# Working with Refugees and Asylum Seekers in Greece: The experience of Greek NGOs' Mental Health Workers. An Interpretative Phenomenological Analysis

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## Abstract

The current study aims at investigating the experience of Greek NGOs' mental health workers who work with refugees and asylum seekers (RaAS). An Interpretative Phenomenological Analysis was used, to create a deep understanding of practitioners' emotions and meaning-making regarding their struggles and the ways they cope as professionals and as human beings. The data-collection was accomplished via a semi-structured interview of five practitioners who worked at an NGO in Greece. The analysis brought to light four major themes: the first theme relates to the cultural gap between clients and practitioners, the second theme highlights the importance of being person-centred, the third theme relates to the practitioners' psychological impact as a result of counter-transference and the final theme highlights the importance of setting boundaries in order to avoid burnout. Findings revealed the existence of humanistic values in NGOs' mental health workers who work with RaASs in general, and the importance of a person-centred approach to bolster the effectiveness in the therapeutic context with RaAS clients.

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## Introduction

Over the last few years, more than 1.3 million refugees and asylum seekers (RaASs), most of them from the Middle East and some others from African countries, have passed through Greek borders. According to the existing literature, mental health workers who work with RaASs appear to face many struggles [11, 43, 56].

The variety of traumatic causes that lead someone to become a RaASs means that Mental Health Workers (MHW) who work with these groups experience several professional and personal challenges they would not usually experience: specifically, issues pertaining to the socio-cultural gap and the psychological impact [11]. In Greece, the RaAS issue seems to become more intense, with an increasing number of psychologists being called upon to support war and political/religious RaAS from many different national and socio-cultural backgrounds, who belong to a group outside the common professional and personal experience of the average psychologist from a country in the West [11, 56]. Moreover, RaAS are often not familiar with mental health services, this resulting in major communication issues [7].

Qualitative findings amongst participant MHWs who worked with non-western clients portray the socio-cultural gap as a barrier to therapeutic practice. These findings have a precedent in the literature, namely, in the study conducted by Naeem, Gobbi, Ayub, and Kingdon (2010). According to the MHWs there is a need to adjust their techniques and their general therapeutic approach to educate the clients about psychotherapy matters and explain the purpose of it [7].

However, the cultural gap is not only based on clients' lack of awareness about the western-made psychotherapeutic frame, but also on MHWs' limited experience of their clients' socio-cultural context and life experience. Studies on mental health care of Middle Eastern refugees reported that they felt more comfortable when receiving therapy from counsellors in countries such as Lebanon, Iraq, Egypt, Jordan and Turkey, where language and/or culture are similar. On the other hand, in Western countries like the USA and the UK, Middle Eastern refugees reported that mental health workers displayed a lack of sensitivity [32].

An important issue that also needs to be tackled is that refugees have experienced traumatic experiences including the death of a friend/relative and/or torture [20]. Nevertheless, even though not all have necessarily lived through serious violent situations, many of them have left behind close friends or family members whom they might possibly never see again. The journey from their country to Greece has also been a traumatic experience. Thus, according to the literature, traumatic experiences and the ongoing instability in their lives has lead the specific target group to anxiety and depressive disorders [21, 32, 60].

During working with such a suffering population, mental health workers themselves often acquire feelings of rage, sadness, hopelessness or even guilt for their better life conditions, which in many cases may be connected to symptoms of vicarious traumatisation [11, 62].

The current study attempted to explore NGOs' mental health workers' experiences and the challenges of their work with RaASs in Greece. This topic was inspired by the refugee crisis which has significantly affected Greek society over the past five years. Since Greece has been a main gateway for RaASs, it was considered important to explore mental health workers' experience of working with the particular client group during this acute phase of global refugee crisis.

In summary, the aim of this study was to explore the experience of NGOs' mental health workers who work with RaAS in Greece. At this point, it is important to note that Greece, since 1922, when there was a major influx of war refugees from the Near East, has never experienced such a huge ongoing crisis of refugees entering the country and, at many levels, was not prepared for it. The following questions arise:

– How MHWs experience the therapeutic relationship with RaAS clients?

– What are the main personal and professional challenges arising from their clinical practice with refugees?

– What are the main mental health needs of their RaAS clients?

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– What are the most valuable skills that a practitioner needs to have as a professional working with RaAS?

## Methodology

Five MHW of a non-profit organisation were interviewed for this study, including four men and one woman. Four of them were psychologists. One of them was a psychiatrist.

Ethical considerations were addressed for carrying out this study. The research was conducted based on the British Psychological Society Ethical Principles for Conducting Research with Human Participants. Participation was anonymous, and the participants were aware of their right to withdraw from the study during and after the interviews up to period of two weeks from the time of the interview by contacting the researcher and/or the supervisor.

In this research, the experience of NGOs' Mental Health Workers (MHW) who work with RaAS in Greece was explored. Thus, for the exploration of this study, qualitative research methods were used and, more specifically, the Interpretative Phenomenological Analysis (IPA), to capture the participants' subjective experience.

IPA's theoretical origin is phenomenology, first formulated by Hüsserl during the 20th century [61]. Phenomenology is an approach that investigates how the world appears/is presented to humans without the influence of their prior knowledge or/and experience [42].

Nevertheless, Heidegger indicated that no human being is capable to adopt such a split position, as transcendent from the world, because humans are part of it. He claimed that humans are a component of the world as they live in a wider cultural, historical and communication context [47, 61]. He pointed out the interaction of the researcher (interpreter) and the participant as a hermeneutic circle [26, 61], in which the researcher should adopt a self-reflected attitude and identify his/her conceptions (or intentionality) prior and during the research process [26].

According to the theory above, Smith (1996) developed the IPA method that can be characterised as a combination of both descriptive and interpretative phenomenological positions [25, 61]. It works hermeneutically, as the researcher's critical and empathetic abilities are crucial in producing interpretation [25, 61]. Characteristically, the researcher is called upon to engage in a double hermeneutic role where he tries to understand how the participants interpret their world [53, 61]. For the conduction of the data analysis, the investigator followed the IPA steps as indicated by Smith et al. (2004).

## Analysis

During the analysis, four major themes emerged: the cultural gap, the importance of being client-centred, MHWs' psychological impact and MHWs' self-protection mechanisms to avoid burnout. Figure 1. Analysis.

In theme one, practitioners spoke of a cultural gap from the client's and the practitioner's point of view. In theme two, participants expressed how they sought to bridge the cultural gap by a person-centred approach towards clients. In theme three, the participants described the psychological impact of working with refugees who have lived through traumatic experiences. The extremely difficult conditions of RaAS clients and the great frequency of their arrivals over the last few years in Greece, as stated by the participants, seemed to make the therapists less optimistic about the effectiveness of their services. For this reason, in the final theme the practitioners described the importance of boundaries in their work in order to avoid burnout. In this paper, the first two themes will be analysed.

**Theme 1:** The cultural gap: let us introduce ourselves.

The first major theme was divided into two sub-themes. The first sub-theme was related to the clients' lack of awareness of the mental health workers' role. The second sub-theme was related to the therapists' lack of awareness of the clients' socio-cultural background. Both were considered as issues that affected the therapeutic relationship and the process of therapy.

**Sub-theme 1:** Clients' lack of awareness of professionals' role affects the therapeutic process.

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The following extract echoes the participants' words in relation to the first sub-theme:

*"You explain, inform, give information because many, where they're coming from don't know quite often, these people, what it means to go to a psychologist and what's the difference to a doctor and who the psychiatrist is and who the doctor is who the psychologist is and who the social worker is and why should I care, I couldn't care less… and what does one or the other do. So, you explain…"*

Participants highlighted the importance of explaining to the clients the role of the psychologist and the psychotherapeutic process. In relation to the above extract, the participant described how she was frequently confronted by frustrated clients, unable to understand her professional role, meaning they were confused about the kind of the help they could seek.

Since the word "therapy" is a more medical notion in her clients' minds, there was a lack of clarity regarding the role of the psychologist. It was also pointed out that clients' do not have any knowledge about western psychological theory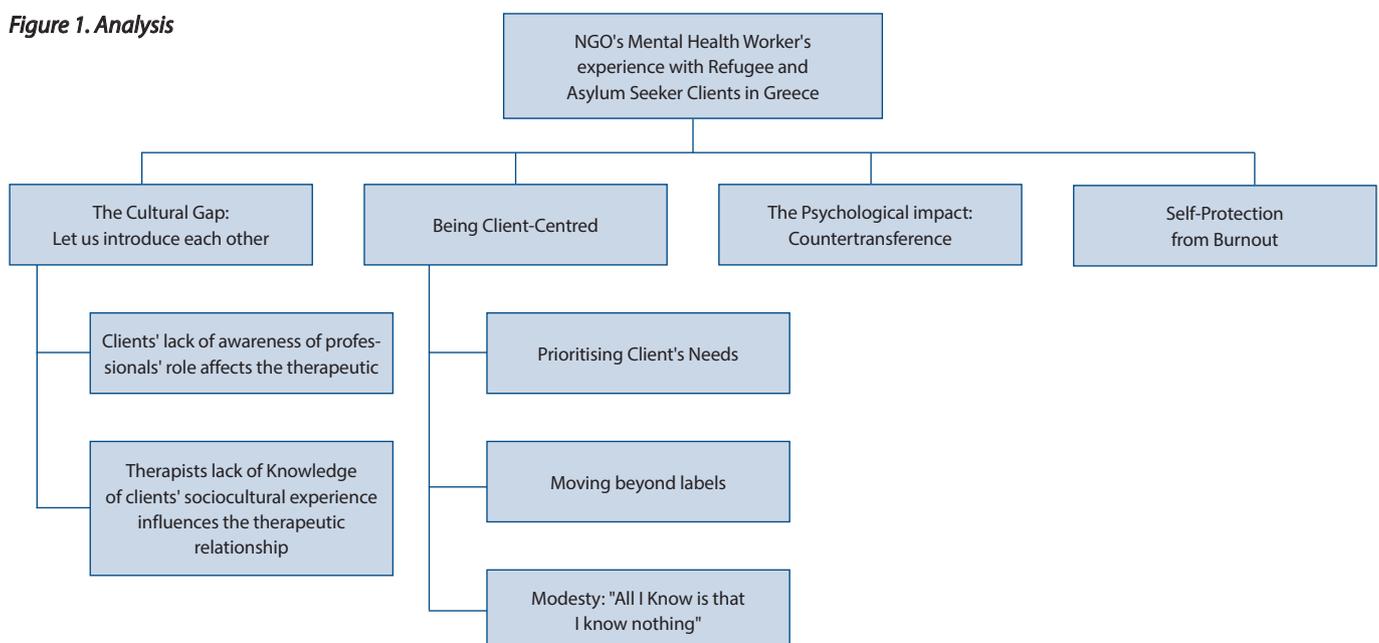 and therapy concepts, meaning that they did not naturally make the same kinds of connections while describing their problem, as someone exposed to a western, symptom-focused culture would make.

**Sub-theme 2**: Therapists' lack of knowledge of clients' socio-cultural experience influences the therapeutic relationship.

In relation to the second sub-theme, the participants explained that their lack of knowledge of the clients' socio-cultural background influenced the therapeutic relationship and created feelings of anxiety to them, especially since they had experienced moments of misunderstandings with their clients. This issue was also intensified, as interpretations of the clients' background were also used in therapy. The following extract echoes the participants' words:

*"Then the big difference in experiences is also a challenge. Meaning, I don't believe there's anything that cannot be bridged but it demands greater effort and it also demands an effort from the therapists' side. Meaning to understand that people that come from different social, financial, cultural context, different condition and all that. Ok, how can that influence the connection with the therapist…"*

*Figure 1. Analysis*

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In relation to the above extract, it was highlighted that participants found it challenging to work with clients of a different background, but, at the same time, it was pointed out that they were willing to try to become further educated and learn more for the clients' background. One of the participants described his effort as an 'awakening', leading to a desire for 'openness' on his behalf. The need for the therapists to have special training to be more effective in their cross-cultural work was also pointed out.

**Theme 2:** Being client-centred

Due to the unique conditions generated within each therapeutic relationship between the practitioners and the clients, MHWs were more and more led to value the importance of adopting a more flexible, client-centred therapeutic attitude. Thus, the second major theme was divided into three sub-themes: prioritising clients' needs, moving beyond labels and modesty- "all I know is that I know nothing".

**Sub-theme 1: Prioritising Clients' Needs**

In relation to the first sub-theme, it was expressed that the therapists took a 'parental' role within the therapeutic relationships to meet the clients' needs while being in extreme conditions in the camps.

*"I've realized that a more parental attitude works better. Which means, by adopting an attitude that is more empathetic and by being present enough."*

*"By being a bit more 'mother like' at the same time."*

The above extracts express the same need on behalf of the clients. One of the participants compared her professional role with that of a parent/mother, in the sense that she is called to care about peripheral aspects (i.e. falling outside the scope of things she should be dealing with in the psychotherapeutic context) of the individual's wellbeing, to establish a connection with them. Implicitly, during her description, she expressed a mother's honest worry about her pregnant client indicating that, for her it is important to care about an individual's living conditions and nutrition. Thus, Danae seemed to prioritise the need to adapt to clients' conditions and needs and to hold humanitarian values, even though, according to her Lacanian psychoanalytical

specialisation, she was used to a 'more neutral therapeutic attitude'.

**Sub-theme 2:** Moving beyond labels.

In relation to the second sub-theme, the participants expressed their disagreement with a 'generalised' attitude towards RaASs under the label of 'refugees'. They claimed that each client should be approached as a unique human being, highlighting a person-centred and individual-focused attitude in therapy, where clients can explore and 'reconnect with their lost identities'. The following extract highlights the participants' words:

*"«He/she is a refugee…» someone was saying «…Ahh! All the refugees are traumatized emotionally…» Eh, to that we say «Hey, let's not overdo it, this is ridiculous». I don't know what all the refugees are. We need to see separately what each person who comes here is. So if we see each person that he/she is a unique being, that he/she is a person and not a refugee…"*

According to the above extract, the participant opposed the characterization by some people in the MHW community of all RaASs as 'people with traumas' and the participant criticised such over-generalisations, indicating his belief that when someone talks this way about people, they are behaving in an 'arrogant and shameful way'.

**Sub-theme 3:** Modesty: "All I know is that I know nothing".

In relation to the third sub-theme, MHWs' person-centred approach to their clients and greater professional attitude in general is attained, according to the participants, via modesty. Modesty was praised over and against arrogance, as playing a key role in enabling MHWs to be more open to identify the needs of every single client. Modesty also seemed to be viewed by participants as an aspect of self-awareness and openness to share, reconsider and learn at every moment. Both impressions were construed in terms of the effectiveness of client-practitioners interactions and relations between the co-workers. The following extract echoes the participants' words:

*"We are not geniuses that know everything from birth and people come here and we 'We interpret (or read) them', right? We say we know nothing and we are to learn. [..] Be modest…"*

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Within the participants' words it was repeatedly expressed that therapists need to be 'modest' while working with refugees and, as the above extract denotes, willing to learn. This was considered as highly important while working with a client group that did not resonate with the westernized therapeutic standards and held different socio-cultural beliefs.

## Discussion

The current study presented the main aspects of Greek NGOs' mental health workers' experiences in their work with refugee and asylum seekers. The country the study was conducted in can be considered very relevant to the topic of interest as within the past couple of years an exceptionally large number of refugees had entered Greek borders. Hence, this study reflects a topic very relevant to Greece and, more broadly, Europe, touching upon various debates within the domain of psychology. During the analysis, participants expressed themselves and their concerns about the nature of their job, the work conditions, their interaction with their clients and their emotions. The following discussion focuses on the first two themes as analysed in this paper.

According to the first theme regarding the cultural gap between practitioners and their clients, a phenomenon emerged that maximally defines the differences between Western and non-Western cultural awareness and knowledge on the meaning of psychotherapy [33]. This peculiarity entails a struggle on the part of the practitioners of this study, in line with Naeem et al. (2010) and Eltaiba (2014), to build the therapeutic frame, since they need to explain their professional role and the matter of the psychotherapeutic process.

In this research, the same participants who emphasised the difficulty of the Western-made therapeutic alliance in a non-Western population, also stressed their own difficulty in creating a connection with their clients according to the general socio-cultural and experiential gap. According to this issue, the literature focuses on the importance of practitioners' multicultural sensitivity and proposes techniques

and/or special training and specialization to achieve the most effective therapeutic development [6, 8, 16, 58].

Practitioners from the current study focused on the adoption of a client-centred attitude to manage many of the difficulties in working with RaASs. Milton et al. (2010) spoke about the humanism and pluralism in practitioners' values, which emphasise the uniqueness and complexity of everyone - something that stands in contrast with the traditional medical model [60]. Thus, a person-centred attitude seemed to be generally appreciated by MHWs of this NGO, since most of them make strong statements in support of it. In relation to the participants' focus on being client-centred, the participants also highlighted the importance of being modest as therapists. This is in accordance with the literature: Hirai and Goh (2016) concluded that being modest is considered one of the most important features of a therapists' humanity in an effective therapeutic relationship.

The study did face some limits that are worth mentioning. Firstly, since the researcher was an undergraduate student, she did not have a specialisation in psychotherapy. This had an impact during the interview, as at times she did not know what the appropriate additional questions to ask would be. It also made the analysis and connection with the relevant literature more difficult. Additionally, although the group could be described as homogeneous since all the participants were therapists working with refugees, differences were also found between them (years of experience with refugees and work title). Another difference was that some of the participants only worked at the NGOs' facilities, while other participants also worked at the camps. This presented them with additional challenges. Although the above differences were observed, homogeneity was nonetheless broadly maintained because the participants shared common experiences, as was demonstrated in the analysis section. Another difference that was observed was in relation to the psychotherapeutic model of each participant, although this was not found to have a significant impact on the study since the client-centred approach was adopted in each case.

According to the above analysis, the present study seems both to support the findings of previous studies on similar

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topics, while at the same time it brings up some new findings. Thus, on the topic of 'working with RaASs', the participants gave great credence to the value of approaching everyone as a unique person, beyond the criteria of nationality and illness/problem pertaining to their status as refugees. Consequently, importance seems to be attached to humanistic values, in both the personal and the professional profile of the MHW, as fundamental traits required for the successful creation of a therapeutic frame and for bridging the gap in the therapeutic relationship, overcoming both practical and cultural barriers.

Further study would reveal whether this emphasis on adopting humanistic values is a feature that exists more generally amongst MHWs working with RaASs, or if it is a phenomenon limited, in some way, to this NGO. It would also be worth investigating (within NGOs working with RaASs) to what degree the acceptance of person-centred approaches affects or comes into conflict with conventional medical-oriented models. Finally, since there seems to be a gap in the literature regarding IPA research done amongst MHWs who work in refugee camps, more work should certainly be done in this area to document and describe the experience of these workers. Further research could also focus upon the phenomenon of burnout and how MHWs deal with difficult emotions that emerge from their work.

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