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Contents

AFFECTS AND EMOTIONS OF THE MENTAL HEALTH PROFESSIONALS WORKING IN THE REFUGEE REGIME OF GREECE: A REFLEXIVE PHENOMENOLOGICAL EXPLORATION

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Abstract

This presentation aims to reflexively explore the impact of the affects and positive or negative emotions of mental health professionals working with refugees in the Greek context. We will also venture to contribute to the debate on whether affects of apprehension, compassion or fatigue can ultimately result in personal development and resilience, reinforced by clinical supervision depending on the professionals' needs.

The sample of this study consisted of six Greek mental health professionals, aged from 25 to 55, selected with purposeful homogeneous sampling from non-governmental mental health services. The data were collected through in-depth, semi-structured interviews. In the presentation, we will discuss data analysed with the methodology of Interpretative Phenomenological Analysis (IPA), focusing on the embodied reflexive becoming of the interactions with the participants.

The main findings indicate that the experience of affect and positive or negative emotions of mental health professionals in their work with refugee clients can have an intense emotional impact which is conducive to the development of psychological resilience, while fostering greater self-awareness and meaning attributed to their work and life in general. In the interviews conducted, by listening with reflexive embodied empathy the dramatic accounts of the participants and the refugees' hardships, the researchers were also affected, feeling emotions ranging from helplessness to joy. This emotional roller-coaster of the researchers' resulted into the development of psychological agency, building of psychological resilience through the process of witnessing and acknowledging the situation while fostering a feeling of making a difference and a desire to contribute more in the refugee context. Another important finding involved an urgent call advanced by the participants for supervision by experienced on the field professionals in order to cope with the affects in the field. An important reflexive finding of this study was exactly the apprehension the researcher(s) couldn't help but feel when the mental health professionals were asked to participate in the data collection. This in turn affected the researcher in a number of ways such as being a bit hesitant or worried before meeting with the participants. Therefore, we propose reflexively that both the precarious work conditions in the refugee context of Greece and the intense

emotional impact of participants can affect the participants into assuming an apprehensive stance concerning their participation in the study and self-disclosing, which in turn brings to light the many ways that precarious work conditions in Greece can influence the research procedure.

Keywords: working with refugees, mental health professionals, reflexivity, IPA.

1 INTRODUCTION

Greece in the past three years has been put in a dire position to address a massive influx of refugees migrating from the war afflicted areas of the Middle East. In the midst of the most severe financial crisis of the last 40 years, the influx of refugees crossing the Greek borders became overwhelming as of 2015. According to data by the UNHCR (2015) provided by Gkionakis (2016), by the end of November 2015 the total arrivals reached 703,374. According to a recent data snapshot by the UNHCR (2017, June 8), as of 19 December 2016, the total number of Persons of Concern (PoCs) in Greece was 62,455, of which 31,414 were residing in official and unoffical sites on the mainland. Greece is similar with other Southern European countries, who are characterised by an inability to develop a well-organised system of reception due to the lack of support by the public sector (Puggioni, 2005), resting on N.G.Os to fill the void and cover the refugees' urgent needs (Mestheneos & Ioannidi, 2002). This situation opens up many issues for qualitative inquiry both with the mental health professionals and the organisation of psychosocial services, their needs, their attitudes and feelings vis-a-vis supporting the refugees.

1.1 Experiences of mental health professionals working with refugees

There is limited amount of recent qualitative studies that focus on the experiences of mental health professionals working with refugees (Schweitzer, van Wyk & Murray, 2015; Guhan & Liebling-Kalifani 2011; Robinson, 2013; Century, Leavey & Payne, 2007; Papadopoulos, 2002). In the following paragraphs, we will attempt to critically summarise the available literature, focusing on findings regarding a) the impact of work to the professionals; b) matters of context; c) participants' needs to sustain the therapeutic practice.

As to the first issue, all studies confirm that there is profound personal impact for mental health professionals. Both in Robinson (2013) and Schweitzer, van Wyk & Murray (2015), all participants recognised that they had experienced 'burnout', 'stress' or 'vicarious trauma' brought about by clients' trauma histories. Guhan & Liebling-Kalifani (2011) advance the metaphor of the 'emotional rollercoaster' to describe this impact. Many participants in the study of Century, Leavey & Payne (2007) spoke about the frustration and the sense of powerlessness they experienced, due to the 'overwhelming demands' of the high workloads. In Guhan & Liebling-Kalifani's (2011) study, feelings of sadness, depression, feeling let down, helpless, flat, demoralised were commonly reported, as well as feeling anxious, frantic, stressed. On the other side, there were also accounts of positive impact, such as feeling happy, overjoyed, excited, exhilarated and uplifted by the work (Guhan & Liebling-Kalifani, 2011). Such a profound impact leads the mental health professionals in a transformative process (Schweitzer, van Wyk & Murray, 2015) of personal changes, where they have gained an increased appreciation of their personal circumstances and awareness of global issues, human rights and social justice (Guhan & Liebling-Kalifani, 2011).

Lack of funding and resources was constructed unanimously as the most fundamental context issue impacting the therapeutic relationship. For Century, Leavey & Payne (2007), one issue affecting work

was the limitation of resources in primary care, i.e. the limited number and time-frame of sessions provided. For Schweitzer, van Wyk & Murray (2015) as well as Robinson (2013), funding issues were aggravated by constant changes in the governmental immigration regulation. Lack of funding leads to increased workloads and caseloads, which in turn result in stress for the staff (Guhan & Liebling-Kalifani, 2011). Century, Leavey & Payne (2007) also mention the contextual difficulty of employing interpreters in the therapeutic setting, due to communicative and cultural disparities. Schweitzer, van Wyk & Murray (2015) further stress the importance of everyday difficulties in the process of resettlement (e.g. accommodation, food), on top of the issue of war in the home country of the refugees impacting the lives of their extended families. Such contextual obstacles lead mental health professionals to question the effectiveness of their practices, creating frustration which affects the therapeutic relationship.

Given the prominence of the contextual factors affecting the therapeutic relationship, as well as the impact of the work difficulties on mental health professionals, supervision and training were advanced as the most fundamental needs. Schweitzer, van Wyk & Murray (2015) further stressed the need and practice of self-care, of practical techniques and strategies to manage the emotional impact of the work such as playingsports, relaxation, etc. The importance of arrangements and frameworks of supervision were particularly stressed by Schweitzer, van Wyk & Murray (2015), Robinson (2013) and Guhan & Liebling-Kalifani (2011). It is evident thus that the experiences of mental health professionals revolve around the gravity of the emotional impact of the work with refugees, the difficulties contextual factors create for the therapeutic practice and finally the need of supervision, support and training. Given the distinction of North and South refugee reception and integration systems (Puggioni, 2005), it would be useful to explore whether such findings of Global North settings (U.S.A. - U.K. - Australia) are coherent with the experiences of mental health professionals of countries in Southern Europe. In the context of Greece, there is a lack of studies exploring the experiences, the affects and the impact of mental health professionals working with refugees.

1.2 Affect & Emotions

This study will attempt to examine and reflect on the affective impact of working with refugees, drawing from the theories of Seigworth (1995), Russell & Barrett (2009) and Brennan (2004), while taking into account the theory of positive emotions by Fredrickson (2001).

Seigworth (1995), acknowledges affect as a prelinguistic language, a learnt quality prior to being able to make sense of words. Affect is described as a circuit between our bodies and souls and is found at a prior to conscious thought state forming a bridge between our bodies and the outside world. Affect functions both as a precondition and a conditioner of our ability to feel happy, sad, angry, etc., encompassing all these accumulated every day affective insignificances that go unnoticed and register with no particular emotion attached to them; Whereas in reality, these insignificances make up of who we are or how we act in a certain context.

Russell & Barrett (2009) confirmed that "core affect" is a fundamental, neurophysiological, primitive state referring to the most elementary consciously accessible affective feelings that are not directed to anything in particular. It is ever-present even when the individual is in a neutral state (Russell & Barrett, 2009). One way to see it is as a neurophysiologic barometer of a person's relationship to an environment at a given point in time with the person's self-reported feelings serving as the barometer readings (Barrett & Bliss-Moreau, 2009). Brennan (2004) suggested that affect can be

transmitted from one person to another in a given environment. The transmission of affect, whether it is happiness, grief, anxiety, or anger, is originated socially or psychologically. The transmission of affect is also responsible for bodily changes; some are brief while others are longer lasting altering the biochemistry and neurology of the individual.

Fredrickson (2001) suggests that positive emotions serve as markers of flourishing while the overall balance of people's positive and negative emotions has been shown to predict their judgments of subjective well-being. The "broaden-and-build theory of positive emotions" states that certain emotions such as happiness, joy, interest, contentment, pride and love are able to "broaden people's momentary thought-action repertoires and build enduring personal resources, ranging from physical and intellectual resources to social and psychological ones" (Fredrickson, 2001, p3). In specific, the broaden-and-build theory argues that "multiple, discrete positive emotions are essential elements of optimal functioning while positive emotions (a) broaden people's thought–action (b) undo lingering negative emotions (c) fuel psychological and (d) build psychological resilience and trigger upward spirals toward enhanced emotional well-being" (Fredrickson, 2001, p 227).

2   METHOD

This was a descriptive pilot study, part of a wider post-doctoral project, employing a reflexive qualitative methodology. Its aim was to explore the mental health professionals lived experience working in the Greek refugee regime, focusing on the ways they are emotionally affected, as well as on the supervision needs they articulate. On this paper, we will solely address the research question of the emotional impact experienced by the participants, as rich and complex accounts of sense-making, within the context and the adversities of the economic crisis. Taking a reflexive embodied empathetic position (Finlay, 2005), we will employ an Interpretative Phenomenological perspective (IPA - Smith, Flowers & Larkin, 2009) to analyse those accounts.

2.1   Participants

According to IPA dictates (Smith, Flowers & Larkin, 2009), we opted for 'purposeful sampling' in this milieu, in order to better grasp the experiences of the participants. There were 6 persons in the study, employed as mental health professionals (psychologists, psychotherapists, psychiatrists and social workers) three women and three men. We contacted the participants informally through professional and social networks, personal contacts, as well as through snowball sampling. A prerequisite for their participation was having rich experiences working with refugee populations.

2.2   Data Collection

After an informal personal inquiry on participating in the study, the researchers sent the participants brief information regarding the research and an invitation to participate. The participants that responded to the invitation were given thorough information about the research. Subsequently, an interview schedule was developed, and each person was accorded a date of interview. The interviews took place in their preferred locations, enabling their undivided expression in a safe and familiar setting. Written consent was obtained from each of the participants before each interview, while it was made clear that they had the right to withdraw at any time and request their interviews to be destroyed. Next, the researcher and the participants together agreed on a code name such as (Ψ1, Ψ2) and the participants were assured that their true identity would be kept private. The data were collected through hour-long, in-depth, semi-structured, open-ended interviews while the interview topics covered a comprehensive description of their actual experiences working with refugee populations, how they made sense of them and the emotional impact of those experiences.

Participants were treated as experiential experts and any novel areas of inquiry they opened up were followed, hence the questions were used to guide rather than dictate the course of the interview. Data collection lasted approximately 2 weeks (June 2017) and resulted in about 6 hours of data. The interviews were recorded onto a professional digital recorder. The researchers after each interview elaborated on field notes their thoughts and feelings during the data collection, aiming to record their reflexive embodied empathy (Finlay, 2005) of the interviews as notes to enrich the analytic process. All interviews were immediately transcribed verbatim using a simplified form of transcription.

2.3   Data Analysis

The analytical method of interpretative phenomenological analysis (IPA; Smith, Flowers & Larkin, 2006) used aims to explore in detail participants' personal lived experience and how they make sense of that personal experience (Smith, 2004). Nevertheless, it is acknowledged that it is not possible to access an individual's life world directly because there can be no clear and unmediated window into that life. Investigating how events and objects are experienced and given meaning requires interpretative activity on the part both of the participant and the researcher (Eatough & Smith, 2006). It is phenomenological (Giorgi, 2016) in its concern with individuals' perceptions of objects or events, but it is also strongly connected to the interpretative or hermeneutic tradition (Palmer, 1969).

In this study, the analytic process involved the following set of stages: both the transcript and the field notes were read several times and the left-hand margin was used to make intuitive, reflexive and empathic notes recording anything that appeared significant and of interest. With each reading, the researchers became more and more "wrapped up" in the data, more responsive to what was being said, developing an empathic connection to the participant's experiences, their emotional impact, and most of all, the embodied affects they produced. The second stage involved returning to the transcript afresh and painstakingly using the right-hand margin to transform through abstraction initial notes and ideas of the accounts into more specific themes. This was a process between inductive and deductive analytic positioning, in dialogue with the reflexive embodied notes of the previous stage. At this stage of analysis, caution was exerted so that the link between the participant's own words and the researchers' interpretations and embodied feelings was not lost. The third stage consisted of further reducing the data by establishing connections among the preliminary themes and transforming them into appropriately named higher order themes.

3   FINDINGS AND DISCUSSION

We will present and discuss the two higher-order themes from the study focusing interpretatively on the 'becomings' of the participants and the researchers. They indicate that the experience of affect and positive or negative emotions of mental health professionals in their work with refugee clients can have an intense emotional impact, seen as a transformative process (Schweitzer, van Wyk & Murray, 2015) conducive to the development of psychological resilience, while fostering greater self-awareness and meaning attributed to their work and life in general. Further, we will demonstrate two core ways that, in the research interviews conducted, by listening with reflexive embodied empathy (Finlay, 2005) the dramatic accounts of the participants and the refugees' hardships, the researchers were also affected, feeling emotions ranging from helplessness to joy. This emotional roller-coaster of the researchers' resulted into the development of personal agency, building of psychological resilience while fostering a feeling of making a difference and a desire to contribute more in the refugee context. These were feelings that mirrored those of the actual participants. We opted to omit, due to the word limit, the discussion of the important finding of the urgent call for supervision. Finally, an important reflexive

finding of this study was exactly the apprehension the researcher(s) couldn't help but feel when the mental health professionals were asked to participate in the data collection. This in turn affected the researcher in a number of ways such as being a bit hesitant or worried on meeting with the participants.

3.1 The mental health professionals' experiences: impact of working with refugees and coping strategies

We will first address the super-ordinate theme on the ways mental health professionals were impacted by working with refugees: they elaborated on grave experiences of intense personal impact, which called on ways of coping. At first, participants described the intense emotional shifts they felt in their workplace, their difficulties in balancing life and work, but also the ways they were able to grow as persons through those experiences as well as the inherent value of such experiences in finding life's meaning. Guhan and Liebling-Kalifani's (2011) informants provide the resonating metaphor of an 'emotional roller-coaster', to describe the intense emotional shifts the professionals face, vis-a-vis the difficulties, the responsibilities and the challenges of their practice. Feelings of despair, anger, stress and frustration are common, as evidenced in the following extract:

> «the feeling is extremely heavy.. anger for my own self and anger for the whole situation and a feeling of helplessness.. what I mean to say is that I often feel helpless.. and that really ruins for you the all-powerful impression you have of yourself» (Ψ1)

Another grave aspect of the impact was the difficulty in balancing professional and personal life. The workload consumes the time of the day, as the needs of the persons served are felt as imminent, a finding in accordance with Guhan & Liebling-Kalifani (2011). Participant Ψ4, working with unaccompanied minors, attests:

> «I don't work in an office, no. I don't specifically work at a place. I don't wake up in the morning and go to somewhere specific. I go where the children are and the children could be anywhere in the city [...] And the time I spend is not set.. What I mean is that the work hours are never set and if you don't set your boundaries you can end up being stand by all the time[…} Because you are the only person they can turn to…» (Ψ4)

Nevertheless, they also attest to experiences of positive feelings, mostly associated with the warmth of proximity and trust they feel from the refugees. Such is the extract from another participant:

> "Those experiences enrich you, I mean, they make you want to… they are very rich experiences and very compact. Through these experiences you get very close to people" Ψ3)

On such a note, one core feature of the accounts of the participants on the impact, was the strategies they had to put in practice in order to cope with it. In brief, as a part of the personal transformation they attest, they spoke about becoming more cynical and professional and about finding ways to let off steam. All this, in a process of 'becoming' resilient. For instance, participant Ψ1 elaborates on developing a more professional distance vis-a-vis people's problems, thus becoming harder.

> «So when I first came here and the doctors were talking about the medical conditions different people suffered from and were talking about how this or that person had that medical problem and how they feel and what they've been through and I was dumbfounded, I lost my appetite, I couldn't eat, I didn't want to do anything because I was in distress. Since then I've become exactly like them, we sit in the morning meetings and chat or even have a laugh with situations that if someone were to hear would certainly

think «how on earth could they be laughing about that?» And we do laugh with things and it may not be the best way to deal with things but IT IS a way. We may be talking about a very serious medical condition while having our breakfast at the same time» (Ψ1)

Another set of coping strategies used was exercising the body and distracting oneself, by sharing a laugh, similar strategies to those found by Schweitzer, Wyk, & Murray (2015).

«What I do to blow off stream is work out at the gym. What is also helpful is what I've already told you, walking 1,5 km from one camp to the other is also very helpful to me[...] plus that we have an hour break every day when we all gather together and just hang out, talk, tell jokes» (Ψ2)

Another cluster of this higher-order theme on the emotional impact of the professionals' experiences are the accounts of being benefited by working with refugees. One emergent theme is being privileged to witness the person's change in the therapeutic process:

«and at some point she started getting better with the help of the medication and psychotherapy and I remember that day that she came to the clinic and she had combed her hair nicely, she was from Africa, and she had that hairdo and she was wearing her hat, and we hardly recognized her [...] we couldn't believe that it was her, it was a transformation, as if it were a totally different person that entered the clinic.. and that gave me such joy and... Satisfaction.. that in a sense I have somehow contributed to all this» (Ψ1)

Listening to the professionals' accounts with reflexive embodied empathy (Finlay, 2005) the second researcher found herself understanding the participants in a deeper level. Since the body is the vehicle for being and understanding the world (Merleau-Ponty, 1962, p.82) the second researcher could not help but notice how she became affected, her own embodied reactions to the experiences described by the participants. Listening to participant Ψ1 vividly describe the instance of a patient overcoming their problems and the joy that this positive transformation brought to everyone involved moved the researcher as well. The light and joy in the eyes of the participant, the compassion that she communicated, the way she smiled while narrating the incident, her openness and humanity affected the researcher greatly. The contagion of joy and smile contributed to the researcher's feelings of instant happiness as if being there herself experiencing the situation firsthand, the researcher started smiling too and actually felt that joy that great change brings about. This is an important finding, as it documents the magnitude of the emotional impact of refugees' experiences, as well as the importance of the therapeutic relationships. In fact, this research experience led the researcher to reflect on the importance of the personal contribution in order to make a difference, which in turn contributed to the decision of becoming actively involved in the refugee regime. The participant's emotional becoming affected the researcher's personal change. Another emergent theme was the affect of gratitude felt by mental health professionals, as narrated by Ψ2.

«you a get a positive response for that child, an official permission to be sent to a boarding houseand you tell that to the child and the child may smile, may get emotional, may even jump for joy and when the departure day comes the child might feel sad for leaving instead of feeling happy, and will kiss you goodbye as if you were family.. that gives me great joy.. that I have managed to build a trusting relationship in such a challenging and tough environment.. that makes me feel good about» (Ψ2)

Participants then, on speaking about the impact of their work, stress the aspect of deep personal transformation (Schweitzer, van Wyk & Murray, 2015). Ψ2 elaborates on such a *quest* of personal growth.

> The reason why I decided to quit my previous job and work here was my need to understand, to see with my own eyes how bad things are and what enduring hardships really means, what problems really are and what it feels like to be happy while having next to nothing [...] You end up re-evaluating what you already have, your own demands, your own high standards and all this can lead you to not lower your standards but set them even higher but in a more essential way, feeling inner peace and being at peace with yourself..» (Ψ2)

While on such a quest, participants time and again attest that their intense work provides them with answers in a personal search for meaning against the everyday frustrations.

> «and I got to thinking that if this were the only thing I have ever accomplished, just one child saved, not being on the street any more, having a totally different perspective and a chance to live a better life, then I'm more than OK with what I do.. What I do is enough» (Ψ4)

In such a process, mental health professionals can learn more about the complexities of human's psyche, about the resources of strength, about resilience, thus finding ways they can cope with their own difficulties (Guhan & Liebling-Kalifani, 2011) and enrich their professional practice.

> «..you learn a lot about people and about yourself, about the different cultures.. about the strength that people have, the resilience that people have» (Ψ1)

> «as a mental health professional you learn not to be so sure about the things you think you know, you learn to challenge what you already know, the stereotypes of what it is to be in pain, or what it feels like to be a victim, or a Muslim, or an Arab. You learn to adopt to all these different situations, reality teaches you all that» (Ψ4)

In this higher order theme we briefly discussed the positive and negative impact of participants' experiences of working with refugees, as well as their ways of coping and the benefits they suggested.

3.2   Becoming affected: emotions of mental health professionals

The second higher-order theme to be presented focuses on the ways such experiences affected the participants and the emotions they elicit. According to Seigworth (1995), affect functions both as a precondition and a conditioner of our ability to feel happy, sad, angry, etc. Participants vividly described such experiences of becoming affected, as the refugees 'transmitted' (Brennan, 2004) their distressful hardships and/or their positive change. The whole experience feels physical, having an inexplicable embodied aspect to it.

> «Physically you feel kind of lighter, you can see it in the way I move my hands right now that I'm describing it to you, you breathe a little better, you may smile a little, you get a bit more emotional without it being too much. That's how it feels physically» (Ψ6)

Affects may be experienced as distressful and traumatic, agreeing with the existing literature that exposure to refugees' trauma on an ongoing basis can have significant negative effects on both physical and psychological well-being (eg. Cieslak et al., 2014).

> «..after the session I feel as if I've been beaten up myself or feel very, very sad.. as if someone punched me in the stomach.. you may feel many different things, mostly tension at the back of the neck or you may feel something not exactly physical but nevertheless traumatising. It is traumatising, it leaves you in a state of disintegration. Sometimes as I'm driving home from work I feel that something has happened to me and that I'm traumatised too..» (Ψ1)

It is noteworthy that as the researcher listened actively to the participant accounting this negative experience, she leaned forward in order to better hear as the participant had lowered their voice and the effect of describing the feeling as being punched on the stomach crossed over. The intensity of the participant's description and the way she relieved the moment affected the researcher as the actual experience of being hit in the stomach felt real. The image portrayed by the participant of driving home feeling out of place in a way, the sadness, frustration and melancholy the image conveyed felt like watching a film and being so caught up in it that you identify and in a way merge with the main characters. In fact, the researcher needed a few seconds to regain composure and move on with the rest of the interview since the feelings of sadness and frustration, as well as the physical sensation of having being punched and the bitter after taste were all overwhelming and difficult to handle. The trauma that the participant had referred to was an experience the researcher could now relate to. Such an 'emotional roller-coaster' of the researchers is also indicative of the affective power of 'vicarious trauma', since the transmission of traumatic affective experiences in the interviews is so intense that such accounts affected the researchers in embodied ways (eg. Cieslak et al., 2014). Other negative emotions elicited in the interviews were: anger, sorrow, frustration, disappointment, fear, anxiety, despair, helplessness.

> «And almost always after the therapy session with that man I am left with such a deep sorrow, an existential kind of sorrow, because in essence I am watching a man fade away little by little, and he is completely alone, it almost shocks me how completely and utterly alone this man is» (Ψ6)

Becoming affected indicates the importance of intersubjectivity and empathy in the therapeutic relationship. On the other side, many participants offered a positive aspect of being affected by their therapeutic practice with refugees. Positive emotions named in the interviews were: joy, bliss, pride, relief, enthusiasm, impatience, satisfaction. According to Fredrickson (2001) such emotions contribute to the quest for personal meaning and nurture the person's resilience.

> «And we felt so anxious and overjoyed of what we were about to announce to him and we couldn't wait to see his reaction... I dare to say we might have felt even happier than him» (Ψ3)

> «What I've felt was relief, relief because I was able to help him and great, really, really great joy. I don't know what more to tell you, I don't know how to put it in words» (Ψ2)

Becoming affected and emoting is conducive for the participants' search for meaning, as it is a form of becoming self-aware of the limits of therapeutic practice vis-a-vis the reality of the refugees' hardship.

> «the feeling is extremely heavy.. anger for my own self and anger for the whole situation and a feeling of helplessness.. what I mean to say is that I often feel helpless [...] and when you realize the gravity of the problem the frustration that comes with that is just too much to withstand» (Ψ1).

Such a process of becoming aware leads on to resilience, it forms a transformative positive response to refugee trauma defined by Papadopoulos (2007) as Adversity-Activated Development. Being exposed to the hardships of the refugees, mental health professionals can change and grow, both personally and professionally. For us, sharing the feelings of the participants in the interaction of the interview was an embodied revelation of their affective power.

The final focal finding of the researcher becoming affected was some participants' feeling apprehension concerning the disclosure of their personal details, which also distinctly affected the research process. Although the participants had already been officially informed and ensured in writing that no personal details or data were to be disclosed and were also aware of the fact that they were protected under the standard of privacy and confidentiality of the code of ethics, they still felt nervous and apprehensive. Some participants felt so apprehensive thatt needed to interrupt halfway the interview to ask for further confirmation, causing them to lose their train of thought and appear somewhat lost in their thoughts for some minutes. Accordingly, the researcher literally felt the weight of responsibility heavier than ever before causing instant headache in an effort to remind the participants of all the above and try to act as catalyst of tension in order to move on with the interview. As a result the researcher felt apprehensive herself each time before meeting with the different participants, taking extra care in maintaining formality, questioning herself whether she is doing everything by the book. When some participants asked to see the interview question list before the actual interview it became clearer that the said apprehension was inwrought with the precarious work conditions in Greece, causing the participants to even check the questions beforehand in case they were asked questions that would cause them to disclose information concerning the non-governmental organizations they worked for threatening them to lose their job. After the completion of the interviews that sense of grave responsibility was unarguably passed on to the researcher causing distress, tension and a feeling of carrying a heavy burden. The researcher's embodied response to such apprehension by the participants is a finding further underlining the emotional impact of the mental health professionals' work.

Being a pilot study, its aim was to focus on the Greek case of mental health professionals working with refugees. Despite the small sample, it affirmed that the experiences, the emotional impact and the negative and positive affects were similar with those of professionals of the Global North. The study also attested to the need of group supervision, for the support of the professionals and the incitement of the process of Adversity-Activated Development, a finding that we did not elaborate. In fact, our study attests to the importance of positive emotions and personal transformation for the development of AAD (Papadopoulos, 2007) against the 'deficit model' of refugee and vicarious trauma. Finally, we have to note the affects of the working conditions of mental health professionals in the Greek refugee regime, such as the embodied feeling of apprehension the second researcher couldn't help but sense and the ways they inadvertently structure the behaviour and the therapeutic practice of participants. Thus, one further analytic step we intend to take is to analyse psycho-socially the emergence/transmission of affect and emotions as social practices (Wetherell, 2012) carried within the community of practice of the professionals working in the Greek refugee regime, within the social milieu of economic recession in Greece.

REFERENCES

[1] UNHCR. "Greece data snapshot". http://data.unhcr.org/mediterranean/country.php?id=83 (accessed December 1st, 2015)

[2] Gkionakis, Nikolaos. "The Refugee Crisis in Greece." *Intervention* 14 no. 1 (2016): 73–79. doi:10.1097/WTF.0000000000000104.

[3] *UNHCR. "Regional Refugee and Migrant Response Plan for Europe (January to December 2017)"*. https://data2.unhcr.org/en/documents/details/52696(accessed June 23rd, 2017)

[4] Puggioni, Raffaela. "Refugees, Institutional Invisibility, and Self-Help Strategies: Evaluating Kurdish Experience in Rome." *Journal of Refugee Studies* 18 no. 3 (2005): 319–39. doi:10.1093/refuge/fei034.

[5] Mestheneos, Elizabeth, and Elizabeth Ioannidi. "Obstacles to Refugee Integration in the European Union Member States." *Journal of Refugee Studies* 15 no.3 (2002): 304–20. doi:10.1093/jrs/15.3.304.

[6] Schweitzer, Robert, Sierra Wyk, and Kate Murray. "Therapeutic Practice with Refugee Clients: A Qualitative Study of Therapist Experience." *Counselling and Psychotherapy Research* 15 no. 2 (2015). Elsevier Ltd: 109–18. doi:10.1136/bmj.i1030.

[7] Guhan, Rebecca, and Helen Liebling-Kalifani. "The Experiences of Staff Working With Refugees and Asylum Seekers in the United Kingdom: A Grounded Theory Exploration." *Journal of Immigrant & Refugee Studies* 9 no.3 (2011): 205–28. doi:10.1080/15562948.2011.592804.

[8] Robinson, Kim. "Supervision Found Wanting: Experiences of Health and Social Workers in Non-Government Organisations Working with Refugees and Asylum Seekers." *Practice: Social Work in Action* 25 no. 2 (2013): 87–103. doi:10.1080/09503153.2013.775238.

[9] Century, Gillian, Gerard Leavey, and Helen Payne. "The Experience of Working with Refugees: Counsellors in Primary Care." *British Journal of Guidance & Counselling* 35 no. 1 (2007): 23–40. doi:10.1080/03069880601106765.

[10] Papadopoulos, Renos. *Therapeutic Care for Refugees. No Place Like Home.* London, U.K.: Karnak, 2002

[11] Seigworth, G. J. "Sound Affects." *13 Magazine*, December 1995, 21-25.

[12] Russell, James A., and Lisa F. Barrett. "Core affect." In *The Oxford Companion to Emotion and the Affective Sciences*. New York: Oxford University Press, 2009.

[13] Brennan, Teresa. *The Transmission of Affect*. Ithaca: Cornell University Press, 2004.

[14] Fredrickson, Barbara L. "The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions." *American Psychologist* 56, no. 3 (2001), 218-226.

[15] Barrett, Lisa F., and Eliza Bliss-Moreau. "Affect as a Psychological Primitive." *Advances in Experimental Social Psychology* 41 (2009), 167-218.

[16] Finlay, Linda. "Reflexive Embodied Empathy: A Phenomenology of Participant-Researcher Intersubjectivity." *The Humanist Psychologist* 33 (2005): 37–41. doi:10.1207/s15473333thp3304.

[17] Smith, Jonathan A., Paul Flowers, and Michael Larkin. *Interpretative Phenomenological Analysis: Theory, Method, and Research*. Los Angeles: SAGE, 2009.

[18] Eatough, Virginia, and Jonathan Smith. "'I Was like a Wild Wild Person': Understanding Feelings of Anger Using Interpretative Phenomenological Analysis." *British Journal of Psychology* 97 no. 4 (2006): 483–98. doi:10.1348/000712606X97831.

[19] Giorgi, Amedeo. "The Descriptive Phenomenological Psychological Method." *Journal of Phenomenological Psychology 47* no.1 (2016): 3-12 .doi:10.1163/156916212X632934.

[20] Palmer, Ross. *Hermeneutics: interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer.* Evanston, Illinois: Northwestern University Press, 1969.

[21] Merleau-Ponty, Maurice. *Phenomenology of Perception [Phénoménologie de la Perception].* London, UK: Routledge & Kegan Paul, 1962.

[22] Cieslak, Roman, Kotaro Shoji, Allison Douglas, Erin Melville, Aleksandra Luszczynska, and Charles C. Benight. "A Meta-Analysis of the Relationship between Job Burnout and Secondary Traumatic Stress among Workers with Indirect Exposure to Trauma." *Psychological Services* 11 no. 1 (2014): 75–86. doi:10.1037/a0033798.

[23] Papadopoulos, Renos. "Refugees, Trauma and Adversity Activated Development". *European Journal of Psychotherapy and Counselling 9* no. 3 (2007): 301-312.

[24] Wetherell, Margaret. Affect and Emotion: A New Social Science Understanding. Los Angeles: SAGE, 2012.