid indicates. These contexts affect directly and indirectly the way an individual responds to adversity. In addition, as it was discussed above, the *interactional matrix* of reciprocal influences (e.g. the way refugees inter-relate with the staff working with them and the wider society) also affect the entire network of inter-relationships, i.e. the way refugee needs are perceived, the way refugees experience themselves and their predicament, the way society perceives refugees and the assistance provided to them etc.

This means that when interventions are planned for refugees what should be taken into consideration is not just the refugees' own condition and needs but also the various contexts within which these are constructed. This is the proper understanding of the term 'psychosocial' in relation to refugee assistance; it is not only about addressing the psychological as well as the social needs of refugees themselves but also about considering how these fit within all these wider societal *interactional matrices* of reciprocal influences.

The psychological consequences of these devastating events affect individuals both in ways that are highly personal (based on each one's psychological make-up and personal history) as well as impersonal, transpersonal, collective and social. Ultimately, the specific meaning that individuals and communities bestow on their suffering, as a result of political upheavals, is dependent on a wide variety of factors that can be addressed most appropriately by perspectives that inter-relate the individuals with their wider socio-political and other dimensions within which individuals are defined.

The usual way that mental health professionals respond to the refugees' experiences is by focusing exclusively on the category of psychological trauma, negatively defined. This is not wrong because often people are indeed traumatised by these events. However, the negative responses to adversity are not the only outcomes in these situations. There is a huge range of responses varying from the most pathological and disabling to the most positive, resilient and inspiring. This brief article attempted to encompass the complexities involved by considering these wide variations of responses. Working with traumatised refugees creates a lot of pressures on the workers and one of the consequences of these pressures is the tendency to oversimplify the situation and treat the refugees as if they were only in need of material help and psychological treatment. If we succumb to these pressures, we will miss a great deal of other actual or potential responses that refugees have in relation to the adversities they had been exposed to; also, we will deprive refugees of the abilities that they themselves possess and which can be used in dealing with their predicament. If we ignore the wider spectrum of responses, our own effectiveness as refugee workers will be diminished and we will need to expend more energy and resources to prop them up instead of facilitating the further development and deployment of the refugees' own existing and potential resources.

Finally, what should also not be forgotten is that similar to refugees, staff that work with them and the entire adverse situation, are not only responding in a negative way (i.e. by developing 'burn-out', 'compassion fatigue' or other negative symptoms), but their responses also include resilient and AAD dimensions. In other words, the 'Trauma Grid' should be applied equally to staff working with them. Humanitarian workers are deeply affected by what they experience in their contact with beneficiaries in ways that often change their own outlook to life and create their own transformative renewals.

Therefore, the wider *interactional matrix* of reciprocal influences and the 'Trauma Grid' provide a most useful psychosocial framework that can be used to address most effectively the plight of refugees as well as the wellbeing of those working with them.

REFERENCES

Papadopoulos, R.K. (2002) Refugees, home and trauma. In Therapeutic Care for Refugees. No Place Like Home, edited by R. K. Papadopoulos. London: Karnac. Tavistock Clinic Series.

Papadopoulos, R. K. (2004) 'Trauma in a Systemic Perspective; theoretical, organisational and clinical dimensions'. Paper presented at the XIV Congress of the International Family Therapy Association in Istanbul.

Papadopoulos, R.K. (2005). Political Violence, Trauma and Mental Health Interventions. In 'Art Therapy and Political Violence. With art. Without illusion' edited by Debra Kalmanowitz and Bobby Lloyd. London: Brunner-Routledge.

Papadopoulos, R.K. (2007) Refugees, Trauma and Adversity-Activated Development. European Journal of Psychotherapy and Counselling, 9 (3), September, 301-312.

Papadopoulos, R.K. (2008) Systemic Challenges in a Refugee Camp. *Context, the Journal of the Association of Family Therapy*, August, p 16-19.

Papadopoulos, R.K. (2010) *Enhancing Vulnerable Asylum Seekers' Protection. Trainers' Manual*. Trainer's Manual. Rome: International Organisation for Migration. http://www.evasp.eu/TrainersHandbookOnline.pdf

Walsh, F. (1993). Normal Family Processes. (Second edition). New York: Guilford Press.

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