The Effects of Refugeedom on Adolescents in Greece and the UK: Negative Responses, Resilience and Adversity-activated Development.

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Abstract

Adolescent refugees may endure multiple adversities, experiencing pain and suffering and occasionally more severe psychological distress or psychopathology as a response to their circumstance. At the same time, they may prove incredibly resilient or develop positively exactly because of these adversities, what Papadopoulos (2007) calls adversity-activated development (AAD).

This study explores adolescent refugees' responses to their predicament and the factors contributing to them. The data was collected by semi-structured interviews with 17 refugee adolescents (age range = 14-19) living in Greece and the UK.

The thematic analysis of the research data corroborates the three different categories of responses to refugee adversities, i.e. negative, resilient and positive ones, according to the Adversity Grid (Papadopoulos, 2007). This is the first time that a research using the Adversity Grid has been applied to refugee adolescents, adding to the existing body of research on the Grid as well as on adolescent refugees.

The analysis also confirmed a series of intrapersonal, interpersonal and sociopolitical factors that interweave adolescents' attribution of meaning and affect their responses to adversity. In addition to these variables, adolescence-specific characteristics, protective influences and vulnerabilities, which interact to synthesise the specificity of the position of the adolescent refugee, are presented as contributing factors to their responses. Refugee adolescents undergo multiple transitions and dealing with them seems to have positive implications for some and negative for others.

Adolescence-specific tasks, including identity building and individuation also appear to create both negative and positive conditions that affected the research participants' responses to adversities, depending on whether they perceived the

refugee experience as an extra burden challenging these tasks or as an opportunity for growing into strong, mature, independent beings. Moreover, adolescence-normative characteristics, including omnipotence and narcissism, appear to buffer some of the participants against the negative effects of refugeedom, while they result in deeper vulnerability for others.

These results highlight the research participants' uniqueness and the complexity of their experiences and responses, indicating that the detrimental effects of the refugee experience and the manifestation of resilience and AAD are not mutually exclusive.

Keywords: adolescent refugees, trauma, resilience, adversity-activated development, Greece, UK

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List of Abbreviations

Abbreviation	Explanation
AAD	Adversity-activated Development
HPA axis	Hypothalamic-pituitary-adrenal axis
NGO	Non-governmental organization
PTSD	Post-Traumatic Stress Disorder
UKBA	UK Border Agency
UNHCR	United Nations High Commissioner for Refugees

The Effects of Refugeedom on Adolescents in Greece and the UK: Negative Responses, Resilience and Adversity-activated Development.

The times we live in are marked by a global refugee movement that has reached unprecedented levels (United Nations High Commissioner for Refugees [UNHCR], 2017). Estimates shockingly put the number of people who have been forcibly displaced around the world at 65.6 million (UNHCR, 2018a). The main driver of this sharp rise is allegedly the conflict in Syria. Other conflicts and crises, including the ongoing or the new ones in Iraq, Afghanistan, Nigeria, Libya, South Sudan, Somalia, the Democratic Republic of Congo, Yemen, etc. have also contributed to the elevated rates of forced displacement (UNHCR, 2018b).

Since 2011, the number of refugees arriving in Europe has been increasing dramatically. Refugees are forced to follow the two main illegal pathways to Europe: the Eastern Mediterranean route, i.e. from Turkey to Greece by land or sea, and the Central Mediterranean route, i.e. from Libya to Italy by sea (European Stability Initiative, 2017). Following the EU-Turkey deal in March 2016, the number of refugee arrivals in Greece has dropped, although the figures are still considerable (European Commission, 2018).

The global refugee crisis requires that researchers, theorists, policymakers and people working with refugees in different posts comprehend the impact of the refugee experience on the people concerned and the factors that lead to it. The refugee phenomenon is a very topical issue that occupies the public discourse and the academic community.

The most salient theoretical approaches to understanding and addressing the psychosocial effects of refugeedom can be distinguished in two categories: the

approaches that look for vulnerability and traumatisation, emphasise the detrimental effects on mental health and suggest emergency specialist interventions aiming at trauma healing (IRIN, 2002; Purgato, Tol, & Bass, 2017; Volkan, 2001) and the emerging approaches that acknowledge the potential of a range of effects with both positive and negative aspects (Joseph, 2009; Papadopoulos, 2007; Tedeschi & Calhoun, 2004).

Against this background, this thesis sets out to explore the diverse and unique ways the refugee adolescents living in Greece and the UK attach meaning and react to their refugee experiences. It examines the various trajectories in the aftermath of adversities, emphasising the resilient and positive ones and analysing the multidimensional factors that influence refugee adolescents' different reactions.

The selection of this specific age group is important given the large numbers of children and adolescents who leave their homelands to seek asylum in other countries. Nowadays, minors make up more than the half of the world's refugees (UNHCR, 2018a) and until recently, they sought asylum specifically in Europe on an unprecedented scale (IOM & UNICEF, 2015). During 2014 alone, more than 160,000 minors applied for asylum in Europe and between January and September 2015, the number of minor applicants reached the 214,355, exceeding the total number of the previous year (Eurostat, 2015).

In addition, the ratio between refugee minors to adult refugees is on the increase; in June 2015, one in ten refugees and migrants registered crossing the border from Greece to the Former Yugoslav Republic of Macedonia (FYROM) was a minor (UNICEF, 2015). By February 2016, minors had accounted for the 41% of all registered refugees and migrants crossing the border from Greece to FYROM (UNICEF, 2016). According to UNHCR (2018b), more minors than ever are affected

by forced displacement worldwide.

I have to stress that young populations face greater risks of exploitation and abuse (Derluyn & Broekaert, 2008; O'Toole, Thommessen, Corcoran, & Todd, 2015). They are more vulnerable due to their physical immaturity, incomplete psychosocial development and dependence on adult caregivers to meet their needs for care, guidance and support (Al-Krenawi, Graham, & Sehwail, 2004). These needs are often not met during refugeedom and thus have adverse effects especially on unaccompanied minors who experience separation, multiple losses and greater risks due to the absence of protective adults (Plan International, 2016).

Another reason for the selection of this age group is that during adversities, adolescents are not given sufficient consideration; the attention and resources deployed are usually for children across the first decade of life, as according to the predominant belief, younger children are the most vulnerable ones in terms of survival and that they suffer the most severe and long-term implications of adversities (UNICEF, 2011a). However, although adolescents can be stronger and more mature, they have particular needs and deserve attention, care and support as much as children (UNICEF, 2011a). They are also worthy of consideration as adults and have the right to express their views (UNICEF, 2012). This study allows the voices of the adolescent refugees who participated in this research project to be heard and it investigates their narratives and their perceptions of their predicaments.

Refugee adolescents also present specific peculiarities. Adolescence is a critical developmental period during which many transitions take place. Teenagers have to accomplish particular developmental tasks and respond to several pressures (Coleman, 2011). Developmental processes, specific characteristics of youth and the impact of the refugee experience interact to synthesise the specificity of the position

of the young refugee.

Among the age-related, protective influences that help refugee teenagers adjust more easily in the wake of adversities are the adolescence-normative sense of uniqueness, omnipotence and narcissism, which can presumably buffer them against severe adversities and promote their well-being (Barry & Malkin, 2010; Goossens, Beyers, Emmen, & Van Aken, 2002). Teenagers also become integrated more easily (Trowell, 2002), have high aspirations and ambitions (Earnest, Mansi, Bayati, Earnest, & Thompson, 2015) and are more inclined to use their crises as stepping-stones to growth (Crane & Clements, 2005).

On the other hand, adolescence also presents particular vulnerabilities. Refugeedom can influence some basic processes that characterise adolescence, such as the identity formation and life-plan formulation, and negatively affect their well-being (Derluyn, 2005; Fantino & Colak, 2001). The confluence of refugee-related stressors and adolescence-related challenges and transitions can be overwhelming, putting pressure that cannot easily be dealt with by some adolescents. It can even predispose some of them to the manifestation of psychopathology (Reed, Fazel, Jones, Panter-Brick, & Stein, 2012; Wilson, 2004). Age-specific vulnerabilities, such as teenagers' sensitivity to criticism and their special needs for reassurance and acceptance (Coleman, 1990), can also interact with the negative experiences of racism and discrimination that often accompany refugeedom and further destabilise adolescents' psychological development and well-being.

It is well known that appropriate interventions early in life can prevent or restrict the adverse consequences in the long run and can promote resilience and positive adaptation (Allen, 2011). Therefore, there is a growing need for more research that will shed light on the factors that make these interventions effective.

Therefore, the large number of refugee adolescents, the urgent need to focus our attention on this group, the particular effects of adversity during adolescence as well as the effectiveness of preventative and therapeutic interventions at this stage require that the effects of refugeedom on adolescents be explored more systematically. This study explores how each participant negotiates and combines the adolescence-related tasks with the refugee-related ones in the context of their own unique and lived reality. It also explores the age-related, protective influences and vulnerabilities that affect adolescents' responses to refugee adversities beyond the factors that affect refugees of all ages.

This research offers some fresh insights into the young refugees' responses to adversities, exploring their totality and uniqueness by approaching the ways they respond to their predicament through the lens of the Adversity Grid (Papadopoulos, 2007, 2015), so as people working with refugees can more appropriately address these responses. To the best of my knowledge, this is the first time that the Grid has been applied to adolescent refugees.

Similar to refugees of all ages, young refugees experience grief, pain and suffering and manifest signs of distress and psychological symptoms of different severity. Additionally, some may present psychiatric disorders in response to their adversities (Papadopoulos, 2007). However, most of them may be able to retain some of their previous characteristics, both positive and negative, and bounce back to their previous normalcy with some aspects of themselves relatively intact. In addition, given time and circumstance, adolescent refugees may even develop new positive qualities, activated by the very exposure to adversities (Papadopoulos, 2007).

Hence, taking account of the detrimental effects of seeing refugees through the lens of the psychopathology model alone, this study explores both the negative and

the positive transformational outcomes as well as the aspects that remain unchanged following the refugee adversities.

The Thesis Structure

In **Chapter 1**, a psychosocial investigation into the effects of refugeedom on refugees of all ages as well as on children and adolescents exclusively is presented and key findings from previous studies are provided.

In an attempt to critically discuss the previous literature, emphasis is laid on the critique of the psychopathology model in **Chapter 2**. The key idea of this research is that the psychopathology or trauma focus excludes the complexity of refugees' responses and perpetuate their vulnerability. A different way of approaching the impact of the refugee experience is presented in the context of the emerging paradigm of seeing refugees as people who manage to cope with their adversities without necessarily manifesting psychopathology and who even acquire actual benefits from them.

In **Chapter 3**, the theoretical framework that guides the study is introduced. *Inter alia*, the theory of the Adversity Grid (Papadopoulos, 2004, 2007, 2015) is analysed and refugees' responses to their adversities are conceptualised through the Grid. Moreover, the factors contributing to the different meanings refugees attach to their adversities and their responses to them are explored. These factors are classified into three categories: the intrapersonal, interpersonal and sociopolitical ones in order to fully address their multi-systemic interactions that shape refugees' responses.

Following the presentation of the effects of the multiple factors that synthesise the complexity and uniqueness of individuals' responses to refugeedom, some theoretical approaches to refugeedom during adolescence are presented in **Chapter 4**. Specific developmental processes during adolescence and their effects are analysed. Then, the

outcomes, both positive and negative, of this coexistence of refugee-related and developmental transitions and challenges are examined.

Given that some country-specific factors are explored in the participants' narratives, **Chapter 5** provides information about different socio-political and contextual conditions in both Greece and the UK.

Next, in **Chapter 6**, the Methodology of the research is presented, including information about the subjects, the choice of the research design, the sampling method, the data collection and analysis, the ethical framework and the procedure pursued.

Chapter 7 elaborates on the findings emerging from the thematic analysis of the 17 interviews with the refugee teenagers in Greece and the UK. Attention is paid to the exploration of the multiple adversities the young refugees have endured during the different phases of the refugee experience and to how the theory of the Adversity Grid applies to them, presenting their negative, positive and resilient responses.

The intrapersonal, interpersonal and sociopolitical factors that the young participants living in both countries conceptualise as the main determinants of their different responses are discussed. Some age-specific factors that emerge as contributing to their responses to refugeedom are also carefully considered. The effects of the confluence of adolescence-related and refugee-related transitions as well as the effects of refugeedom on adolescents' identity building, life-plan formulation, individuation and self-esteem are, *inter alia*, discussed. Adolescence-specific characteristics and developmentally normative tasks are explored as factors that can either function as protective influences or impose further vulnerabilities on the adolescents concerned.

Finally, **Chapter 8** concludes with some reflections on the study's strengths and limitations as well as its implications for the future research and practice with refugees.

NB Unless otherwise specified, the term 'refugee' is used indiscriminately for all people who have been forced to flee their countries irrespective of their legal status.

Chapter 1: Psychosocial Impact of Refugeedom

Refugees' Psychosocial Well-being

The world's forcibly uprooted people seeking asylum in other countries often experience various negative influences on their psychosocial well-being because of the atrocities they have endured during the different phases of their refugee experience. Refugees have to respond to a plethora of real and symbolic losses and detrimental changes to their lives. The loss of their homelands, houses and belongings as well as memories, future dreams and sense of psychological security, familiarity and normalcy may compromise their well-being (Al-Krenawi, Graham, & Sehwail, 2004).

Although refugee-related losses and changes are conceptualised in different ways and experienced with a variety of emotions, depending on multiple factors, they sometimes put extraordinary stress on the individuals. Adjustment problems, which interfere with social functioning, have been reported in the wake of significant life changes (Orley, 1994). Refugees may also go through a mourning process of varied depth and complexity, which often includes destabilisation, preoccupation with the past, a sense of guilt, etc. When refugees experience severe and recurrent adversities, this normal grief process may remain incomplete, affecting their cognition, emotions and functionality (Carta, Bernal, Hardoy, & Haro-Abad, 2005). Furthermore, extreme experiences, like witnessing the death of loved ones, can trigger negative cognitions in some refugees and can overwhelm them with traumatic memories that, if left unprocessed, may result in psychopathology (Garbarino, 2008).

Garbarino (2008) highlights that refugee-related experiences can change people in a way that things will never look the same again as they land people on the dark side of the human universe. This shatters people's worldviews and prevailing

illusions that bad things will not happen to them (Reisman, 2001). Unexpected, traumatising experiences and the difficulty to make sense of them may shatter refugees' constructed narratives of their lives, often leaving them in a psychologically stagnant condition (Papadopoulos & Hildebrand, 1997). These jarring experiences cannot easily be integrated into refugees' life stories; as a result, refugees often cannot process and give meaning to them. They are stunned and unable to move on with their lives.

Under severe adversities, some refugees experience various psychosocial difficulties (Bronstein & Montgomery, 2011). These include emotional, behavioural and cognitive problems, issues with interpersonal relationships as well as serious incoherence in their self-perception, identity and systems of meaning (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Additionally, refugees may feel extremely ambivalent about their wish to remain loyal to their country of origin, its culture and beliefs and their inclination to integrate into the way of living of the new country and grasp the opportunities offered. If these tendencies are perceived of as being incompatible, refugees' confusion over their identity and sense of belonging deteriorate (Papadopoulos & Hildebrand, 1997).

Refugee Mental Health

Several studies have also indicated that some refugees manifest distressful reactions and psychopathology at different levels of severity and length, with some of them meeting the criteria for psychiatric disorders (Purgato, Tol, & Bass, 2017; Mollica et al., 2001; Steel, Chey, Silove, Marnane, Bryant, & van Ommeren, 2009). Among the reported psychiatric disorders in refugees, depression and post-traumatic stress disorder (PTSD) have been the most common ones (Mollica et al., 2001; Slewa-Younan, Uribe Guajardo, Heriseanu, & Hasan, 2015).

I should, however, underline that refugeedom should not be considered as the sole feature affecting refugees' mental health and that the refugee experience does not necessarily entail the manifestation of psychopathology. We should bear in mind that refugees are a heterogeneous group of people, demonstrating a huge variety of individual characteristics; most of them exhibit efficient adaptation to adversities and a high level of functioning while a minority manifests symptomatology depending on various factors.

Post-traumatic stress disorder. PTSD has been reported in diverse refugee populations (Steel, et al., 2009; Tam, Houlihan, & Melendez-Torres, 2015). It is a psychiatric disorder that some individuals manifest after being directly or indirectly exposed to an exceptionally stressful event which threatened or harmed their physical integrity. It is characterised by intrusive and disturbing thoughts and images, recurring flashbacks and nightmares, avoidance or numbing of memories of the event itself or any stimuli that recall the event as well as physiological hyper arousal, irritability, increased startle response, poor concentration and sleep that continue for more than a month after the occurrence of the traumatic event (American Psychiatric Association, 2013). Some additional symptoms including negative mood, a general responsiveness numbness, reckless behaviour and dissociative states have been embraced in the diagnostic criteria (Liberzon & Abelson, 2016).

A systematic review of 161 studies, based on a sample of almost 82,000 refugees from all over the world, revealed that 30.6% of the research sample manifested PTSD (Steel et al., 2009). However, Fazel, Wheeler and Danesh (2005), in a meta-analysis of 20 studies, including data based on 6,743 refugees resettled in western countries, reported a much lower PTSD rate of 10%, although this rate is still much higher compared to the PTSD rates of the general population living in the same

countries. The lower rates in this review may be due to the fact that stringent criteria were applied and the mental health problems were assessed through psychiatric interviews. There has been considerable inconsistency in the rates of PTSD in refugee populations reported in different studies, ranging from 7% to 86% (e.g., Bronstein & Montgomery, 2011; Fazel, Wheeler, & Danesh, 2005). These significant differences in the prevalence estimates will be discussed later in this chapter.

Depression. Some refugees also exhibit depressive symptomatology which manifests itself in negative affect, sleep and appetite disturbances, anhedonia, withdrawal, poor concentration, self-blame and guilt and, in some cases, even suicide ideation (Jablensky, Marsella, Ekblad, Jansson, Levi, & Bornemann, 1994). Refugees often suffer from an all-pervasive grief (Al-Krenawi, Graham, & Sehwail, 2004) and painful feelings may occur as a normal part of grieving for severe losses. If these feelings persist and interfere with daily living, they can be seen as symptoms of complicated grief or even depressive symptoms. The inability to exit the state of mourning for their losses, owing to current stresses and lack of supportive environment, makes some refugees vulnerable to the intensification of these depressive symptoms (Carta et al., 2005).

In their systematic review, Fazel and his colleagues (2005) documented a 5% rate of the refugee participants being diagnosed with depression, a relatively low percentage in comparison with other studies. Several authors have reported that refugees are more likely to develop depression than the general population (e.g., Beiser, 1990), highlighting the relationship between the manifestation of depression and the experience of war atrocities and stressors in exile (Blair, 2000; Gerritsen, Bramsen, Deville, van Willigen, Hovens, & van der Ploeg, 2006). Interestingly, Ramsay, Gorst-Unsworth and Turner (1993) suggested that depression, in contrast to

PTSD diagnosis, is more strongly associated with the adversities encountered in exile rather then the pre-flight conditions.

A relatively high prevalence of suicidal behaviour is also documented among refugees (Heeren et al., 2012; CDC, 2013). Exposure to stressful life events, family disruption, lack of support and social disadvantage, which are common to refugees, have been associated with increased occurrence of suicidal behaviour (Bhui et al., 2003; Nock et al., 2008). A meta-analysis of various studies revealed a wide range of suicidal behaviours, depending on methodological issues, cultural dimensions, the adopted definition of suicidal behaviours, etc. (Portzky & van Heeringen, 2007; Vijayakumar & Jotheeswaran, 2011).

Other psychological and psychiatric disturbances. Increased substance abuse, especially in youth, has also been documented among refugees (Jablensky et al., 1994) and the occurrence of PTSD has been considered a potential risk factor for it (Brady, Killeen, Brewerton, & Lucerini, 2000). However, studies have reported substantially different prevalence rates of alcohol or drug abuse among different refugee populations, depending on, *inter alia*, ethnocultural factors (Caetano, Clark, & Tam, 1998). The relationship between refugeedom and substance abuse is therefore complex and heterogeneous (Tseng, 2007).

Chronic refugee-related stressors may also contribute to the manifestation of behavioural disturbances, including acting-out behaviour, conduct disorders, aggression and regressive behaviour, mostly affecting young populations (Baker, 1990; Jablensky et al., 1994; Jensen & Shaw, 1993). Distress may often manifest itself in somatic symptoms in refugees, such as headaches, tense muscles, palpitation, nausea, etc., without any tangible organic cause. (Feyera, Milhretie, Bedaso, Gedle & Kumera, 2015; Keller & Stewart, 2011).

Migration has also been suggested as a risk factor for psychosis, although this relationship is complicated and requires further investigation (Boydell et al., 2001; Cantor-Graae, 2007). However, there is some evidence that the prevalence of psychotic disorders is higher in refugees than non-refugees (Anderson, Cheng, Susser, McKenzie, & Kurdyak, 2015; Parrett & Mason, 2009) as chronic stressors in combination with pre-existing vulnerabilities and limited social support can lead a subset of refugees to manifest psychotic symptomatology.

I should, however, highlight that acute reactions, including those that can be seen as paranoid reactions, often appear in refugees under stressful conditions. These reactions are of short duration, do not usually need medical help and should not be pathologised. Moreover, certain behaviours may be incorrectly diagnosed as psychotic symptoms, although they have a special meaning in specific non-Western cultural contexts (Blom, 2010; McCarthy-Jones, 2012). Lastly, due to the scarcity of research on psychosis in refugees, in contrast to the more widely documented disorders like PTSD, we should be cautious in our conclusions.

Variation in reported prevalence estimates. As aforementioned, the incidence of mental health problems varies with each population and its experiences. People who have fled war-torn countries or have survived torture often present relatively higher rates of PTSD (Fazel et al., 2005; Lie, 2002). Researchers have also highlighted the adverse effects of internment in camps and the prolonged uncertainty on refugees' mental health (Keller, 2003; Veen et al., 2002). Therefore, the different estimates in the mental health data might be due to the diverse experiences and conditions each refugee encounters and the heterogeneity in their ways of interpreting these experiences (Lindert et al., 2009; Miller & Rasmussen, 2010). The cultural variations in expressions of distress also play a crucial role in the estimated

psychopathology rates of different cultural groups (Murray, Davidson, & Schweitzer, 2008).

However, the variations in reported prevalence estimates cannot only be explained by the different conditions or by how each individual experiences the events. This variation can also emerge from a combination of study design and methodology factors, different diagnostic criteria, different research settings and even different research directions and emphasis (Lindert, von Ehrenstein, Wehrwein, Brahler, & Schafer, 2018; Kessler & Bromer, 2013). For instance, the wide range of measures and diagnostic cut-offs used in different studies and research designs, e.g. sampling approach, recruitment strategy, etc., may account for some of the inconsistencies (Murray et al., 2008). Lastly, studies investigating refugees' mental health at different time points after their settlement in their host countries (Lindert et al, 2009) may result in different findings on their psychopathology.

It can be concluded that refugeedom can potentially lead to elevated rates of psychological disturbances. Nonetheless, even the documented elevated numbers of diagnoses may say little about refugees' functionality and their capacity to get on with their lives. Except for the cultural connotations of psychological distress, the difference between diagnosed disorders and actual distress and suffering cannot be easily distinguished. As Summerfield (2000) puts it, "A psychiatric diagnosis is fundamentally a way of seeing, or a style of reasoning, and not at all times a disease with a life of its own".

Refugee Minors' Psychosocial Well-being

Refugee children are exposed to the same atrocities as adults; they may experience all sorts of cruelties, risk their lives, face diverse adjustment problems and, generally, live in a broken and insecure world (Burnett & Peel, 2001; Davies &

Webb, 2000). Moreover, young populations have increased needs of attention, care and support that often cannot be met because of the unavailability or absence of caregivers (Al-Krenawi et al., 2004). Refugeedom may deprive parents of their ability to appropriately care for their children. It may also shatter children's assumptions and beliefs that parents and other caring adults have the power to guide them and keep them safe (Garbarino, 2008). The loss of parental protection and care, the loss of the illusion of safety, little or no adult guidance and the neglect of youngsters' emotional and other needs may compromise their psychological well-being (Dawes & Tredoux, 1989).

Other important assumptions are also shattered in the minds of minors due to the extremities encountered. An important assumption is that the world is safe and benevolent and that there are limits to human savagery (Tribe, 2010). When minors are exposed to cruelties that prove that violence knows no limits, they can be severely affected in a disorientating way, especially if they cannot find any meaning to them (Garbarino, 2008).

Thus, exposure to refugee-related adversities can potentially trigger painful feelings and anxieties in children and adolescents (Blackwell, 2005) and affect their emotional, cognitive and moral development, self-perceptions and predominant assumptions (Fazel & Stein, 2002). Young refugees may feel that their sense of security and their confidence in important others have been damaged.

Moreover, parents and their children may become acculturated at different rates (Aroche & Coello, 2004) with children being assimilated more easily because they get involved in various socialisation systems, including school (Nikelly, 1997). As a result, they take up tasks that are normally considered adult responsibilities and gain greater power than older family members. This may lead to a violent transition

to adulthood, role reversals and radical changes in family power dynamics, generating tensions in families (Hart, 2008; Papadopoulos & Hildebrand, 1997).

The parental status becomes confused and parents may feel that their roles as protectors have been impaired (Al-Krenawi, Graham, & Sehwail, 2004). Feelings of frustration and guilt due to their inability to offer much to their children are common to refugee parents (Papadopoulos & Hildebrand, 1997), deteriorating their relationship with their children.

Apart from the various stressors inherent in the refugee experience, refugee minors are subjected to developmental challenges. As such, refugeedom can negatively affect minors' normal development, especially that of adolescents who have to cope with several other issues during this phase.

The exposure to traumatising events may also impair young refugees' neurobiological development and deprive them of their ability to regulate emotions and impulses, process information and categorise their experiences and cognitions in relevant schemata. As a result, problems with impulse and aggression control, attention and concentration and thus academic difficulties may arise (Cole & Putnam, 1992; Teicher, Andersen, Polcari, Anderson, Navalta, & Kim, 2003). Some youngsters may manifest self-harming behaviour and substance abuse in their attempt to soothe this emotional arousal (van der Kolk, et al., 2005).

Refugee Minors' Mental Health

Research findings on minor refugees' mental health resonate with those on adult refugees. Several study reviews have reported psychological distress in refugee youth as well as psychopathology in the form of PTSD, anxiety, depression, behavioural problems, conduct disorders and somatic complaints (Berman 2001; Fazel & Stein, 2003; Lustig et al. 2004; Vervliet, Lammertyn, Broekaert, & Derluyn,

2013). The way symptoms manifest themselves vary depending on the developmental stage (Ehntholt & Yule, 2006).

High levels of PTSD, depression and anxiety in youth have been identified in several studies with different populations, mirroring the general findings on mental health problems of adult refugees (Bronstein & Montgomery, 2011; Lustig et al., 2004; Thomas & Lau, 2002). Among the different studies I reviewed, the reported PTSD rates varied from 11% (Servan-Schreiber, Lin, & Birmaher, 1998) to 65% (Weine et al., 1995), depending on the population studied, the diagnostic methods used and a host of other factors such as the exposure to events conceptualised by minors as threatening (Tam at al., 2015).

The high-quality meta-analyses done by Fazel and his colleagues (2005) also documented an 11% rate of PTSD in refugee youth; this rate is lower than those frequently cited in other studies, although it is still considerably higher than the rate documented in the non-refugee minors (Meltzer, Gatward, Goodman, & Ford, 2000).

Other reported problems in young refugees include adjustment problems, delinquency, hyperactivity and irritability, somatic complaints, intense grief, self-esteem deficits, guilt and self-blame, fatalistic view of the future, introversion, withdrawal, over-dependency, appetite disorders, poor academic performance, generalised fear, suicidal tendencies and acute psychotic symptomatology (Allwood, Bell-Dolan, & Husain, 2002; Burnett & Peel, 2001; Fazel, Doll, & Stein, 2009).

Furthermore, refugee adolescents run a greater risk of substance abuse. Family disruptions and the economic and social pressures of refugeedom as well as their need to alleviate their distress and numb their emotional arousal and sense of isolation may lead youngsters to abuse substances. They may also try to fit in with peers and combat their feelings of isolation (Birman et al., 2008).

Apart from the problems emerging from the multiple challenges encountered during refugeedom, any pre-existing psychosocial difficulties persist and may often be exacerbated (Plan International, 2016). Thus, minors with pre-existing cognitive, developmental and mental health difficulties constitute a high-risk group for worsening difficulties.

However, I have to emphasise that although refugeedom appears to put a subset of youngsters at risk of manifesting distress and psychopathology, the majority of them demonstrate admirable strength and resilience. Having no intention whatsoever of downplaying the challenges encountered by minor refugees and the adverse effects they have on their psychological well-being, I should stress that there is an emerging literature which indicates minors' constructive approach to adversities and their resourceful reactions, suggesting that there is more than one route to dysfunctionality and mental health problems (Hart, 2008).

Chapter 2: Beyond the Psychopathology Model

The bulk of literature is informed by the predominant discourse on refugee trauma which emphasises the damage done to refugees (Hart, 2008). There is a tendency, grounded in research and often in the clinical and humanitarian work with refugees, to conflate whole refugee populations with a category of trauma victims that manifest psychopathology (Eastmond, 1998). Yet, seating all refugees in a pathology or deficit framework (Papadopoulos & Hildebrand, 1997) imposes stereotypical characteristics and depersonalises the people concerned, strips away the meaning individuals may attribute to their adversities, perpetuates the dire conditions of their experiences and vulnerability and locks out the complexity of their responses (Papadopoulos, 2001b).

In this chapter, I will present some ideas that have guided the research focus. More specifically, I will discuss the main points of the critique of the predominant

psychopathology model of conceptualising refugeedom and present a different way of approaching this phenomenon.

Equating Refugeedom with Trauma and Psychopathology

By considering refugeedom as an intrinsically traumatic experience, Western researchers and practitioners have emphasised exclusively the pathological symptoms and maladaptive behaviours in refugees (Summerfield, 2000), almost equating the refugee experience with the diagnosis of PTSD. However, there is evidence that a large number of refugees exhibit admirable strength and resilience. Although refugees experience various adversities and some of them manifest psychological difficulties, their traumatisation cannot be automatically assumed; there is no simplistic causal relationship between refugeedom and the manifestation of psychopathology (Summerfield, 2001).

Refugees' manifestation of distress does not usually constitute a formal psychiatric disorder. Their suffering cannot be legitimately seen as psychopathology, let alone be objectified in a fixed diagnostic entity. Although the distinction between what is considered normal distress under adverse conditions and what is seen as pathological is not clear, there is evidence that only a subset of refugees require some kind of medical or psychological help (Papadopoulos, 2015; Tribe, 2002). Whatever their suffering, the majority of refugees will cope with difficulties without an army of Western experts around them.

I am not arguing that the distress and symptomatology in refugees, as reported in Chapter 1, are always of little or no clinical significance. Some refugees require treatment for specific symptoms. What I am arguing is that the manifestation of psychopathology is just one part of the wider continuum of possible reactions that concerns only a small subset of the diverse refugee population.

Pathologising Normal Reactions

Another prevailing critique of the psychopathology model lies in the fact that some behaviours that are adaptive for some refugees are misdiagnosed as psychopathology. Burstow (2005) argues that "what is not pleasant becomes a symptom and as such, it is pathologised" (p. 432), implying that painful, but adaptive responses may be seen as problematic and pathological.

It is absolutely normal for people that encounter severe adversities to experience distress and pain. Acute stress reactions are normal reactions to abnormal condirions even when they are equally painful (Adshead & Ferris, 2007). Under extreme shock, refugees may appear stunned, disorientated and emotionally disconnected (Papadopoulos, 2002). This frozen condition can easily be interpreted as pathological; however, it is an adaptive strategy in which individuals 'freeze' in order to conserve energy, survive attack and persecution and mobilise self-healing (Papadopoulos, 1999). Van der Kolk (2002) also highlighted the sense of numbness, detachment and withdrawal as salient features of shock that come as a normal reaction to traumatising experiences. Thus, labelling these adaptive reactions as pathological is crude and simplistic.

What are considered pathology symptoms may have a personal, political, or cultural meaning and functionality to refugees. Afuape (2011) goes even further by conceptualising some 'pathological' symptoms of refugees, such as withdrawal, isolation, anxiety, etc., as signs of their resistance to abuse and oppression in the world, rendering these symptoms meaningful and indicating that most responses to adversities can be seen as adaptive. Garbarino (2008) highlights that symptoms may have their own functionality. For instance, painful, recurring nightmares are not always psychopathological symptoms; they can constitute a coping mechanism that aims to reprocess traumatising past events (Garbarino, 2008).

The Subjective Meaning of Trauma

Based on the idea that refugee experiences result in psychological damage, the predominant trauma model takes for granted that certain events are objectively damaging or traumatic while others are of a more naive nature (Bracken, Giller, & Summerfield., 1995). The argument against this assumption concerns the subjectivity attached to traumatic events. Blackwell (2005) argues that the very characterisation of traumatic is problematic when referring to events that people encounter without taking into account the unique meaning they attach to them and the context in which these events take place. Extreme events are experienced and perceived subjectively and people's reactions are largely based on the individual meaning-making.

External events result in more severe effects on some people than others (Garbarino, 2008). Some people go through severe adversities relatively 'unscathed' or manifest acute stress reactions that subside shortly. Others may manifest severe psychological problems when faced with the same adversities (Adshead & Ferris, 2010). This implies that various factors influence how external events affect individuals' well-being. Interestingly, events that are considered traumatic when seen through the Western prism may not constitute reasonable risks or traumatic enough experiences when seen from different sociocultural backgrounds (Summerfield, 2001).

The concept of trauma is therefore by definition elusive; an event cannot be arbitrarily labelled as traumatic without taking account of each individual's subjective perception of it. Extreme events are subjectively experienced and responded to, even when experiences considered traumatic share some common dimensions, i.e. their unexpected and extreme nature that overwhelms people and makes them feel helpless.

Universalism in Western Psychiatry

As far as the critique of the presumable universalistic application of the psychopathology model is concerned, many researchers have strongly criticised the applicability of Western concepts to non-Westerners as a way of perpetuating the colonial status of the non-Western mind (Berry, Poortinga, Segall, & Dasen, 1992; Summerfield, 2001).

There are various reasons for the universal application of Western-derived concepts. Firstly, the Western understanding of people's responses to adversities and manifestation of psychopathology is informed by ethnocentrism, which forces Westerners to believe that only their worldviews are accurate (Marsella, 2010). Even refugees themselves often appear prone to fitting into the Western psychopathology norms; they may be influenced by "hidden power dynamics and the tacit assumptions that western knowledge trumps local knowledge" (Wessells, 1999, p. 275).

Imposed Western-derived diagnoses on non-Westerners may serve as self-fulfilling prophecies, leading individuals to fit into the psychopathology norms and adjust their emotions and behaviours according to their diagnostic categories (Summerfield, 2001). Refugees may appear prone to neglecting their own ways of adapting to their predicament and taking on the pathology roles that are considered the norm. Even the absence of particular words for certain mental health conditions indicates that reactions of this kind do not appear in certain societies (Yeomans & Forman, 2009). By imposing such diagnoses, Western practitioners may force people to adopt ill roles that do not exist in their own cultural settings.

The Applicability of PTSD to Non-Westerners

The wave of criticism of the applicability of Western diagnoses to non-Westerners lies specifically in the debate about the applicability of PTSD, regardless of people's

sociocultural background and their conceptualisation of suffering (Bracken, Giller, & Summerfield, 1995; Summerfield, 2000).

Arguments against the PTSD model. It has been argued that the PTSD construct comes from a Western discourse and its applicability to non-Western populations is questioned in terms of its utility and meaningfulness. Summerfield (2000) suggests that PTSD cannot be seen as a consequence of external traumatic events, but rather as a constructed condition which, although triggered by certain events, is conceptualized within specific cultural frameworks.

It has also been suggested that there is nothing "post" about the traumatised state of mind of refugees since adversities may still occur in exile (Hollander, 1998). Refugees often manifest distress due to current stressors. Thus, experiences during the phase of uprooting cannot be seen as the exclusive triggers that take the blame for the ensuing effects, as the PTSD concept implies.

Western psychiatry suggests that previous traumata are accountable for the manifestation of current post-traumatic symptomatology. In the case of refugees, life in exile often constitutes an additional, ongoing and often insidious traumatogenic situation that accounts for refugees' distress and dysfunctionality (Hollander, 1998). Life in an intimidating, inhospitable country can play an equally detrimental role in refugees' well-being (Fox, 2002).

The critique of the PTSD model also stems from the inconsistencies in research outcomes, which warrant caution on the application of PTSD in different sociocultural contexts (Yeomans & Forman, 2008).

Arguments in favour of the PTSD model. Although PTSD is a Western disorder, there are some arguments that support the existence of some common reactions when someone goes through a traumatising experience (Cambell, 2007). There are some

universal neurobiological responses to stressful events (Marsella, 2010) that are independent of ethnocultural differences and other circumstantial factors. These neurobiological and physiological responses include the activation of the sympathetic nervous system, the hypothalamus-pituitary-adrenal axis (HPA) dysregulation, the adrenergic hyperarousal and the hyperactivity of the amydgala (Marsella, 2010).

Furthermore, there is evidence of some universal physical changes in the human body when people face traumatic experiences as well as some physiological reactions in the aftermath of such experiences, including sleep disturbances and hypervigilance (Eisenbruch, 1991). There is also evidence of a common basis of cognitive reactions; when people experience traumatic events, they deem more stimuli as threatening and exhibit a greater sensitivity and overreaction to relevant stimuli (Cassiday, McNally, & Zeitlin, 1992).

Several theorists use these arguments to claim that there are some common reactions in the aftermath of adversities, which can justify the manifestation of post-traumatic symptoms in all human beings, regardless of their sociocultural origin. Additionally, some large-scale meta-analyses providing evidence of the prevalence of PTSD in refugees from various backgrounds cannot be overlooked (e.g., Porter & Haslam, 2005; Steel et al., 2009). This large body of research, demonstrating good statistical power, indicates that refugees report PTSD in culturally diverse settings even when no secondary benefits are available (Brown 1995; de Jong, 2005).

However, I should highlight that the evidence of the prevalence of PTSD in different sociocultural settings implies that PTSD can be diagnosed in these contexts, giving no hints that PTSD is the most appropriate representation of individuals' reactions to stress (Yeomans & Forman, 2008). Moreover, the physiological responses, albeit common in different sociocultural settings, may still be experienced and interpreted

differently in different settings (Marsella et al., 1994). Furthermore, in non-Western contexts, PTSD symptoms may be attributed to different causes based on different explanatory models (de Jong, 2005).

I would argue that although PTSD has a theoretical value and literature indicates that no other folk diagnoses can replace the PTSD concept, the ideas regarding the presumable universality are misleading. The fact that signs of what is considered pathology can be identified and validated in diverse settings cannot warranty that these symptoms have the same meaning everywhere (Bracken et al., 1995).

Moreover, the universal utility of Western diagnostic entities is critiqued on the basis that some culturally-bound conceptualisations are sometimes more beneficial in the clinical practice (Miller et al., 2006). Culturally-bound syndromes may more easily convey non-Westerners' interpretations of their difficulties by using their own language, beliefs, values and traditions (Kendell & Jablensky, 2003). Some folk diagnoses sometimes appear more sustainable than the diagnostic categories brought in from the West. These folk diagnoses often have several features in common with the Western diagnoses, but they also have a unique cultural meaning (Mollica, Poole, & Tor, 1998).

I can conclude that Western psychiatry is just a way of understanding health and pathology. It is indeed a tried and tested style of reasoning emotions, cognition and reactions that work well for many Western individuals. However, refugees' reactions to adversities and manifestations of distress do not always fall into the predominant Western psychopathology categories. Even when PTSD symptoms can be diagnosed in non-Westerners, these symptoms do not always dominate their accounts of suffering (Bracken et al., 1995). One of the reasons for the inability of Western theories to explain refugees' reactions seems to be the centrality of the individual in most of them.

Western Emphasis on the Individual

The concept of personhood is constructed within a particular sociocultural context at a particular point in time (Summerfield, 2001). People from Western cultures are considered more individualistic and independent. In most non-Western cultures, people are considered part of the group that offers them a collective, social identity. Non-Westerners value the collectivist ways of living and, in times of crisis, pool their resources in order to cope with difficulties (Jobson, 2009).

However, Western psychopathology concepts lay great emphasis on the individual. For instance, Horowitz's trauma model, which attributes the aetiology of post-traumatic symptomatology to a blockage of internal cognitive and emotional processing (Horowitz, 1986), is person-centred and emphasises the intapsychic realm. These Western-derived interpretations, focusing on individual's thoughts, emotions and desires, are not always suitable for non-Western refugees (Bracken et al., 1995).

People from non-Western cultures may take a more sociocentric view of society, giving priority to the well-being of their families and communities. In many non-Western cultures, individual experiences are directly interlinked with the life of the whole society and the difficulties faced by individuals are often considered society's affairs (Zarowsky & Pedersen, 2000). In these cultures, refugee-related distress is seen as a result of the disruptions to the social and moral order while the intrapsychic world of individuals is not emphasised.

Moreover, people from non-Western cultures may accept their fate or destiny and comply with existing conditions. They do not complain about their negative experiences and the ensuing effects and thus they do not perceive them as pathological requiring medical attention (Jobson, 2009). In this sense, people's responses to adversities largely depend on culturally-oriented levels of stoicism and fatalistic ways of seeing things as well

as the centrality of the individual or, by contrast, the centrality of family and society (Summerfield, 2004). Consequently, refugees may suffer more from a collective trauma and the collective anger of the whole community rather than their individual distress and pathology (Zarowsky, 2000, 2004).

The Role of Culture

Culture profoundly influences people's reactions to afflictions and attributes meaning to their misfortunes (Bracken, Giller, & Summerfield, 1995). Culture defines what is considered abnormal, maladaptive and pathological as well as what is acceptable behaviour in times of crisis (Narayan, 2010). Different societies have different reserves of psychological knowledge and psychological problems are characterised by cultural relativity (Jenkins & Barrett, 2003). Wilson and Drozdek (2007, p. 372) state that culture serves "as a perceptual filter for cognitive appraisal and interpretation of mental health problems".

Culture also offers people the "frames in their narrations including theories about the origins of their pain" (Sturm, Baubet, & Moro, 2007, p. 211). Western psychology considers the experience of traumatic events as the cause of the subsequent suffering. Non-Western people may attribute different causes to their suffering. They may attribute their suffering to gods and supernatural beings or some form of curse (Yeomans, 2001; Forman, 2008), attaching a spiritual meaning to their reactions (Bracken et al., 1995).

Furthermore, culture exerts its influence on suffering, help-seeking and healing by shaping how the signs of suffering should be expressed and suggesting culturally appropriate coping patterns (Narayan, 2010). Non-Western cultures develop various healing methods and treatment protocols that can be effective for the people in those cultures. Non-Western healing methods may include conventional medical and religious

practices, ceremonies, rituals, etc. (Drožđek & Wilson, 2007; Moodley & West, 2005; Winkleman, 2010).

Western therapeutic practices may damage the self-healing practices of individuals coming from cultural backgrounds in which suffering is depicted as somehow valuable, guaranteeing a better life in the next world (Reinser, 2002), and as a way of achieving self and spiritual transcendence and accepting God's will; or where people believe that they should exhibit patience and embrace their misfortunes without trying to escape from them (Daya, 2005; Mehraby, 2007). Although mental health problems in the occidental world are processed and solved through talking therapies and pharmacotherapy, different practices can sometimes be more effective in non-Western societies.

Medicalisation of Sociopolitical Issues

Medicalisation of various aspects of Western life has been a common phenomenon in the last decades (Summerfield, 2000). This medicalisation and psychologisation of human behaviour has been applied even to cultural settings where individual psychology and psychiatry are not prevalent. However, Blackwell states that "people whose lives have been constrained or damaged by . . . forms of political violence do not readily see themselves as sick" (p. 315). Treating them as mentally ill rather than victims of political oppression intensifies and depoliticises their suffering (Blackwell, 2005). By approaching refugeedom technically in a medicalised way, we ignore people's cultural, ideological and political background, subjectivity and uniqueness (Summerfield, 2001).

Predominant psychopathology model's tendency to neglect the interrelated sociopolitical, ethical, historical and cultural significance of refugeedom and reduce them to a mental health issue has been piercingly criticised (Zarowsky & Pedersen, 2000). Undoubtedly, refugeedom is a phenomenon of political, historical and social nature and people become refugees mainly as a result of sociopolitical factors.

Refugees have had to confront politically contextualised violence both in their past and present lives and they often attach a sociopolitical meaning to their experiences (Blackwell, 2005). Western psychiatry approaches refugees' emotions, cognition, and behaviours as if they are "ethically and politically neutralised" (Zarowsky & Pedersen, 2000, p. 292) and thus it reduces the sociopolitical and moral implications to a strictly psycho-medical set of consequences (Kienzler, 2008).

Moreover, host countries often force sick roles on refugees and offer them services to overcome their pathology. However, other practices might be more beneficial in order for refugees to claim back their lives, i.e. viable opportunities for integration and chances to reconstruct their shattered worlds through financial, educational and sociocultural support (Summerfield, 2000).

If the sociopolitical context in which refugees put themselves is overlooked, the meaning refugees attach to their experiences cannot be grasped. On the other hand, paying attention to the sociopolitical realities of refugeedom is significant, given that it is the social circumstances that can promote or annihilate refugees' resilience. An appropriate response towards supporting refugees is to repair their social worlds, empower and strengthen familial, communal and social networks and reinforce their social capital and position in their community (Marsella & Christopher, 2004). Financial and labour support are also significant. Individual psychological intervention per se is not always helpful and refugees may require support through a collective rebuilding of their lives (Zarowsky, 2004).

Reasons Behind the Pathologisation of Refugees' Responses

When querying about our tendency to pathologise refugees' reactions, it appears that it is not for lack of evidence from cases which reveal that refugees often demonstrate admirable strengths under adverse conditions. There are other reasons behind this practice.

Influenced by Western-orientated educational and professional background, practitioners focus on refugees' psychological deficits and impose mental health diagnoses on them. Under pressure to attend to refugees' distress and disturbances, Western professionals tend to oversimplify their conditions (Papadopoulos, 2015).

They may easily choose the Western-derived diagnoses and treatments that are tested and readily available (Eisenbruch, 1991). This is not always wrong because some refugees do require psychiatric or psychological assistance. However, this practice may be beneficial only to a certain subset of refugees. Additionally, psychiatric diagnoses are tempting because they serve as testimony to people's suffering and offer scientific credibility so as refugees become eligible for support in the host countries (de Jong, 2005; Papadopoulos & Hildebrand, 1997).

It is also customary for refugees themselves to over-report their pathology symptoms; they adopt sick roles, with the PTSD diagnosis being their flag (Summerfield, 2001). Psychiatric diagnoses almost automatically open the door to asylum granting and other benefits (Jeon, Yoshioka, & Mollica, 2001).

Moreover, refugees bring with them stories of appalling atrocities which clearly convey that the world is a dangerous, unfair place. When Westerners are confronted with such stories, primitive anxieties are triggered. In their efforts to ward off these anxieties, Western individuals may psychologise away the evil involved in these cruel, incomprehensible acts by applying psychological theories to refugees' experiences and reactions and thus ignore the actual sociopolitical context (Papadopoulos, 1999).

Host societies resent refugees for shattering their assumptive frameworks, including their beliefs in the benevolence and safety of this world. Hence, they may be reluctant to accept the sociopolitical reasons behind refugees' suffering. Host societies emphasise

refugees' vulnerabilities resulting in their suffering in order to keep their assumptions for the world intact (McFarlane & van der Kolk, 1996).

Another reason behind the tendency to focus on the negative effects of refugeedom refers to the natural human difficulty of acknowledging that there are positive elements which refugees can develop because of their calamities. When people come across refugees who have survived atrocities, they cannot see how such appalling events can have positive outcomes.

Accounts that do not emphasise the trauma discourse may appear insensitive to refugees' tragedy, which in turn appears to be underestimated and stripped of emotion, pathos and the required sorrowfulness (Summerfield, 2000). It is expected to focus mainly on the condemnation of the "refugee plague" and feel sympathetic towards refugees. The issue is that this expected reaction inadvertently imposes a learned pathological identity on them. Over-emphasising refugees' vulnerability and psychopathology is a two-edged sword. It may offer practical gains to some refugees, but it will affect them in a detrimental way over time, locking out their strengths and generating dependency (Mollica, 2006).

This study is informed by ideas that see refugeedom as a phenomenon of sociopolitical significance that affects, *inter alia,* refugees' psychosocial well-being. This thesis rejects the invariable pathologisation of refugees and approaches refugeedom as an experience that, like any other life crisis, can potentially endanger or empower individuals.

Chapter 3: Theoretical Framework Guiding this Study

The study is informed by a theoretical framework that will be presented here. The theoretical and conceptual frameworks selected for this study aim to approach the uniqueness and complexity of the refugee experience and its effects on the adolescent refugees as adequately as possible. Some key ideas around the refugee phenomenon,

which offer an insight into the refugee situation and its impact on the people concerned, are presented here.

Cultural Bereavement

As already discussed, applying the western diagnoses of disorders to all refugees can be misleading and, occasionally, harmful. To overcome these challenges, Eisenbruch (1991) framed a model of understanding refugees' suffering while taking into account the cultural interpretation of themselves. Cultural bereavement explains the constellation of distress signs in uprooted individuals, who have lost touch with their homes and cultures (Eisenbruch, 1991). This framework can complement Western diagnostic categories, allowing for refugees' cultural needs to be understood and respected.

Refugees may manifest distress symptoms, some of which appearing similar to the PTSD symptomatology. However, these symptoms have a different etiology and meaning and require different treatment. Cultural bereavement includes severe guilt over leaving their homes, ambivalence, rumination on the lost homelands and the perpetrators of their adversities and a strong need to fulfil the obligations to the dead loved ones. It may also include the intrusion of traumatic memories and shattering of previous belief systems as well as some culturally meaningful traits, such as ideas about spirits that may sound as psychotic features if examined though the prism of Western psychiatry (Eisenbruch, 1991). Within the framework of cultural bereavement, refugees' responses are deemed normal in their attempt to endure their loss of culture, heal their wounds, reconcile the radically different tendencies in them and adapt to their new situations (Eisenbruch, 1991; Hamilton, Anderson, Frater-Mathieson, Loewen & Moore, 2000).

In this sense, refugees' existential suffering is mainly determined by their ability, or the absence of it, to retain some of their cultural factors (Eisenbruch, 1991) The alienation from their roots and cultural beliefs, when assimilation in the new culture is mandatory, exacerbates refugees' grief over the loss of their cultures. Thus, a significant predictor of refugees doing well in the new country is the continuation of some culturally appropriate habits and ways of living.

Nostalgic Disorientation

Building on the concept of cultural bereavement, Papadopoulos (2010) conceptualised the term "nostalgic disorientation" to describe the psychological state in which refugees find themselves. Papadopoulos (2002) argues that it is not only their cultures that refugees lose, but also their home environments with all their practical and symbolic components and functions.

Nostalgic disorientation refers to a cluster of disruptive and disorientating emotions, thoughts and behaviours that refugees share. It is a deep, painful sense of nostalgic yearning for their homelands and, consequently, for the recreation of predictability of their familiar settledness and sense of belonging (Papadopoulos, 2015). Nostalgia, from Greek nostos "return home" + algos "pain", constitutes the suffering caused by the longing for returning home (Papadopoulos, 2002).

Nostalgic disorientation is not a psychiatric condition and should not be pathologised. This is irrelevant to the fact that some refugees may manifest distress or psychopathology of any kind. However, the debilitating effects of nostalgic disorientation should not be underestimated. Nostalgic disorientation is a "disorienting experience with a felt discomfort in varying degrees" (Papadopoulos, 2010, p. 20).

The Loss of Home

The common condition that refugees share is the loss of their home (Papadopoulos, 2002). This specific type of loss has great complexity as it does not only refer to the loss of a concrete house, but also to that of the totality of all the dimensions of a home. Home provides continuity and a protective environment that serve the functions of containing and holding, despite the fact that this fundamental sense of homeness cannot be consciously appreciated (Papadopoulos, 2002). Home and the family relationships that take place inside it can be seen as the secure base (Bowlby, 1988) that provides both physical safety and a sense of security.

Home consists of tangible and intangible entities such as familiar sounds, smells, and geographical landscapes, which Papadopoulos (1997) calls "mosaic substratum of human experience". Home is also the locus of important relationships as well as the locus of identity (Papadopoulos, 2002). Although individuals cannot consciously grasp and identify the loss of the multiple contexts related to home, home facilitates a sense of predictability in their lives, enabling individuals to "read life" (Papadopoulos, 1997, p.14).

Onto-ecological Settledness

Another relevant concept is that of onto-ecological settledness. This concept approaches the totality of existence, i.e. the ontology, which is more than the sum of the aspects an individual can usually identify in themselves, and the interaction of this ontology with one's complex environment, i.e. their unique ecology (Papadopoulos, 2014). It is "the familiar arrangement and relationship between the totality of one's being and the totality of one's environment" (Papadopoulos, 2015, p. 40). Although not an ideal state, the onto-ecological settledness offers some sense of predictability and familiarity that is disrupted once adversity strikes (Papadopoulos, 2010).

When people become refugees, the holding dimensions of home are shattered and their onto-ecological settledness is disturbed. This results in bewilderment and uncertainty, which feel as an inexplicable gap. In turn, this gap generates the feeling of nostalgic disorientation, which has been already presented.

These deep losses that create a painful gap and a feeling of not being contained make refugees yearn for the restoration of symbolic holding dimensions. As they cannot tolerate this feeling, they try to rebuild the containing membrane of home and recreate the lost sense of predictability and certainty. In other words, they search for a new home, in its symbolic form, new identities and meanings and they may even dispose of the obsolete aspects of their own identities (Papadopoulos, 2014). This exploration can lead to a rejuvenation of the onto-ecological settledness (Papadopoulos, 2014).

Phases of Refugee Experience

This study approaches the refugee experience as a process with different phases. All these phases account for the various responses to adversities. In order to understand these responses as best as possible, the focus should not only be on the traumatic pre-flight experiences, as the bulk of literature suggests. The other phases, such as the journey and the resettlement in the host countries should also be taken into account (Papadopoulos, 2005; Losi, 2006)."

Papadopoulos' spectrum of the refugee experience is divided into four main phases with others also appearing prior to or following the four main ones: "Anticipation", i.e. when the danger is pending and people struggle to avoid the negative phenomena; "Devastating Events", i.e. the phase of actual violence, attack, and destruction when people do not usually feel at home in their own countries and have to flee; "Survival", i.e. when refugees have saved their lives, but the future

looms uncertain; and "Adjustment" to the new life in the receiving countries (Papadopoulos, 2005).

Moreover, refugees have their own life stories that precede the negative phenomena that have led to their involuntary displacement. These stories should be explored as they impact refugees' ways of coping (Jeon, Yoshioka, & Mollica, 2001). Additionally, multiple factors in their host countries even after the adjustment phase should be emphasised as they can largely determine refugees' well-being (Fox, 2002).

The Concept of Trauma

This thesis needs to approach the word 'trauma', which individuals indiscriminately use to express a broad spectrum of experiences of different levels of severity, which range from mere discomfort to psychiatric disorders (Papadopoulos, in press). However, the psychological trauma is a specific case. An intense incident that threatens the survival, physical integrity or well-being of an individual, who is usually unable to adequately respond to it, may result in psychological trauma (Silove, Steel, & Psychol, 2006). Hence, psychological trauma is conceptualised as a state of intense fear that an individual experiences when they face a potentially threatening event over which they have no control or are unable to react effectively.

The idea of trauma is often associated with PTSD, a psychiatric disorder manifested after a particularly stressful event of threatening nature. However, this epistemology of trauma places the blame solely to this event as its nature can lead to trauma. This ignores the multiple factors that intervene between experiences and the reactions to them as well as the context in which these events take place.

Refugeedom does not fall within the framework of psychological theories and refugee suffering cannot be synonymous with psychological trauma (Papadopoulos, 2007). The refugee condition cannot be understood exclusively in terms of any

psychological model. Refugees usually suffer severe adversities, but they are not necessarily psychologically traumatised (Papadopoulos, 2007). Refugee-related adversities may lead some individuals to psychological traumatisation, but this usually applies to a minority of refugees (Summerfield, 2001). The extent to which a given experience produces major post-traumatic stress is a function of many variables.

      Meanings of trauma – etymological approach. The word trauma is etymologically linked to the Greek τιτρώσκω (titrṓskō), which means to pierce. Based on this etymology, trauma is the mark left on the skin after an injury, the wound. However, a more recent etymology of the word suggests that the root of the word τιτρώσκω (titrṓskō) might be τείρω (tirō), which means to rub (Papadopoulos, 2000, 2001. 2002). In ancient Greek, the verb τείρω (tirō) invoked two opposite meanings, i.e. to rub in and to rub off/away. Based on this etymology, "trauma would be the mark left on persons as a result of something being rubbed onto them" (Papadopoulos, 2007, p. 304).

      However, depending on the different connotations of the verb τείρω (tirō), we can infer that the word trauma may have the meaning of wound or injury as a result of rubbing in, or it may refer to rubbing away the marks that are on a surface, i.e. the result of erasing or cleansing (Padopoulos, 2002, 2007).

      Based on the first meaning of trauma, a traumatic experience can be an injury, a wound that punctures the protective shield and leaves a mark; this injury can generate pain, suffering and can result in psychological trauma. Wounds can have long-lasting effects, leaving an indelible mark on the individuals concerned.

      However, if we take the second meaning of trauma into consideration, a different outcome is also possible. Trauma can commonly offer a chance for renewal,

rejuvenation and revitalisation when previous values, perspectives, beliefs and ways of living are erased and new priorities and meanings are introduced (Papadopoulos, 2002, 2007). This perspective infers that refugee experiences, albeit intrinsically painful or even injurious to some, can be life-enhancing and transforming experiences to others.

The Adversity Grid

Although the bulk of literature sees individuals' responses to refugee experiences through a narrow perspective, focusing on the cases of pathological responses, this study is influenced by an approach that acknowledges different trajectories in the aftermath of adversities. Papadopoulos (2004, 2007, 2015) has developed the Adversity Grid that describes three main categories of possible reactions to such adverse experiences as refugeedom.

The first category encompasses the negative reactions; these reactions vary from the normal pain and suffering to the manifestation of psychological disturbances or even psychiatric disorders. Papadopoulos (2007) first identifies the ordinary human suffering, i.e. the normal manifestation of suffering and pain in the aftermath of adversities, losses or major life crises, which constitutes a common part of human life. Then, he describes the more distressful psychological reactions to adversities which, although they provoke discomfort, distress, disorientation and permanent inhibition of normal functioning, do not meet the criteria for psychiatric disorders and do not necessarily require medical or psychological assistance. Lastly, he mentions the manifestation of psychiatric disorders in individuals who experience severe adversities and who are the ones who need professional care (Papadopoulos, 2007).

The second category of the Grid suggests that in the wake of adversities, some individuals may change neither negatively nor positively in some aspects, retaining

their previous characteristics, stances, worldviews, functions, etc. (Papadopoulos, 2016). Among the characteristics that individuals manage to retain, the positive ones are related to the well-documented concept of resilience, which will be discussed later in this chapter.

The third category of possible responses to adversities introduces the concept of Adversity-Activated Development (AAD) (Papadopoulos, 2007). This suggests that individuals can develop new positive qualities, skills, habits, etc. which were non-existent prior to adversities and emerge because of them. Positive reactions are more than bouncing back to normal after experiencing severe adversities; the concept of AAD suggests that individuals are able to "process internally and within their families and communities painful experiences and transform them into potentially growthful potentialities" (Papadopoulos, 2001b, p. 417).

Individuals' responses to refugeedom can be conceptualised through the Adversity Grid. Refugees may experience pain, grief and suffering and even manifest psychological disturbances in response to their adversities (Abou-Saleh & Hughes, 2015; Beiser & Hou, 2016; Bronstein & Montgomery, 2011). However, most refugees retain some previous characteristics, both good and bad, and bounce back over time. What's more, given the time and positive circumstances, refugees may even develop new positive qualities, despite the abnormal conditions they may have been living in (Papadopoulos, 2007).

Apart from the predominant assumption about the inevitable harm done on refugees, there have been attempts to conceptualise refugeedom differently; research on resilience and positive development has been gaining ground (e.g. Violanti, Paton, & Smith, 2000). Indeed, there are many possible outcomes after refugee-related adversities, depending upon individual and contextual factors.

I should stress at this point that these outcomes are not mutually exclusive (Papadopoulos, 2015). An individual can show resilience, growthful development and vulnerability simultaneously as well as consecutively. Interestingly, even when people do manage to cope with significant life challenges and show a positive adaptation, they are not necessarily free from experiencing distress. Being resilient does not mean remaining untouched by adversities. Some aspects of functionality can be negatively affected, although individuals may appear considerably resilient in others.

Responses revealing that refugees change neither positively nor negatively. As aforementioned, most refugees manage to claim back their lives, despite some transitory disturbances in aspects of their lives due to refugee-related adversities. They appear to retain previous positive qualities, practices, relationships, capacities as well as negative traits, dysfunctional behaviours, unhealthy habits, etc. existent prior to refugeedom, which cannot be conceptualised as consequences of the refugee experience per se (Papadopoulos, 2016). Individuals who preserve their previous positives characteristics despite adversity manifest resilient responses. I will now present different conceptualisations of resilience and attempt to define the complexity of this concept.

The concept of resilience. Resilience is a complex, multidimensional concept, defined in various different ways. In physics, resilience is a body's ability to cope with change and remain unaltered after being exposed to potentially transforming conditions (Wieland & Wallenburg, 2013); in engineering, it is the ability of a system to absorb damage without suffering complete failure (Jennings, Vugrin & Belasich, 2013). In the realm of psychology, there are various definitions of resilience.

Rutter (1981), a prominent figure in developing the concept of resilience, conceptualised it as an individual's capability to do well in spite of experiencing severe stressors that can result in adverse psychosocial outcomes. Masten (2001) framed resilience as an enduring process that results in good outcomes, although there are serious threats to the stability, adaptation and normal development of individuals.

Resilience connotes resistance to the distressful impacts of adversities and maintenance of a stable equilibrium in the aftermath of major stressors (Bonanno, 2004; Richardson, 2002). Children and adolescents are characterised resilient when they achieve their developmental tasks and manifest age-related standards of behaviour and functionality despite being exposed to severe threats to their psychosocial well-being (McCormick, Kuo, & Masten, 2011).

I would argue that resilience is a multifaceted process, driven by individual, relational and contextual variables. It is a dynamic process that leads to stability over time and adaptation to new conditions; it also preserves previous normality and functionality. Individuals who exhibit resilience undergo a process of enduring adversities and regaining their previous assets and strengths.

Papadopoulos (2014) identifies various types of resilience in the aftermath of adversities by defining them as: stability, i.e. retaining previous positive qualities, agility, i.e. easily bouncing back to normalcy, tolerance, i.e. enduring adversities and eliminating their negative outcomes, and flexibility, i.e. easily adjusting to new conditions.

Papadopoulos (2013) argues that resilience as stability, i.e. the process of retaining existing positive qualities, characteristics, etc., is the preferred definition as it is a tangible one. By having this definition in mind, people working with refugees

can highlight and reinforce refugees' resilience in a concrete way by exploring their retained positive qualities.

Relational resilience. Resilience is not the outcome of exclusively personal characteristics and processes within the individual, but also the result of a relational process. During the early stages of the resilience concept, theorists emphasised the individual characteristics, implying that resilient people possess some individual resilience, an inner fortitude and character armour. However, the later waves of the resilience theory emphasised the dynamic process of resilience, focusing on the contextual factors that foster resilience and the interaction between individuals and the various systems to which they belong (Wright, Masten, & Narayan, 2013).

Thus, resilience is not a characteristic, present in certain individuals (Masten, 2013). If we accept this idea, we risk regarding people who do not adapt successfully "as somehow lacking the 'right stuff' and somehow personally to blame for not being able to surmount the obstacles they have faced" (Wright et al., 2013, p. 26). This idea undermines the significance of contextual, social and cultural variables in the development of resilience. Particularly in children, the emergence of resilience depends mainly on other people and systems of influence, including family, school, community, etc. (Masten & Obradović, 2008). The processes that nurture resilience need to be understood within this holistic context.

Resilience as an ordinary process. Similarly, the idea that only individuals with exceptional abilities exhibit resilience is distorted. Masten (2001) suggested that resilience emerges in the majority of individuals as long as a protective matrix is present. Theories of resilience emphasise that there is nothing extraordinary about individuals who appear resilient (Bonanno, Brewing, Kaniasty, & La Greca, 2010). These people do not necessarily have charisma that enables them to overcome

atrocities; resilience does not emerge from special traits that some 'invulnerable' individuals have. The emergence of resilience is an ordinary phenomenon as most individuals are able to use common adaptive processes and retain pre-existing strengths, given that some protective factors are present (Masten, 2001). Hence, resilience comes from "the everyday magic of ordinary, normative human resources" (Masten, 2001, p. 235), which can be both internal and external.

Adversity-activated development. Beyond manifesting resilience, refugees are also likely to have positive experiences following significant challenges (Violanti et al., 2000). Despite their distress, refugees may experience a sense of renewal as potentially traumatising events erase previous values and lifestyles (Papadopoulos, 2001b), enabling a kind of psychic rebirth and enrichment that offer the potential for a whole new journey (Ryff, 2014). White (2004) underlines that a tragedy may end in catharsis when it offers people the impetus to move to the next level in their lives and engage in superior values and ideals.

Refugeedom can provide individuals with an opportunity to create new identities, develop new skills, change priorities and goals and gain a greater sense of self-competence and strength (Tedeschi, Park, & Calhoun, 1998; Ryff, 2014). They may also gain greater self-understanding, compassion and psychological preparedness for future challenges (Janoff-Bulman, 2006). When refuges reach their limits after severe adversities, they can re-appreciate their lives and find a deeper meaning in them, which can be ideological, religious, political, philosophical, etc. (Papadopoulos, 2007).

Refugees can therefore turn their pain and suffering into new potentialities and fresh initiatives. It seems that "the alchemy of pain is the necessary encounter that

provides a metamorphosis in the souls of those who have been wounded" (Cyrulnik, 2010, p. 24).

Attaching Meaning to Adversities

As Cyrulnik (2010) puts it, "our history does not determine our destiny" (p. 13). It is not the objective nature of external events that affects people, but the subjective construction of understanding and experiencing adversities that determines whether external events will result in negative reactions, even in psychopathology, or positive responses (Currier, Holland, & Neimeyer, 2006). The individual and/or social meaning with which the actual events become imbued determine individuals' cognitive, affective and behavioural sequelae in the aftermath of life's turning points (Davies & Frawley, 1994). Through the social constructionism perspective, Gergen (2015) indicates that individuals, as well as societies, construct different interpretations and versions of reality.

Many theorists have emphasised the significance of the meaning-making of adversity when people make an effort to regain their lives (Gillies, Neimeyer, & Milman, 2014; Janoff-Bulman & Frantz, 1997). The wide variations in the way refugees perceive, experience and respond to adversities is based on the subjective interpretation of those adversities.

This aspect of meaning-making concerns the process of looking for attributes in order to understand the adversities and losses, what can be seen as the sense-making aspect of meaning-making (Wilson, 2006). According to Wilson (2006), there is also another aspect of meaning-making that refers to the re-appraisal of adversities; discovering some positive aspects in negative experiences can be seen as the benefit-finding aspect of meaning-making. This process may transform refugees' stories of pain and suffering into valuable stories of development and strength, despite the

negatives (Ryff, 2014). In a nutshell, refugees are challenged to attach meaning to their adversities and also find some positive aspects in them.

Factors Contributing to Different Responses

Individuals experience, attribute meaning and respond to refugee-related adversities in unique ways. A complex combination of factors play a crucial role in their responses (Rezzoug, Baubet, & Moro, 2011). I will categorise these factors in three main groups: intrapersonal, interpersonal and sociopolitical.

 Intrapersonal factors. Factors that influence refugees' reactions to adversities include, *inter alia*, demographics such as gender and age, personality traits and temperament (Montgomery, 2010; Tam, Houlihan, & Melendez-Torres, 2015). Refugees have as many and diverse personal characteristics as all human beings and the intensity with which they suffer severe stress, or the ease with which they recover from it, depend on intrapersonal factors (Bonanno, 2004). Biological predispositions also account for the different responses to traumatic experiences (Goenjian, et al., 2012) and future research should explore the neurobiological basis of reaction to adversities.

Learned ways of reacting to challenges, acquired skills and coping strategies also play a crucial role in the emergence of different responses to adversities (Pahud, Kirk, Gage, & Hornblow, 2009). The strategies refugees use to cope with them can be classified into two groups: adversities-oriented strategies and moving-beyond-adversities strategies (Bonanno, Pat-Horenczyk, & Noll, 2011).

Earlier theorists had underlined that individuals who have experienced severe adversities may cope with their negative effects by deliberately focusing on and cognitively processing these adversities and the thoughts, feelings and behaviours triggered by them (Horowitz, 1986). In this way, individuals can understand and

master traumatising experiences and control their consequences. Hence, sometimes, people temporally cease their normal functioning to focus on addressing past adversities (Brewin, 2003). If this confrontation with traumatic memories, thoughts and emotions is controlled and supported, this process can be therapeutic (Chard, Ricksecker, Healy, Karlin, & Resick, 2012). Relevant studies indicate that avoidance coping mechanisms, including repression, denial, etc. lead to more negative trajectories in the aftermath of adversities (e.g. Alim et al., 2008).

Other studies indicate that some people cope well by using strategies orientated towards minimising adversity-focus and moving beyond adversities (Goodman, 2004; Thommessen, Corcoran, & Todd, 2015). Individuals may engage in defensive strategies, aiming to avoid stimuli that trigger painful memories (Sanderson, 2013). Repression is a strategy against traumatic memories, emotions and cognition by turning them away and keeping them out of consciousness (Freud, 1915). Freud (1895) postulated that repression serves as "a flight from pain" (p. 307).

Upsetting feelings and thoughts can also be blocked through self-distraction. In order to remain distracted, individuals can be involved in many activities and keep themselves busy (Sanderson, 2013). Individuals can even separate themselves from negative emotions or block the awareness of external stimuli that might otherwise serve as triggers through the process of dissociation (Briere, 2002).

By trying to keep overwhelming memories, thoughts and emotions at bay, people can endure previous adversities and adapt more easily to their new lives, especially during the early phases following adversities (Cyrulnik, 2010). These strategies can reduce individuals' dysphoria and help them concentrate on present issues and practicalities as well as use their supporting networks, adapt to new realities and set future goals (Carver & Scheier, 2001). Especially for refugees, who

are not often in charge of their lives, some avoidance strategies may prove critical to reducing their distress and managing their lives until they engage in other coping behaviours (Sleijpen, Boeijec, Kleber, & Mooren, 2015).

However, these avoidance strategies may become unhealthy in the long run. Prolonged avoidance can intensify distressful feelings, memories and thoughts as they remain emotionally and cognitively unprocessed and unintegrated and therefore more frightening and uncontrollable (Sanderson, 2013). These unintegrated memories and feelings are more likely to give rise to flashbacks. Moreover, extreme avoidance of people, places, activities, etc. that can trigger negative memories may lead to social isolation (Sanderson, 2013).

Bonanno and his colleagues (2011) combined these seemingly contradictory perspectives, i.e. adversity-focus strategies and avoidance strategies, and suggested the concept of coping flexibility. Individuals who manage to flexibly use both kinds of coping strategies, depending on their suitability by circumstance, appear more well-adapted (Bonanno et al., 2011).

Other intrapersonal factors that promote positive responses include self-regulation skills, high sense of control, positive self-image, sense of self-efficacy, hardiness, etc. (Bartone, 2000; Gan, Xie, Wang, Rodriguez, & Tang, 2012; Masten & Osofsky 2010). Emotional regulation capability plays a crucial role; individuals who have developed affect regulation skills appear more capable of tolerating strong, negative emotions without being constantly overwhelmed by them or resorting to harmful strategies, like substance abuse (Briere, 1992). Affect regulation is built within a safe and caring early environment that gives individuals the opportunity to learn how to cope with uncomfortable internal states through trial and error and progressively develop more sophisticated coping mechanisms (Briere, 1996).

In contrast, individuals who have experienced insecure attachment and overwhelming difficulties, such as abuse and neglect, in early life may be unable to sufficiently regulate strong emotional states throughout their lives. They may "be subject to affective instability, problems in inhibiting the expression of strong affect, and have difficulty terminating dysphoric states without externalization or avoidance" (Briere, 2002, p. 6). Thus, insufficiently developed affect regulation capability makes individuals more vulnerable to overwhelming stimuli that trigger traumatising memories (Briere, 2002). They are often unable to down-regulate their distress and control their reactions, resulting in negative responses to adversities.

Furthermore, individuals' sense of control, i.e. the capacity to maintain control of the world around them and somehow be active and engaged in the decision-making for important life aspects, is a crucial determinant of the emergence of positive responses (Segal, 1986). In contrast, the loss of perceived control over their lives, the sense of powerlessness and the adoption of a victim role, as is often the case with refugees living in camps and detention centres, may contribute to more negative trajectories (Garbarino, 2008; Garbarino & Kostelny, 1996).

Additionally, hardiness is considered to have a buffering effect after severe adversities. According to Bonanno, (2004, p. 25) "hardiness consists of three dimensions: being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and the outcome of events, and the belief that one can learn and grow from both positive and negative life experiences." Individuals that appear hardy appraise stressors as less threatening, minimising the experience of distress. They often have a positive self-concept and the capability to use their armour of coping strategies and support systems in their best interests (Florian, Mikulincer, & Taubman, 1995). They are usually involved and committed and manage to transform

their adversities into challenges that they have to overcome (Garbarino, 2008).

Another important trait that fosters positive adaptation is the existence of dispositional hope in rough times. When people are hopeful that things will be better in the future, they appear resilient. Positive expectations and high aspirations are crucial protective factors (Ryff, 2014). Another essential buffer against adversities and their effects is refugees' devotion to a cause or purpose in life, e.g. caring for others, fulfilling ambitions, fighting for their rights, etc. (Reinser, 2002).

Additionally, positive emotion and humour can shield individuals from the reality of adversities by counterbalancing their negative effects or softening triggered distressful emotions and thoughts (Bonanno, 2004; Fredrickson & Levenson, 1998). A positive stance may also enhance individuals' connectedness with others and attract greater support (Bonanno & Keltner, 1997).

Furthermore, as already seen, the ability to attach a coherent meaning to emotionally challenging experiences, namely what has been characterised as cognitive resilience (Violanti et al., 2000), constitutes another determinant of positive adaptation. Refugees' ability to make sense of their turbulent situations influences their response to them (Summerfield, 2000). Individuals with good cognitive skills and higher intelligence often appear more resilient and they more easily adopt useful problem-solving strategies (Mayer & Faber, 2010).

Hollander (2006) also emphasises the concept of emotional resilience as a factor influencing people's coping with adversities. Emotional resilience is related to whether people have met positive and reliable attachment figures during their infancy and have introjected positive feelings and self-esteem; early attachments work as a scaffold for individuals' well-being later in their lives (van der Kolk, 2014).

By approaching refugees' responses to adversities through the prism of the

attachment theory, I can infer that early attachments, which provide the foundation for developing secure bonds, self-confidence, emotion regulation skills and positive ways of relating to others (Bowlby, 1988; Wright et al., 2013), influence how refugees face adversities. A positive and attuned relationship between the infant and the caregiver "provides the secure base, the backdrop of safety, order, predictability and control […] the haven from which young children draw their confidence in their capacity to control external events" (Davies & Frawley, 1994, p. 46).

In contrast, neglectful, insecure or ambivalent attachments may deprive individuals of this protective armour, resulting in more negative responses in rough times. These individuals cannot call upon internal representation of caring and protective internal objects to contain and control overwhelming external stimuli (Davies & Frawley, 1994).

I should highlight at this point that, although emotional resilience is included in the intrapersonal factors which determine refugees' reactions, the development of this individual quality is conditioned by interpersonal variables, namely the important attachments in people's lives. Furthermore, refugees' ability to easily attract others, connect positively with them and use their social capital are parts of coping in the wake of adversities. Primary attachments determine individuals' later capability to build valuable relationships.

Primary attachments influence individuals' reactions to adversities through cognitive processes too. Attachments are critical to the development of the child's Internal Working Model, i.e. a mental representation of infant experiences and emotions towards their caregivers, which determines their self-image and expectations from others (Bowlby, 1969). Negative attachment experiences may lead to distorted thought processes in certain individuals (Hesse, 1999). These individuals

may suffer unresolved trauma in adversity.

As far as the role of the belief systems is concerned, refugees' religious, political, ideological and cultural belief systems largely affect their reactions to adversities and the meaning they attach to them (Reinser, 2002). Religious faith is widely regarded as a source of strength, consolation and hope, promoting positive responses to adversities (Pargament & Cummings, 2010). Moreover, when individuals have ideological beliefs to a cause or conceptualise their suffering as the result of their political activity, they may react to their adversities in a protective way (Brune et al., 2002). Refugees' own culture also provides belief systems that influence meaning-making and coping with adversities (Wright et al., 2013).

Interpersonal factors. I now have to highlight that refugees' reactions to adversities are developed within a relational matrix. Existence of a consistent, caring and supportive environment is deemed one of the most crucial mediating factors between adversities and the reactions to them (Olff, 2012; Oppedal & Idsoe, 2015). Especially for children and adolescents, parental presence and availability are of great importance. Minors accompanied by their parents during the refugee experience appear more insulated against the effects of adversities (Montgomery, 1998). The remaining functionality and parental skills of young refugees' parents (Nilsen, 2005) are considered the most significant determinants of minors' reactions to refugeedom.

The development of the characteristics that lead to resilience and positive growth of the refugee youth largely depends on the presence of supportive and attentive caregivers. Interestingly, the classic study of Anna Freud and Burlingham (1943) had emphasised the buffering effect of parental support, claiming that the emotional well-being of the young children who had survived war experiences was mainly affected by the separation from their caregivers and the transmission of

anxiety from parents to their offspring. When parents managed to continue their loving, supporting relationships with their children and maintain their daily routines and functionality, their children were buffered against war adversities.

Moreover, parental well-being as well as family relationships, cohesion and functioning affects minors' well-being (Miller & Rasmussen, 2016). Parents may not be emotionally available as they may be adversely affected by refugee experiences, preoccupied with practical issues, or even manifest psychopathology. For this reason, the existence of supportive relationships with caring adults outside the troubled home can positively influence minors' well-being (Werner, 1990).

An involved extended family and social ties with the wider neighbourhood and community are consistently deemed significant protective factors in minors' lives (Asante et al., 2003; Sleijpen et al., 2015; Wright et al., 2013). The existence of various familial and social networks may provide warmth and protection, key factors in assisting youth's adaptation in exile (Helgeson & Lopez, 2010). In contrast, young refugees who appear socially isolated and withdrawn can be more vulnerable to adversity (Garbarino, 2008).

I now have to emphasise the importance of peer support in refugee youth, especially when adults are unavailable (Thomas & Lau, 2003). Strong, positive peer relationships and the perceived peer acceptance and support are associated with the refugee youth's well-being (Fazel, Reed, Panter-Brick, & Stein, 2012; Kovacev, 2004). When young refugees feel embraced by friends, they may feel more socially recognised, resulting in the development of their self-confidence. Peers also offer assistance and advice as they are usually close by one another and share common understanding (Sleijpen, et al., 2015). Moreover, activities shared with peer groups are often effective distractions from the painful parts of life (Sleijpen, et al., 2015).

Lastly, connectedness with people of the same ethnic origin is essential as the sense of belonging to a cohesive group, which is important for the self-identity, works as a protective factor (Violanti et al., 2000). The support of compatriots in exile and participation in ethnic communities positively affect refugees' adaptation and enhance their sense of strength and self-esteem (Liebkind & Jasinskaja-Lahti, 2000). Furthermore, it has been suggested that strong connectedness with both the ethnic group and the host society leads to better psychosocial outcomes for refugees (Phinney et al., 2001).

Sociopolitical factors. There are also sociopolitical factors that influence refugees' responses to adversities. The host society can either deepen or heal the wound refugees suffer. A significant body of literature has provided evidence that social factors in exile play a crucial role in refugees' adaptation and well-being (Gorst-Unsworth & Goldenberg, 1998; Zepinic, Bogic, & Priebe, 2012). The wider sociopolitical context can affect refugees' responses to their experiences; this context includes the cultural and political situation of the host society, its immigration policy, the structural difficulties of its economy, refugees' access to rights and opportunities as well as the availability and effectiveness of agencies and services in the community (Asante et al., 2003; Leventhal & Brooks- Gunn, 2000). Community acceptance and social connectedness (Forstmeier et al., 2009) are also significant determinants of refugees' adaptation in exile.

Particularly for minors, education in exile is critical to their adaptation and positive development (Fazel, 2015). School can provide stability and normalcy and help young refugees reconstruct their lives (Brownlees & Finch, 2010). School offers a structured daily routine and a sense of belonging. It is also a way of integrating faster into the host

society as it facilitates the acquisition of the new language (Montgomery & Foldspang, 2008).

Moreover, teachers can serve as role models, mainly for minors who lack parental figures (Fazel, 2015). Refugee minors place a high value on education as a decisive means to future progress and success; education can act as a springboard to make their dreams come true (Sleijpen et al., 2015). Early integration into the school environment can therefore have a protective usefulness for young refugees (Ager, Stark, Akesson, & Boothby, 2010).

However, young refugees can also have negative experiences at school, including isolation, racism, disrespect and bullying (Fazel, Doll, & Stein, 2009). Schoolmates and/or teachers' negativity, lack of effective integration programmes as well as refugee minors' academic difficulties, due to long periods out of school and the negative effects of adversities, can lead to academic failure or dropouts, which can be detrimental when trying to rebuild a positive life (Richman, 1998).

Among the sociopolitical factors contributing to refugees' reactions, the predominant societal discourses also have an effect on refugees' adaptation and well-being. Societal discourses are predominant systems of meaning in society, usually linked to powerful institutions that favour certain versions of social reality, construct identities and categorise individuals (Drury, 2014; Foucault, 1980). Discourses on refugees impact both locals' stance on them and refugees' own constructions of identity and the meaning they attach to their experiences.

When predominant discourses present refugees as a threat to the country's economy, national identity and security, negative stances on refugees are only to be expected (Rowe, & O'Brien, 2014). The emergence of fortress Europe, i.e. the political restrictiveness toward accepting refugees on the grounds of security,

ultimately affects the attitude toward refugees (Van Houtum & Pijpers, 2007). Moreover, the use of labels like 'illegal migrants' leads to the categorisation of people into illegitimate and legitimate, criminal and lawful, which eventually leads society into deeper segregation (Rowe, & O'Brien, 2014). Living in a society where the anti-refugee sentiment is on the rise, mainly by right-wing parties' rhetoric, deteriorates refugees' adaptation and well-being.

Additionally, societal discourses on refugees' difference and culturalisation, which are often covered in the news media, perpetuate their marginalisation (Eastmond, 1998). Moreover, discourses on refugees' trauma and the fallacy of pathologising their reactions perpetuate their vulnerability and lock them in a world of suffering, where their resourcefulness and resiliency is ignored and where they depend on others to recover (Mollica, 2006; Summerfield, 2000).

I will conclude by emphasising that the different factors interact with each other and these multi-systemic and complex interactions shape refugees' different trajectories in the aftermath of adversities. As this study aims to approach the complexity and uniqueness of adolescents' responses to their refugee experiences, these various factors are considered potential determinants of their responses, although the study is open to exploring any additional factors that may emerge.

Chapter 4: Refugee Adolescents

This study focuses on the effects of refugeedom on adolescents. As already presented, adolescence is a critical developmental period during which many transitions take place. Adolescents have to meet particular developmental tasks and respond to several pressures both internal, i.e. physical and emotional changes, and external, i.e. changes in their social lives (Phinney, Horenczyk, Liebkind, & Vedder, 2001). Adolescents have some age-related, protective influences that help them adjust

more easily in the wake of adversities, but they may also present particular vulnerabilities (Fantino & Colak, 2001).

The developmental processes during adolescence and their effects on minors will be examined first so as to understand the psychosocial effects of refugeedom on adolescents. The effects of the refugee experience during this particular phase will then be explored, especially how this simultaneous coexistence of refugee-related and developmental transitions and challenges brings both problems and benefits to adolescents.

Before embarking on the elaboration of the processes of adolescence, it is important to explain why this study, which attempts to move beyond normative assumptive and societal discourses, focuses on refugee adolescents despite the fact that adolescence has been characterised as a Western-derived, constructed categorisation. Indeed, we should be cautious when extrapolating from Western schemata of development in non-Western cultures (Eisenbruch, 1988). However, studies report that some predominant changes and processes in adolescence occur even in radically different sociocultural settings (Hart, 2008).

This study embraces the idea that there are distinct differentiations in adolescence across cultures. However, it seems that there is a period between childhood and adulthood, during which multiple changes occur and teenagers the world over have to meet common tasks (Schlegel, 1995; Hart, 2008).

Firstly, I will explore certain psychosocial processes which, through the Western lens, appear common in almost all adolescents. However, I should not lose sight of the fact that adolescence has distinct differences across and within cultures themselves, depending on various cultural, financial and sociopolitical factors (Larson & Wilson, 2009). This study will use Western developmental theories as a

general template of adolescent development and an essential starting point, even though these theories will be challenged as they do not always capture the diversity of adolescents' experiences. Then, sociocultural influences on the experience of adolescence will be explored.

The Developmental Phase of Adolescence

Adolescence has been viewed as a complex developmental phase, beginning approximately at the age of 12 and ending around the age of 19 or even the early 20s, which, although it presents great variations among individuals, has certain typical characteristics (Coleman, 1990). Theorists divide the adolescent development into the sub-stages of early, middle and late adolescence, which are generally accepted to begin approximately at the age of 12, 14 and 17, respectively (Barrett, 1996; Dixon & Stein, 2000; World Health Organization, 2010).

Although there are age variations according to different theorists (Coleman, 2011), teenagers appear to manifest some developmental patterns and achieve typical key milestones in each sub-stage (Spano, 2004). I will examine the definable developmental tasks that youngsters have to accomplish over the span of adolescence in order to pass from childhood to adulthood. I will begin with Erikson's psychosocial theory of development.

Erikson's Theory of Psychosocial Stages

According to Erikson's (1963) theory of psychosocial development, a person has to move through stages throughout their lifespan and specific developmental tasks are to be accomplished in order to resolve the psychosocial crisis of each stage. The psychosocial stage of adolescence refers to a stage of identity crisis and demands that youngsters move from dependence to independence and autonomy, separate themselves from their parents and re-examine and form, through intense exploration,

their own identity and the roles they will play later in life (Erikson, 1963; Spear, 2000). Although identity is dynamic and ever-evolving throughout the lifespan (Burnett, 2013), establishing a coherent sense of identity is the chief psychosocial process in adolescence (Erikson, 1968). Adolescents are engaged in a process of self-discovery, experimentation, and exploration of roles.

Identity formation is, of course, under construction in earlier phases, but it is during adolescence that individuals initially acquire the cognitive capacities to consciously sort out who they are and what makes them unique. These developmental tasks present challenges for the adolescents who find themselves in between different roles and can lead to role confusions (Erikson, 1968). Adolescents may appear confused with contradictory feelings concerning their roles; they are not sure about themselves and the role they have to assume in society (Erikson, 1968). Moreover, adolescents can be in a state of role ambiguity, not having a clear idea of their status in society, which alternates between children and grown-ups (Coleman, 1990). They may also feel ambivalent about their own desire to remain children or to acquire the oft-desirous independence.

Adolescents also have to reconcile the identities imposed by families and societies with the ones they have chosen themselves (French, Seidman, Allen, & Aber, 2006). They face role incongruence when their ascribed roles are not commensurate with the desirable ones. Furthermore, adolescents, especially Westerners, may appear unprepared for role transitions. A sense of role discontinuity appears when there is no bridge or a defined order that could facilitate the passage from one stage to another (Coleman, 1990).

Marcia's Theory of Identity Statuses

Following Erikson, Marcia (1991) suggested that in order to complete their

task of identity development, adolescents have to leave behind previous identifications and experiment with new ones. Marcia (1991) calls this process 'moratorium', referring to adolescents' questioning of their previous identities and their active exploration of different options. However, Marcia (1991) described that young adolescents, especially under the stress of not having a clear sense of identity, may foreclose identity aspects or values of convenience, usually the ones of their parents, without exploring alternatives. When the uncertainty becomes overwhelming, it results in a blockage and leads to what Marcia (1991) calls 'identity diffusion', i.e. the period when the individual ceases to be interested in establishing a clear identity and their identity issues remain unresolved (Marcia, 1966). This can lead adolescents to withdrawal and isolation.

Ultimately, the majority of individuals will arrive at a consistent sense of identity with respect to their current and anticipated social, occupational and sexual roles, what is called identity achievement status (Marcia, 1991). Only a small minority will face severe difficulties while coping with their identity crisis (Coleman, 1990).

I will now present the major transitions that adolescents experience in multiple domains during this period.

Biological Changes

Firstly, adolescents are faced with the radical physiological changes of puberty as their body and hormonal systems change to achieve physical maturity and become capable of sexual reproduction (Brooks-Gunn & Reiter, 1993). These changes constitute the universal adolescent growth spurt (Kohlberg & Gilligan, 1971; Shibu & Anu, 2016). As adolescents' body image changes and a qualitatively different sex drive emerges during early adolescence, they feel uncomfortable with these changes.

However, in later stages, most adolescents manage to cope with these normal stressors and grow into these physical changes (Erikson, 1963).

Moreover, hormonal and neurobiological changes, such as the overactivation of the amygdala and the HPA axis, account for adolescents' exaggerated emotionality and stress-reaction (Walker, Sabuwalla, & Huot, 2004).

As regards the brain development, a remodelling of the brain takes place during adolescence (White, 2009). The most significant changes occur in the frontal lobes, which are the regions of the brain that are responsible for decision-making, problem solving, planning and controlling impulses and emotions (White, 2009). Based on adolescents' experiences, existing neurons and their synapses in the frontal lobes, which reach their peak in late childhood, decline during adolescence, what is known as the pruning of neurons and synaptic connections that are underutilised (Ernst & Mueller, 2008). This pruning allows individuals to "adapt to a unique and increasingly complex world" (White, 2009, p. 89).

Cognitive Changes

Adolescence is also characterised by cognitive growth. The aforementioned neurobiological changes in the brain structure are believed to account for the cognitive changes during the early adolescent years (Yurgelun-Todd, 2007), although the brain continues to develop until early adulthood. According to Piaget's (1958) theory of stages of cognitive development, the transition from the concrete operational stage to the formal one takes place in adolescence. During this stage, children process only the external, concrete facts as real; the cognitive changes in adolescence enable them to think hypothetically, understand the sense of subjectivity and engage in abstract thinking and logical reasoning (Piaget, 1958). This process is seen as the adolescent revolution in logical thinking that enables teenagers to

approach and think through more advanced issues from multiple perspectives (Kohlberg & Gilligan, 1971).

Therefore, adolescents mature cognitively and develop more sophisticated ways of thinking about themselves and others. Due to cognitive progress, adolescents' self-consciousness increases and they develop more interest in their self-image (Offer & Offer, 1975). In early and middle adolescence, the concern about the self-image is often a source of anxiety while, during later adolescence, most teenagers feel more comfortable with their self-images (Whitmire, 2000). Adolescents also stop regarding their parents as all-knowing, all-powerful individuals. I will now present the concept of adolescent egocentrism, which is related to the cognitive and physical development of adolescence.

Adolescent Egocentrism

The concept of adolescent egocentrism (Elkind, 1967) is based on Piaget's idea of differentiation failure in some areas of subject-object relations that takes a different form at different cognitive developmental stages (Piaget, 1962). In adolescence, the development of formal operational thought processes enables teenagers to take account of the thoughts of others in addition to their own (Inhelder & Piaget, 1958). However, the adolescent is not yet cognitively mature to distinguish between the cognitive concerns of others and those of the self (Elkind, 1967).

Moreover, due to the "physiological metamorphosis" (Elkind, 1967, p. 344) experienced in early adolescence, adolescents tend to be highly self-preoccupied. Their cognitive differentiation inability makes them think that other people are also preoccupied with adolescents' behaviour and appearance (Elkind, 1967). Adolescent egocentrism arises from this developmentally normal cognitive failure; teenagers

become self-centred, believing that others judge them as positively or negatively as they judge themselves (Elkind, 1967).

Elkind (1967) described two mental constructions that are derivatives of adolescent egocentrism: the imaginary audience and the personal fable. More specifically, adolescents believe that others are always judgmental about their behaviour and appearance; as a result, they often behave as if they have to perform in front of an audience. Thinking that they are the focus of attention, adolescents come to regard themselves as special and omnipotent. They create a story of invulnerability and uniqueness, which is their personal fable.

It can be inferred that typical adolescent behaviours, such as heightened self-consciousness, need for privacy, risk-taking, sense of infinite potency and ostentatious manners, can be at least partly explained by the mental constructions of the imaginary audience and their personal fable (Alberts, Elkind, & Ginsberg, 2007; Elkind, 1967; Galanaki, 2012). Elkind (1967) supports that adolescent egocentrism declines with age as formal operational thinking becomes established and leads to increased self-consciousness; also, when adolescents create intimate relationships of mutuality and realise that their feelings and reactions are not unique.

The emergence of this normative egocentrism during adolescence can have both positive and negative effects on teenagers. Firstly, egocentrism assists them in their separation-individuation process – which will be described later in this chapter – and the development of their adult personality (Goossens et al., 2002).

Moreover, dimensions of omnipotence have been found to be associated with adolescents' sense of well-being (Goossens et al., 2002) as what is seen as narcissism and grandiosity can buffer against negative thoughts, feelings and their consequences (Barry & Malkin, 2010). A study by Aalsma and his colleagues (2006) indicates that

adolescents' sense of omnipotence and narcissism improves their mental health, competence and adjustment.

However, the same study also presents that the sense of uniqueness in teenagers can sometimes constitute a risk factor for depression and suicidal ideation (Aalsma, Lapsley, & Flannery, 2006). In addition, the false sense of invulnerability that characterises adolescents' egocentrism may impair their judgment in critical situations (Blos, 1962), leading them to taking risks. Adolescents do not usually think about the consequences of their actions, believing that they are invulnerable, and thus put themselves at risk (Elkind, 1967). Indeed, risk-taking is a typical characteristic in adolescents, which, although it serves their purposes for exploration and experimentation, is also related to high mortality rates, especially of older male adolescents (UNICEF, 2011a).

Emotional Changes

As far as the emotional changes are concerned, adolescents usually have volatile temper, experiencing extreme mood swings (Buchanan et al., 1990). The major shift in cognitive perceptions and self-conceptions seem to impact adolescents' emotions. New cognitive abilities allow them to explore various situations more deeply and that can make them more emotionally vulnerable. Adolescents' heightened self-criticism and sensitivity to what others think of them contribute to this vulnerability (Coleman, 1990).

As aforementioned, there is biological evidence for the exaggerated emotional reactivity during adolescence (Hare, Tottenham, Galvan, Voss, Glover, & Case, 2009). Fluctuating hormones, age-specific brain transformations and neurobiological processes, such as the over-activation of the amygdala and the HPA axis, account for adolescents' strong impulsive reactions and rapid mood swings (Hare et al., 2009;

Plan International, 2016).

Moreover, multiple ambiguities may lead to internal conflicts and emotional volatility (Kohlberg & Gilligan, 1971). This emotional ambivalence results in adolescents' increased needs for reassurance and acceptance. Additionally, an intensified emotionality may emerge as adolescents begin to engage with romantic or sexual concerns and hopes for their future (Kohlberg & Gilligan, 1971).

Psychoanalytic approaches consider the emotional disequilibrium in adolescence as a result of the arousal of sexual instincts, which had been latent during childhood and were brought in by puberty. This libidinal arousal creates emotional upheaval, ambivalence, increased anxiety and harbours impulse control problems (A. Freud, 1958; S. Freud, 1949). Internal conflicts stemming from the increased instinctual life lead to a heightened sense of vulnerability and the arousal of defence mechanisms that try to deal with the triggered stress. When these defences cannot alleviate the inner conflicts, maladaptive behaviours emerge, including emotional fluctuations and interpersonal instability (Coleman, 1990).

Other psychoanalytic contributions highlight the importance of adolescent individualisation and ego-identity development to explain the inner conflicts that result from the developmentally appropriate processes of de-idealisation of parents and psychic emancipation (Blos, 1979; Erikson, 1968; Laursen & Collins, 2009).

However, although conventional wisdom holds that the negative moods and emotional fluctuations of adolescence are universal, there is no evidence that adolescence is overwhelmingly stressful for all teenagers. Although a minority manifests some kind of disturbance, the vast majority manages to adapt positively to the emotional changes of adolescence (Coleman, 1990).

Social Changes

Furthermore, a crucial shift in social roles takes place in adolescence when teenagers try to establish adult identities, assume new roles and acquire autonomy (Crockett & Crouter, 1995). Major environmental changes occur, i.e. changes in school or occupation, social status, sexual relationships, or even marriage and parenthood (Coleman, 1990; Larson & Richards, 1994). Adolescents are exposed to various socialisation agencies and are often faced with conflicting ideologies and social expectations (Kohlberg & Gilligan, 1971); this exacerbates their passage to new roles and their ambivalent feelings towards their independence.

Adolescence is also a time for major changes in family structure and relationships. Adolescents assume more responsibilities and thus more equal roles in the family. The cognitive advances of adolescence and the subsequent awareness of parental fallibility enable young people to gain this power and have a say in important issues (Smetana, 1988). Changes in social expectations also allow for more freedom in adolescence (Laursen & Collins, 2009).

Moreover, the arousal of sexuality forces adolescents to look for their objects of desire away from home, distance themselves from family and form sexual and emotional relationships with peers. Breaking these emotional ties becomes easier if adolescents de-idealise their parents. Therefore, behaviours that seem rebellious in adolescence may have their causes in the process of individuation (Erikson, 1968) or disengagement from parents (Freud, 1958).

Peers are extremely important in adolescents' lives. Pubertal and cognitive maturation drives adolescents away from their families in order to seek mates elsewhere (Steinberg, 1989). Adolescents try to fit in with peer groups. This sense of belonging with peers is essential to adolescents' sense of identity and self-esteem as

well as to the development of social skills away from family, which facilitate their

passage to independence (Larson & Richards, 1994).

In conclusion, adolescents experience multiple transitions, having to negotiate

biological, psychological and social demands and often experiencing ambivalence,

insecurity and role discontinuities. These transitions may lead to stresses that are

more likely to manifest themselves in adolescence than any other age (Arnett, 1999).

Adolescence as a Recapitulation of Infancy

Through the psychoanalytic prism, adolescence is also seen as a recapitulation

of infancy. The theory of recapitulation suggests that certain aspects of early

developmental phases rehash at puberty (Frankel, 1998). In adolescence "the person

lives over again, though on another plane, the development he passed through in the

first 5 years of life" (Jones, 1922, p. 40).

According to the psychoanalytic approach, adolescence represents a revival of

infantile conflicts related to the Oedipus complex and triggered by the pressure of re-

awakened libido; the equilibrium attained during the latency stage of childhood is

disturbed as instinctual impulses, both sexual and aggressive, emerge anew. During

the latency stage, the id and the ego call a truce in their defensive warfare. But the

bodily transformations, the genital development and the physiological changes of

adolescence bring about an influx of libido. They re-evoke the largely dormant

infantile sexuality and the anxiety-provoking incestuous fantasies, namely the

Oedipal conflicts. This instinctual re-awakening results in internal conflicts in

adolescents and the emergence of defence mechanisms to cope with them (Frankel,

1998).

As infantile Oedipal wishes are reactivated during puberty, adolescents

"detach the libidinal and aggressive cathexes from the parental representations and

displace them on to objects outside the family" (Holder, 1999, p. 398). Teenagers reject parental images due to their inability to control the demands of these Oedipal impulses that bring them into conflict with the established social and moral values, causing intense feelings of guilt. Parental rejection and adolescents' desire to approach others outside the home serve as defence mechanisms against the unconscious incestuous impulses.

Furthermore, overwhelming emotion is one of the points of correspondence between adolescence and infancy (Jones, 1922). Similar to toddlers' ambivalence, adolescents have to cope with a great deal of contradictions and conflicting desires, such as their rebelliousness against parents and their dependency on them (A. Freud, 1958). Because of this emotional struggle, defences used against infantile impulses in early life re-emerge to cope with these overwhelming impulses. Additionally, new defences, such as intellectuality, emerge (A. Freud, 1958).

The ego retains control over these recapitulated impulses and overwhelming emotions so as an adult personality structure emerges; a challenging task that contributes to adolescents' identity crisis. Anna Freud (1958) speaks about "the struggles of the Ego to master the tensions and pressures arising from the drive derivatives, struggles which lead, in the normal case, to character formation" (p. 139).

However, the parental desire, especially the desire for the mother, is not only the result of innate, re-awakened sexual impulses, but also a deep-rooted desire to return to the protective womb, to a pre-atomic existence which would satisfy the fundamental universal needs for security and protection (Fromm, 1956). This desire has to be repulsed as it clashes with the strong desire for autonomy that emerges during adolescence. Society considers the adolescent's psychological weaning off the family as a necessary condition of entry into adulthood.

In this regard, it seems that identity formation is both desirable and anxiety-provoking. It is desirable because it finalises the psychological weaning off the family and assists adolescents in entering the adult world; it is also anxiety-provoking because it indicates the parting from the protective family matrix, reviving primal painful emotions of separation in mother-child relationship.

As seen, the infantile dependencies are again recapitulated during puberty (Blos, 1979). This regression to the infantile state is necessary because adolescents have to complete a psychic restructuring in order to resolve their infantile dependencies, successfully disengage from their caregivers and establish the anticipated ego autonomy and adult object relations (Blos, 1979).

Adolescence as a Second Individuation Process

Adolescence is also referred as the second phase of the separation-individuation process (Blos, 1979). The concept of adolescent separation-individuation has its origins in Mahler's (1963) theory of separation-individuation process in infancy. Mahler asserts that developmental challenges during the first years of life lead to infant separation and individuation that constitute their psychological birth, which occurs in phases (Mahler, Pine, & Bergman, 1975). This constitutes an intrapsychic process of growing away from the primary caregivers so as the infants, in a symbiotic state with them until then, establish an autonomous sense of self.

Separation during infancy refers to the mental separation from the primary caregiver while individuation refers to a process of developing a sense of self that is differentiated from any relational context (Karpel, 1976). Differentiation begins when the infant emerges from the symbiotic state with the primary caregiver and becomes physically able to explore and experiment with their environment by degrees. This

differentiation results in the development of psychic structure and personality characteristics.

The toddler gradually learns to tolerate their anxieties when mother is absent, symbolically internalising the maternal image, and to compromise their desire for autonomy with the need for help and togetherness (Mahler et al., 1975). The internalisation of the caregiver provides a source of comfort and support, which helps the infant endure the differentiation from the caregiver (Edward, Ruskin, & Turrini, 1992).

In a similar fashion, adolescents have to go through a second individuation phase; they have to emotionally disengage from the infantile internalised objects so as to become independent from their parents, develop their own personality and their adult self (Blos, 1979). Teenagers challenge their parents; this process helps them develop their individuality, but it also triggers anxiety. Thus, adolescents seek to satisfy their need for belongingness and affection through peer group experiences.

How Regression to Infancy and the Second Individuation Process Affect Adolescents

Adolescent regression to early infancy and its respective object ties trigger primary anxieties and ambivalence similar to the ones experienced in early years. Adolescents often struggle to tolerate the anxieties that are relived in the adolescent stage. These negative infantile emotions lead to either low self-esteem or infantile megalomania, which is adopted as a defence mechanism against negative emotions (Blos, 1979).

Furthermore, similar to the infant individuation process, adolescent individuation can bring about feelings of grief and ambivalence and is characterised by a heightened vulnerability of the psychic structure and personality organisation

(Blos, 1979). Adolescents may mourn for losses of infantile object ties, feel emotionally empty and react with heightened narcissism as a defence against their wounded ego until their self-esteem manages to depend upon internal sources (Josselson, 1980). Thus, typical characteristics of omnipotence and narcissism in adolescents can be explained through the theory of regression to early infantile state so as to complete their individuation process.

Moreover, adolescents yearn for affectivity and emotionality; they seek intense affectionate experiences of pain and suffering or extreme elation and thrill. Blos (1979) explains this hunger for affective conditions "as a restitutive phenomenon that follows in the wake of internal object loss and concomitant ego impoverishment" (p. 158) that are relived in adolescence.

Cultural Variations of Adolescence

I have examined the effects of adolescence processes through the Western lens; I should now explore how adolescence is experienced in non-Western cultures. Although adolescence takes various forms, a period of major transformations and preparation for adulthood has been reported in societies all over the world (Mead, 1928; Schlegel, 1995; Schlegel & Barry, 1991).

At this stage, all teenagers respond to the growth of reproductive capability and prepare for adult life. They are also trained for culturally appropriate adult responsibilities and skills for social, familial and occupational future roles (Welti, 2002). Moreover, there seems to be little doubt about the fact that almost all adolescents experience a sense of ambiguity and confusion, to one extent or another, in different cultures (Coleman, 1990). Thus, particular adolescence characteristics are of general relevance and all youth take up new roles and positions (Welti, 2002). However, despite universality, such as biological and cognitive growth, adolescents'

experiences vary across cultures. Adolescence is moulded by cultural and historical contexts, societal circumstances, sociopolitical factors and environmental challenges (Crockett, 1999).

The entrance into the social stage of adolescence may take place at different ages across cultures and the duration of the phase varies from a few months to almost a decade. In non-Western societies, the passage to adulthood is often fixed and relatively predictable. Formal ceremonies assist and shape developmental transitions (Ford & Beach, 1951). In Western societies, despite various social milestones, including graduation from school, the developmental transitions are not publicly celebrated; this often leads to greater ambiguity concerning adolescents' status. Assuming adult roles appears more challenging in Western cultures in comparison with non-Western ones, which provide more continuity in the passing to adulthood through rites of passage, etc. (Arnett, 1999). Hence, non-Western adolescents may have an easier time meeting the challenges of new roles.

Furthermore, adolescents' occupational and social goals and anticipated skills are guided by different sociocultural contexts (Bradley, 2002). In non-Western societies, which have simpler technology and less diversified economies, children often work alongside their parents, acquiring adaptive adult skills and learning productive tasks gradually in the course of childhood (Schlegel, 1995). Non-Western teenagers have few choices of defining themselves according to their adult occupations as they typically follow in their parents' footsteps and comply with their expectations. They assume adult responsibilities early due to lack of financial resources in their families (Crockett, 1999). This reinforces the idea of a more continuous passage to adulthood and a clearer sense of direction.

Another striking difference between Western and non-Western societies

concerns the psychological separation from parents during adolescence (Larson & Wilson, 2009). Seen from a Western perspective that emphasises individualism and personal agency, the major task of adolescence is the development of a coherent, individual identity and the negotiation of autonomy (Collins & Steinberg, 2006). However, although all adolescents are required to form an individual identity, different levels of autonomy are adaptive in different contexts, based on individualist or collectivist perspectives.

In non-Western, collectivist countries, people prioritise dependence on and respect for family and society over individualism and independence. Studies on non-Western societies reveal that adolescents do not think of themselves as autonomous from the family (Booth, 2002). The compliance with familial and societal obligations, the strengthening of family bonds and the subjugation of the individual self by the group's objectives are highly valued (Bevan, 2000). Moreover, key decisions, like the choice of marital partners, may be taken by parents and are readily accepted by youth (Eysenck, 2004).

Nevertheless, globalisation has had a historical significance in altering many trends and creating a common basis for adolescence (Arnett, 2002). The shift in viewing children as important human beings, the greater value of education, longer schooling, later marriage and childbearing and urbanisation are gradually decreasing the divergence in adolescence across cultures (Larson, 2002; Smith, 2010; Wiik, 2009).

With the power of the media to disseminate information, the West has influenced people the world over. The interconnection among youth increases and youth life aspects are getting Westernised. With the current unprecedented levels of migratory flows (Sam & Berry, 2010), individuals are also exposed to different

cultural realities. Teenagers in particular pick up trends from other cultures and feel a need to redefine their identities in an ever-changing world. Schlegel (2000) indicated the emergence of a global youth culture, leading to the gradual convergence of adolescences' characteristics, interests, etc.

Adolescence commonalities become more pronounced, although there are youngsters who do not comply with the global standards, often owing to religious or cultural mandates (Brown & Larson, 2002). However, a significant number of teenagers negotiate both newly and traditionally valued perceptions and lifestyles; a dual system of beliefs co-exists in them, which leads to contradictions. In the case of refugees, this dual belief system is pronounced as life in exile profoundly affects adolescents.

The Present Study

Based on the ideas presented above, this study acknowledges the cultural influences upon adolescence and the variability of adolescence among and within societies. However, cultural assumptions are not taken for granted; given the global influences, it is inappropriate to impose cultural characteristics on adolescents based solely on their ancestral culture. Moreover, given the diversity within cultures, it appears delusive and stereotyping to presuppose that culturally determined characteristics apply indiscriminately to all people from the same background (Smith, 2011).

Individuals' worldviews, idiosyncrasies and complexities are emphasised. Adolescents are not passive recipients of cultural values; they respond to cultural stimuli and shape their own values, even though culture, social institutions, etc. more or less restrict their freedom of choice (Larson & Wilson, 2009). Culture should be accepted as an aspect of identity rather than as the-taken-for-granted reality (Vedder,

Berry, Sabatier, & Sam, 2009).

I should now highlight that although adolescence is a critical time, the majority of both Western and non-Western adolescents successfully negotiates transitions and achieves a relative stability without major difficulties. Interestingly, these transitions present both challenges and pathways for exuberant growth and opportunities for positive change. Beyond its challenging nature, adolescence has been seen as a period that offers great potential for plasticity and chances that can be positively utilised to the benefit of the future society. Adolescents are healthy and robust, have dreams and goals and are often hopeful about the future (Offer & Schonert-Reichl, 1992).

Having examined the usual processes of adolescence, I will explore the effects of its overlapping normative, developmental transitions with significant, non-normative life changes such as refugeedom. Although refugeedom can affect people at any point in life, it is presumed that it affects adolescents in different ways than adults or younger children as non-normative life changes and severe adversities co-occur with developmental transitions at this stage (Petersen, 1987).

Adolescent Refugees: Challenges and Opportunities

Refugeedom affects the psychosocial well-being of refugees of all ages, but it has age-specific effects on adolescents. As seen, biological, cognitive and emotional growth takes place during adolescence; refugee-related stressors can affect these growth processes (Crane & Clements, 2005). Severe stressors may affect adolescents' neurobiological development, including that of the brain, (Hales & Yudofsky, 2003) and alter significant structural components of the central nervous and neuroendocrine systems (Shaw, 2000), often resulting in long-lasting impacts (Crane & Clements, 2005). Traumatising experiences can also impair memory, information processing

and learning and thus adolescents' academic performance (Yasik, Saigh, Oberfield, & Halmandaris, 2007).

As seen, adolescence is a challenging period when many changes take place; the stress related to major developmental transformations and the recapitulated infantile anxieties contribute to its perplexity. Refugee adolescents have to simultaneously go through multiple developmental transitions and transitions related to the refugee condition.

The combined stressors of refugeedom and the challenges of adolescence can negatively affect teenagers' psychological development and provide fertile ground for the manifestation of anxiety and depressive disorders and acting-out behaviours in some refugee adolescents (Reed, et al., 2012; Wilson, 2004). As seen in Chapter 1, although the majority of refugee teenagers will remain well-functioning and resilient, there is still a percentage that will manifest psychological difficulties of different severity levels due to their exposure to refugee adversities (Lustig et al., 2004).

Refugee-related stressors can also inhibit the processes that are at work during adolescents' passage into adulthood (Phinney, et al., 2001). For instance, as aforementioned, adolescents try to accomplish the identity formation task. They construct their identities by meaningfully integrating past lives and identities into present life conditions and future goals (Phinney, et al., 2001). This process can be extremely challenging when previous lives have been brutally shattered and present lives have been insensitively imposed, as is often the case with refugees.

Age-specific vulnerabilities also coincide with negative refugee experiences. For example, given that adolescents are vulnerable to criticism, they have special needs for reassurance and acceptance (Coleman, 1990). Hence, experiences like lack of acceptance from the host society, racism and discrimination can destabilise

adolescents in different ways than adults. It is also worth noting that the feeling of shame plays a crucial role in adolescents' well-being. The negative valence of the refugee identity makes the establishment of a positive identity harder and jeopardises adolescents' self-confidence.

Refugee experiences, like family and community breakdowns, cultural disorientation, etc. can also bring about a violent rupture of normal adolescence time, destabilising adolescents' already changing personality and the fragile state of the transitory phase (Hart, 2008). Moreover, refugee-related feelings of mistrust and inferiority can deteriorate the psychological crises that occur during normal development (Eisenbruch, 1988).

Failure in developmental tasks due to refugee-related adversities can sometimes have snowballing consequences for adolescents' well-being (Masten & Cicchetti, 2010). The fulfilment of developmental tasks provides the basis on which future success is built (Wright, Masten, & Narayan, 2013). Disruptions during these phases undermine it for some adolescents, although the majority seems to manifest remarkable resilience (Crane & Clements, 2005).

Additionally, as family and sociocultural networks are identity pillars (Walter & Bala, 2004), the loss of these pillars due to refugeedom can affect teenagers' identity building. Social upheavals challenge the basic structures and institutions of refugee communities, which normally provide the sociocultural signposts for them, negatively affecting identity building (Hart, 2008). The developmental process of planning for their future is also perplexing for youth in exile, who live in disadvantaged and insecure conditions and lack the social fabric and cohesiveness that help them in this process (Eaton & Harrison, 2000).

Refugee youth's uncertain residency and legal status also impose a sense of

temporariness, generating anxiety about the future as adolescents cannot figure out how to build a positive future when they are unable to make plans and set goals (Derluyn, 2005). Some of them can only visualise a bleak future with few opportunities as the fear of deportation hangs over their heads. The impermanence of asylum decisions also challenges their education and career goals, intensifying their anxieties (Chase, Knight, & Statham, 2008). These challenges can have detrimental implications for adolescents, leading a minority of them to the manifestation of psychopathology (Eaton & Harrison, 2000).

Furthermore, values fostered by adolescents' families and ethnic groups may clash with the ones that the host society imposes. Further conflicts arise as adolescents struggle to strike a balance between conflicting ideologies (Fantino & Colak, 2001). These conflicting loyalties result in tensions and feelings of betrayal and guilt (Hart, 2008). Belonging to conflicting cultures is stressful *per se*, but even more stressful is refugee adolescents' fear of belonging to none.

Falicov (2003) underlines that young refugees often feel torn between two worlds, belonging to neither. This sense of homelessness in both worlds, their insoluble ambivalence about assimilation and the remorse for betraying their countries confuse adolescents even more, thwarting their development of a coherent and meaningful identity. This ambivalence coincides with adolescents' passage to adulthood. Role confusions and discontinuities, triggered by both developmental transitions and refugee-related changes, coincide in refugee adolescents. Being a refugee and an adolescent are novel experiences for these young people. Dealing with completely new settings in exile puts extra pressure on them.

Refugee adolescents may also assume emotional, social and practical responsibilities that do not correspond to their age. Refugeedom entails a far heavier

burden of responsibility than what is expected at this point in life (Titzmann, 2012; Oznobishin & Kurman, 2009). Nevertheless, refugee minors often welcome the responsibilities they take on in their new countries (Hart, 2008) and the new opportunities that may emerge alongside risks and vulnerabilities.

Despite their vulnerabilities, a large number of young refugees manifest remarkable resilience and manage to use their crises as a drive for change and success (Crane & Clements, 2005). As youth are more open to new stimuli, they are more likely to grasp the opportunities for future prosperity and growth (Fantino & Colak, 2001). Adults also evolve, but their values, ideas and behaviours are more stable; in contrast, minors are more susceptible to change and have a great potential for plasticity. Refugee minors have often been seen as survivors with social potential who inspire with their ability to bounce forward (Sleijpen et al., 2013).

Despite coming up against immense difficulties, refugee youth are resilient and have high aspirations and ambitions (Earnest et al., 2015). They are hopeful of a better future thanks to their young age. Many refugee minors appreciate peace and freedom and the greater opportunities for education and career success offered in the host society (Earnest et al., 2015). They feel grateful for their chances to further their education and develop new skills. Adolescents usually appear determined to overcome obstacles and prosper in life (Iqbal, Joyce, Russo, & Earnest, 2012). They also have a strong need for personal satisfaction and belongingness.

Moreover, young populations easily become fluent in the new language (Trowell, 2002). Learning the new language is considered to be a facilitator of positive integration and educational success in refugees (Earnest et al., 2015). It also improves their optimism and sense of competence. Despite the toll refugeedom takes on youth, they usually have an easier time acculturating because they are exposed to

various socialisation systems and have a structured daily routine (Birman & Trickett, 2001). This can have positive consequences for their psychological well-being.

The age of uprooting is of great importance in terms of how fixed previous identities are and how strong the sense of belonging to an ethnic group is (Liebkind, 2001). Presumably, when uprooting occurs early in life, the sense of belonging to the ancestral culture is not strong; thus, refugee minors can more easily overcome difficulties related to identification with the host country while maintaining their ethnic identity.

Additionally, as all refugees, refugee adolescents often have to adjust some of their values and behaviours when they settle in the new country. In order to adapt and integrate into a new environment, refugees may have to deal with cultural changes, also known as acculturation, as a result of their interaction with different ethno-cultural populations (Fathi, El-Awad, Reinelt, & Petermann, 2018; Kim, Witt, Burch, & Jenson, 2017). They may also have to often modify their lifestyle, some of their routines, eating habits, etc. (Birman, & Trickett, 2001; Fathi et al., 2018; Kim et al., 2017). However, the youth usually adopt the new values, behaviours and customs more easily, whereas their parents may appear more attached to their culture of origin (e.g., Buchanan, 1994). Young populations may not have close ties with their previous cultures as they usually flee their homelands at a young age (Birman & Trickett, 2001).

Teenagers are more inclined to challenging previous identities and experimenting with new roles (Erikson, 1968). They often yearn to shatter previous structures and build new ones. Therefore, apart from the aforementioned challenges that concern adolescents' ambivalence towards conflicting roles and values, rearranging one's behaviour and adopting new roles is a normative process during

adolescence that may also have a positive effect; thus, some refugee minors may more easily embrace discontinuity in their lives (Hart, 2008). Indeed, refugee minors often cope well with their ambivalence and conflicts and manage to bridge both generational and cultural gaps (Fantino & Colak, 2001).

Unlike grown-ups, adolescents are more focused on their present attempts at adaptation and social inclusion and more orientated towards their future well-being (de Block, 2008). It seems that securing a decent life as a respected member of the adult society is a powerful enough way for adolescents to move beyond the suffering of the past. Nevertheless, the long-held belief that children adapt more easily does not necessarily mean that they do not suffer from the adversities they encounter. Young people need a continued routine activity and seek sources of normalcy despite adversities (Worden, 2009). It seems that they cannot endure severe pain for long periods and they appear to mourn or suffer intermittently. This does not mean that they overcome difficulties more easily, but that they manage to experience some joy and normalcy even in hard times (Nilsen, 2005).

Furthermore, adolescence is a period when aspirations run high. They run even higher for refugee youth who anticipate a future for which they have risked their lives. Having left so much behind, this youth have no choice but to look to the future. They are determined to make the most of their lives. Aspirations for educational progress, employment success and economic advancement act as springboards for refugee minors. Studies have indicated that refugee minors often show high academic performance, with some studies highlighting that they may even show greater academic achievements than native students (García-Coll & Marks, 2011; OECD, 2006).

Another characteristic of adolescence is hardiness, i.e. adolescents' ability to

withstand the negative effects of life stressors by feeling a sense of control over their experiences and conceptualising their life crises as chances for growth (Shepperd & Kashani, 1991). The perceived hardiness of adolescents in the face of adversities and their capacity for successful adaptation to life changes (Cicchetti & Cohen, 1995) may constitute youth's coping strategies.

Furthermore, adolescence, more than any other life stage, is often characterised by a sense of strength, uniqueness and subjective omnipotence (Winnicott, 1965). This sense of omnipotence, which is a characteristic of the primary narcissism during infancy, is relived during adolescence (Blos, 1979). Narcissism in adults can be a sign of pathology (Kohut, 1966; Wachtel, 2014), but many adolescents hold an inflated sense of self and display a healthy and creative narcissism during this developmental period. However, this normative narcissism can present both benefits and risks.

Refugee teenagers' over-evaluation of their self-image, various narcissistic behaviours and their need for admiration can be seen as defence mechanisms, protecting them from experiencing frustration, insecurity, etc. (Hepper, Gramzow, & Sedikides, 2010; Smith, 2016). Adolescent narcissism may work as a coping mechanism in times of refugee turbulence and change, buffering them from feeling vulnerable. Indeed, no obstacle can stand between some refugee adolescents and their plans.

Research evidence indicates that the transitory sense of narcissism and omnipotence in adolescence can be used creatively and have positive implications in refugee adolescents' sense of well-being as well as in their self-concept, sense of competence, positive development and adaptation in the new country (Aalsma, et al., 2006; Goossens, et al., 2002; Sedikides Rudich, Gregg, Kumashiro, & Rusbult,

2004).

On the other hand, teenagers' risk-taking behaviour, stemming from their subjective invulnerability, can be critical to refugee youth who usually live in precarious conditions. Moroever, adolescent narcissism is characterised by fragility; adolescents' self-worth can be easily challenged by failures and stressful events (Morf & Rhodewalt, 2001). Adolescent narcissism often constitutes the defensive overcompensation for the parts of their personality that are perceived to be negative, inadequate and inferior (Smith, 2016). This narcissism is often fragile when needs cannot be met and goals cannot be achieved. In this case, youngsters may experience a painful sense of narcissistic vulnerability (Notsu, 2015). Unmet inflated expectations can lead to a sense of anger, disappointment, injustice, etc. and to high-level psychological distress (Grubbs & Exline, 2016). Therefore, expectations should be realistic in order to be protective (Hodes, 2000).

Thus, potential narcissistic wounds, inherent in refugee experiences, can be critical to refugee youth. As narcissism is associated with high levels of distress following perceived failures and frustrations (Gleason, Powers, & Oltmanns, 2012; Morf & Rhodewalt, 2001), refugee adolescents can be more vulnerable to refugee-related ambiguities, losses and failures as well as to negative evaluations by others (Thomaes, Brummelman, Reijntjes, and Bushman, 2013).

The anticipated sense of invulnerability and uniqueness can be a source of additional anguish with negative consequences for refugee adolescents. Their sense of not being able to achieve the results they had hoped for under precarious living conditions can be a risk factor for the manifestation of depression and anxiety disorders (Aalsma, et al., 2006; Barry, Frick, Adler, & Grafeman, 2007).

Refugee Experience as an Initiatory Process During Adolescence

I will now present the theory of initiation which suggests that teenagers may engage in rituals that mark their transformation into more mature adult beings (Frankel, 1998) and I will explore the initiation process in relation to the transitional experience of refugeedom.

Various initiation rituals were present in traditional societies; those rituals offered a psychological and symbolic function as well as a social developmental milestone marking the passage from an immature and often non-sexual existence to a mature, sexual one (Van Gennep, 1960). Eliade (1958) suggested that those rites and rituals used to indicate the transformation of adolescents' status in society as well as their existential condition.

Frankel (1998) sees these rituals of initiation during puberty as a Jungian archetype. Jungian archetypes are conceptualised as universal, archaic patterns and images stemming from the collective unconscious; they are inherited potentials that seek actualisation in the context of an individual's environment (Stevens, 2006). Considering the initiation rituals as archetypal, Frankel (1998) assumes that this kind of ritual processes prepare and mobilise adolescents' transition to their new self, contain their potential suffering and attach meaning to their experiences. According to this assumption, initiation can be an archetypal necessity. However, modern societies do not offer adolescents this kind of rituals except for some secular rituals like high school graduation, which mark their transition to a more mature existence. Without formal rituals, our modern societies do not often meet adolescents' need for the initiation archetypal. This absence of rituals that mark their passage to their adult self may make adolescents experiment with their own transitional rituals (Frankel, 1998).

In this sense, certain behaviours that arise spontaneously among adolescents may share some common themes with those initiation rituals and can potentially "provide the same psychological content and function as the more formalized rituals found in other societies" (Bloch & Niederhoffer, 1958, p. 17). More specifically, teenagers search, often unconsciously, for extreme, novel experiences that lead to the radical transformation of themselves and may constitute attempts at self-initiation. Through these experiences, adolescents yearn to acquire a new social status and an adult identity (Frankel, 1998). This type of experiences can fundamentally change adolescents' assumptions about themselves and the world, forcing them to a new existential condition. For instance, adolescents' experimentation with drugs and alcohol may be an attempt at self-initiation. Such behaviours entail high risk and sensation, offering adolescents the opportunity to see through new perspectives (Marin, 1974). Formal initiation rituals in traditional societies shared common characteristics.

Another feature of the formal rituals found in more primitive societies was the wounding of minors through various ceremonies as a way of ensuring their passage out of childhood. This wounding during puberty may still be present in modern societies, albeit in different guises. Frankel (1998) suggests that "the accidents, psychosomatic illnesses, fights, sports injuries, etc. can be understood as the adolescent psyche's susceptibility to suffer wounds to the physical body, thus bringing to an end the attachment to childhood innocence . . . powerful emotional upsets seem to serve a similar wounding function" (p. 62).

Practices like tattoos and piercing, which are popular with adolescents, can also be seen as practices of marking or wounding the body. This can have a symbolic function. The so-called initiatory wound may symbolically shatter the childlike

innocence and attach a feature of adult experience, wisdom, maturity and independence to the initiates who are now open to new experiences (Frankel, 1998).

Taking this theory into consideration, I will try to explain adolescents' refugee experience as an initiatory process. Should I accept the assumption that the initiatory impulse in adolescence is archetypal, I can state by inference that refugeedom can constitute a way of creating a rite of passage for the refugee youth. As an initiatory process, refugeedom can offer the chance for a new life and a new way of seeing themselves.

Refugeedom is a literal passage, that of borders, and it often involves experiences of sensation and risk. Thus, adolescents, who are developmentally inclined to experiencing a transitory phase characterised by such features and aim at self-realisation, can presumably experience refugeedom as an initiatory rite of passage. During their search after identity, adolescents need some formal rites to mark their transition to a new existential condition. When seen as an initiatory process, refugeedom can have a beneficial function for adolescents.

This literal transitory experience can offer refugee adolescents the possibility to symbolically create a ritual that could contain their wounding, attach meaning to their experiences and transform them into more mature beings. If this initiatory wounding constitutes a developmental necessity during adolescence, refugee youth can use their refugee experience to build a new identity. If wounding is developmentally normative for them, the suffering of the refugee experience can be more bearable or even anticipated to some extent.

Having no intention whatsoever of idealising the refugee suffering, I could infer that refugeedom can potentially have – bar the negative consequences – some positive effects should we accept that refugee adolescents yearn for initiatory

experiences that introduce new ways of seeing themselves and the world. Hence, refugee experiences may offer refugee adolescents opportunities that can be used to meet their developmentally normative task of self-initiation. Refugeedom is often a life-transforming experience; if teenagers yearn for transformative processes in order to discover their adult identity, then refugeedom could work towards this direction.

In conclusion, this study acknowledges the profound challenges that the refugee experience poses to adolescents, but it also emphasises the constructive engagement of a large number of refugee minors with these challenges as well as the opportunities offered at this stage. The confluence of developmental changes, protective influences and vulnerabilities can result in multiple reactions to refugee experiences. Therefore, the characteristics and factors that relate to the developmental phase of adolescence and contribute to adolescents' responses to refugeedom will be explored in this study along with various other factors that indiscriminately affect refugees of all ages.

Given that country-specific factors will be also taken into account, an exploration of both Greece and the UK as hosting countries will be presented.

Chapter 5: The United Kingdom and Greece as Hosting Countries

The UK as a Hosting Country for Refugees

The UK has been considered a country of destination for refugees, although other European countries, like Germany and Sweden, are estimated to give asylum to a higher number of people (British Red Cross, 2016). In the wake of the recent refugee crisis, 38,878 people claimed asylum in the UK during 2015. A percentage of 45% of them were offered asylum (British Red Cross, 2015). Despite the media scaremongering on the invasion of huge numbers of refugees, the total number of refugees living in the UK constitutes only the 0.18% of the country's population and

the asylum claims are about four times less than the EU-wide average (British Red Cross, 2016; Wigmore, 2016).

The asylum procedure. People who seek asylum in the UK have to register their asylum claim at a screening, namely a meeting with an immigration officer, which takes place either at the UK borders or when they have already entered the country. During screening, some initial information is explored, identification documents are submitted and fingerprints and photographs are taken (Home Office, 2017b).

Sometime after the screening, asylum seekers have to attend an asylum interview with the caseworker who has examined their case (Home Office, 2017b). At this interview, asylum seekers explain, with the use of an interpreter and a legal representative if required, the reasons for their well-founded fear of persecution and their inability to return to their countries of origin (Home Office, 2017b). The decision on the asylum application is usually announced within 6 months, but it can sometimes take longer. Refugees may also wait longer to receive the relevant official documents (Doyle & O'Toole, 2013).

The ones that are granted asylum are given the permission to stay as refugees in the UK for 5 years and then, they can reapply to settle in the country (Home Office, 2017b). They can also be given permission to stay in the UK for a certain amount of time on the basis of humanitarian, or other, reasons (Home Office, 2017b). Rejected asylum applicants can appeal against the decision, but if the appeal fails, they have to return to their countries of origin or move to a third country if it is decided that this country should grant them asylum (Home Office, 2017a).

Apart from the asylum seekers who independently arrive and apply for asylum in the UK, there are people who reach the country through organised resettlement

programmes, like the Gateway Programme and the Syrian Vulnerable Person

Resettlement Programme (Basedow & Doyle, 2016). These people apply for asylum

in UNHCR prior to their arrival in the UK; once their applications are accepted, they

are safely moved and settled in the country while local authorities provide them a

holistic and tailored integration package during their first period in the UK (Doyle &

O'Toole, 2013).

Rights and benefits for asylum seekers and refugees. The UK offers

specific benefits to people who seek shelter in its territory. During the first two or

three weeks after their asylum application, asylum seekers are placed in initial

accommodation at refugee accommodation centres (NIACE, 2009). Then, when

deemed necessary, they are offered housing and cash support (Home Office, 2017a).

It should be noted that asylum seekers do not have a choice over the accommodation

offered, which is usually away from London and the South-East England (Home

Office, 2017a). There is also some evidence that these properties' standards are often

poor (Cowburn, 2017).

While awaiting their asylum decision, asylum seekers are entitled to get free

healthcare from the National Health Service (NHS) and asylum-seeking minors

between 5 and 17 have the right to attend a free state school (Home Office, 2017a).

Legal advice and representation for the asylum claim is also offered to asylum

applicants (Home Office, 2017b). Asylum seekers do not normally have the right to

work in the UK (Home Office, 2017a).

Rejected asylum applicants can still get a short-term accommodation, free

access to primary health care and a payment card to buy essentials until they leave the

country (Home Office, 2017a). There are, however, concerns that some of them may

become destitute, homeless and vulnerable to exploitation as they cannot legally work

or get benefits and thus have no means to make ends meet. Some of them may illegally stay in the UK, invisible to authorities. Furthermore, those who are denied asylum may be, even indefinitely, kept in detention centres, called immigration removal centres, while awaiting deportation (Smith, 2017). Detainees often receive unacceptable treatment and dependent members, including children, may also be kept there. However, this happens in the minority (Smith, 2017).

Those who are granted asylum have full access to benefits and rights as British citizens. They are eligible to legally work in any profession and claim for mainstream benefits (Refugee Action, 2016). Attendance at English language classes are not automatically free for refugees, but fee exemptions can be applied to some of them, especially if they have not secured a sufficient income (Home Office, 2009). However, refugees should have found employment and housing within 28 days after their refugee status acceptance until their asylum support benefits are terminated (Refugee Council, 2017). Refugees that are considered vulnerable, such us people with disabilities and families with children, are eligible for social housing by the local authorities (British Red Cross & Boaz Trust, 2013).

However, single adult refugees without children are not considered in priority need and have to find a private house within this short period of time (Phillips, 2006). At this stage, many among them cannot find a job, afford private housing or deal with the paperwork involved in order to claim benefits on time. Consequently, they are left destitute or are forced to illegally share with asylum seeking friends (Phillimore, Ferrari, & Fathi. 2004; Refugee Council, 2017). They may also be forced to work off the books in conditions that are dangerous for them (Anderson & Rogaly, 2005).

Refugee minors in the UK. Minors can seek asylum in the UK either as dependent members of their parents or other relatives, or as unaccompanied minors

who apply for asylum on their own (Home Office, 2016). According to the Joint

Committee on Human Rights (2007), "asylum-seeking children are children first and

foremost and the UK policy should protect their welfare as a first principle" (p. 147).

Safeguarding and promoting children's welfare should be a priority; for instance, full

access to education without discrimination is a right of all refugee children (UN

Committee on the Rights of the Child, 2005).

As for the asylum decision, minors' best interests should always be a primary

consideration (UN Committee on the Rights of the Child, 2005). Moreover, in line

with the article 12 of the Convention on the Rights of the Child, the views of refugee

minors should be freely expressed and taken into account in all decision-making that

affects them. In the UK, there is also the policy of not to keeping minors in detention

centres unless it is completely justified (UN Committee on the Rights of the Child,

2005). Since 2010, significant attempts have been made to eliminate the numbers of

children in detention centres (Migration Observatory, 2016). Nevertheless, a small

number of minors are still kept in family immigration detention centres during the

period before their removal from the UK (Campbell, Boulougari, & Koo, 2013).

Concerning minors who arrive separated from adult carers, all efforts should

be made to reunite with their families unless this is against their best interests (UN

Committee on the Rights of the Child, 2005). Minors who arrive with adult relatives

or have family members already living in the UK can stay with them. In this case,

social welfare staff should carry out periodic checks on the suitability of these

guardians (UN Committee on the Rights of the Child, 2005).

Unaccompanied minors are in the care of local authorities and enjoy the same

support as all the looked-after minors in the UK (Home Office, 2016). Each

unaccompanied minor is allocated a social worker who arranges how the minor's

multiple needs are met and ensures that they enjoy continuity and stability of care (Gregg & Williams, 2015). Minors are taken into the care of suitable institutions for the care of children or they are placed with official foster carers. Periodic reviews of the suitability of these carers are done by local authorities and social services (Home Office, 2016). Siblings have the right to be placed together in foster families or in institutional care (UN Committee on the Rights of the Child, 2005).

When there are age disputes, age assessments should be carried out that should take account of minors' age, gender and culture. Nevertheless, many minors report that age assessment is often a bewildering and intimidating process with negative implications for them, especially due to immigration officers' disbelief (Crawley, 2007). However, unaccompanied young people who claim to be minors should be treated as such unless there is indisputable evidence that they have significantly come of age (Crawley, 2007).

When an unaccompanied minor's claim for asylum is refused, their best interests should still be still a priority (Gladwell & Elwyn, 2012). Factors including physical and mental health should be taken into account when a decision of removal is made (Home Office, 2016). The specific needs of each minor, conditions in the country of return and the availability of suitable reception arrangements should be considered. The UK is prohibited from returning minors to a country when their human rights are likely to be violated (Gladwell & Elwyn, 2012). It should be possible for these minors to reunite with their families upon their return to their home countries. If not, the authorities in the country of return should be contacted to ensure that returned minors will receive adequate reception facilities and appropriate care (UK Border Agency [UKBA], 2009).

Some minors are not eligible for refugee status or permission to remain for humanitarian reasons, but it may all the same be inappropriate to be deported due to their young age and vulnerabilities. In this case, they are usually given a temporary leave, called Unaccompanied Asylum Seeking Child Leave, to remain in the UK. This leave is either for 30 months or until the young person reaches the age of 17 and a half, whichever comes first. After the age of 18, the young people who do not qualify for asylum and have exhausted all appeals against this decision have to leave the UK. This can be particularly difficult for youngsters who must return to a country that may be dangerous for them and to which they are no longer connected (Gregg & Williams, 2015).

Another critique against this policy concerns the successive short-term grants of leave to remain, which are given to unaccompanied minors and are often cut when they turn 18. These grants of leave are against their best interests as they leave youngsters in limbo and adversely affect their adaptation, development and well-being (Gregg & Williams, 2015). Some refused minors choose the illegal path so as to avoid removal and they disappear from the immigration authorities' view and thus run big risks of exploitation and abuse (Gladwell & Elwyn, 2012; van den Anker, 2009).

Even the recognised unaccompanied refugee minors face significant changes in their lives when they turn 18 due to the sudden drop in benefits as they are no longer considered children (Pinter, 2012). They may be left destitute, risking life and limb in illegal conditions as their means of survival are scarce. However, it is hopeful that the UK has swung into action to enable former minors, who were looked after by foster families or social services, to continue enjoying the support from local authorities programmes (Gladwell & Elwyn, 2012). Former unaccompanied minors in

care are offered extended support, including accommodation and assistance with their education or vocational training, as well as a key person who will advise them until they reach the age of 21 or 25 in the case they still attend educational programmes (Gladwell & Elwyn, 2012).

How refugees living in the UK are affected. Studies indicate that refugees in the UK are grateful for the availability and effectiveness of the free support, education and health care, feeling that the country overall has a caring and supportive stance on them (Bakker, Cheung, & Phillimore, 2016; Jolliffe, 2016). They claim that the UK respects their human rights and offers them valuable opportunities (Haith-Cooper, 2014). The UK has generally been portrayed as a multicultural, tolerant and respectful country (Crawley, 2010). In the wake of the refugee crises especially, the UK is deemed to make a significant contribution to accepting and caring for people seeking refuge and children in particular (McGuinness & Pepin, 2017).

In the UK, there is a great number of services for refugees, offered by the Government, voluntary organisations, charities, agencies and NGOs (Rutter, 2003). They provide legal, medical, educational, practical and psychosocial support (Gregg & Williams, 2015). There is evidence that there are more than 800 refugee organisations and communities in the UK. The British Red Cross, Refugee Council, Amnesty International UK, Save the Children, etc. are among the biggest organisations that have been offering their valuable support to refugee populations throughout the UK (Koca, 2016).

Another positive experience that refugees report is that of education. The UK places great emphasis on the educational development of its youth from an early age; refugee children are entitled to early years provision and several efforts have been made to offer nursery care, to ensure day-care places and to further develop support

services for refugee children and their families (Daycare Trust, 2002; Rutter, 2003). Educational support is also provided to older refugee children, especially to those that require more assistance (Rutter, 2003).

Schooling offers refugee minors a safe place and a routine that can act therapeutically towards their healing from severe adversities. It also helps them acquire the necessary knowledge and qualifications in order to shape a promising future and lead meaningful lives (Khawaja, Martinez, & Van Esveld, 2017).

Additionally, the locals' stance on refugees is a crucial determinant of refugees' adaptation and well-being. The welcome culture of the British people, apparent in various social movements in support of refugees, has often been in stark contrast to the state's anti-refugee approach which aims to restrict refugees from entering the country (Koca, 2016). It is, however, noteworthy that this sympathetic stance on refugees is partly influenced by discourses that present refugees as traumatised, helpless individuals who need our sympathy (Rutter, 2006). Refugee agencies and advocacy groups often try to support refugees by using arguments based on this kind of discourse. This stance can nevertheless pathologise refugees and increase their dependency (Rutter, 2006).

Although the UK is believed to have a proud tradition of providing refuge to people who flee atrocities because of its tolerant and broad-minded culture, some shortcomings in refugees' support have negative consequences for the refugees concerned (Bakker, Cheung, & Phillimore, 2016). First of all, the UK has adopted measures that deter asylum support, including restrictions on asylum seekers' rights and benefits, like housing and employment (Bakker et al., 2016; Home Office, 2009). Furthermore, the legal entry to the country has become more difficult with tightened border surveillance, etc., and the criteria for granting asylum have become stricter.

These policies aim to decrease the attractiveness of the UK as an asylum destination and it has been suggested that they may be deliberate (Allsopp, Sigona, & Phillimore, 2014). Moreover, most refugees are not eligible for social housing after recognition of their refugee status and having to find private accommodation, which is often impossible, they end up destitute or homeless (Phillimore, et al., 2004). Destitution disastrously affects refugees' psychosocial well-being; even the fear of poverty can increase their feelings of insecurity.

There is also concern that refused asylum seekers, who often remain in the county illegally, may become vulnerable to exploitation, having no means to meet their needs (Smith, 2017). These refused asylum seekers may also be kept in immigration removal centres for long periods while awaiting deportation (Smith, 2017). Sadly, the UK has one of the largest immigration detention systems in Europe and it is the only EU country that has not set a legal upper limit to the length of time people can be detained (Global Detention Project, 2016; Ruz, 2015).

Asylum seekers may also be forced to illegality in order to survive while awaiting their asylum decision; they may engage in undocumented work or get involved in prostitution, forced labour, etc. (Allsopp, et al., 2014; Craig, 2007). Recognised refugees may as well struggle to enter the labour market due to high rates of unemployment, discrimination, lack of qualifications recognition and other factors (NIACE, 2009). There are also concerns over the exploitation of refugees, including payments below the national minimum wage, etc. (Allsopp, et al., 2014; Craig, 2007).

Although the media and predominant discourses often present refugees in the UK as people who enjoy its many and generous welfare benefits (ICAR 2012), the poverty rates among them are high as financial support is often inadequate (Allsopp, et al., 2014). Some asylum seekers, even those considered vulnerable, cannot afford

to buy bare necessities and lack appropriate housing (Pettitt, 2013; Refugee Action, 2013). Such conditions increase refugees' stigmatisation and adversely affect their well-being and integration into the new society (Phillimore 2011).

Moreover, some asylum seekers may not have access to the rights and support they are entitled to due to the slow pace of bureaucracy in processing social support claims (British Red Cross & Boaz Trust, 2013). Unlawful denial of access to primary healthcare on the basis of discrimination has also been reported (McColl, McKenzie, & Bhui, 2008). Other factors that hamper refugees' access to services include their lack of information about available services and procedures that should be followed as well as linguistic barriers, cultural differences and their distrust and reservations about people in authority (Allsopp, et al., 2014; O'Donnell, Higgins, & Chauhan, 2007).

Another policy that has been largely criticised as anti-integrative and detrimental to refugees' well-being (Bakker, Cheung, & Phillimore, 2016) is the dispersal of refugees on a no-choice basis across the country in order to avoid the overburdening of areas, especially London and South-East England (Home Office, 2014). Asylum seekers are often distributed in deprived areas with high unemployment rates and lack of effective services for refugees (Bakker, Cheung, & Phillimore, 2016; Kissoon 2010; Stewart 2012). More often than not, housing in these areas is poor (Phillips, 2006). Access to health care and psychosocial support may also be limited (Allsopp, et al., 2014; Phillimore & Thornhill, 2011).

Additionally, the locals in some of these socially-deprived areas may face refugees with fear, prejudice, disbelief and racial hatred as they are not used to accepting diversity (Bakker, et al., 2016). Locals' stance impedes refugees' integration into the local communities and lead to isolation and ghettoising (Allsopp,

et al., 2014; Kearns & Whitely, 2015; Stewart, 2012). Dispersal also isolates refugees from their communities and established social networks (NIACE, 2009). Poor housing conditions, poor access to services, uncertainty, social exclusion and the lack of supporting networks due to dispersal can negatively affect refugees' physical and mental health.

Another consequence of the dispersal policy is the movement of refugees from place to place (NIACE, 2009), especially the secondary movement back to London as employment and integration in remote areas is out of the question (Allsopp, et al., 2014). Frequent mobility is against the best interests of children in particular as their care, education and social relationships are disrupted. Children's mobility may lead to protracted periods out of school. Changing care arrangements further destabilise minors' lives too (Rutter, 2003; 2006). Changing schools impedes refugee children's educational progress, integration into the school community and ability to build social relationships (Rutter, 2006). Children may become isolated as frequent changes do not let them build strong connections with classmates and teachers, and losses due to this mobility add up to previous losses in refugee minors' lives (Joint Committee on Human Rights, 2007).

Delays or denial of school places to refugee children disrupts their daily routine, normalcy and educational goals (Fazel, 2015; Refugee Council, 2002; Taylor, 2016). Difficulties in accessing education may be due to the restricted numbers of school places. Schools' reluctance to take on refugee students can also be attributed to concerns that refugee students' admission in the middle of the year can disrupt their classmates' educational progress, although performance standards no longer include the exam results of newly-arrived refugee children. Teachers' belief that they cannot appropriately assist refugee children who have specific needs, and confusing school

admission procedures and lack of effective integration programmes are other reasons why access to education can be denied (Brownlees & Finch, 2010; Rutter, 2003). There is also growing concern that refugee children in the UK may experience bullying, disrespect and racial discrimination at school (Fazel, Doll, & Stein, 2009).

Lastly, I have to underline that apart from the reported positive stance on refugees in the UK, there are also some oppositional attitudes. Certain discourses present refugees as benefit fraudsters, NHS abusers, potential terrorists and a threat to the country's security and national cohesion (Innes, 2010; Rasinger, 2010). It has been suggested that a negative, hostile, or indifferent attitude towards refugees' plight is gaining ground (Koca, 2016). In the aftermath of the recent influx of refugees, an anti-immigrant sentiment has been stirring up in some UK citizens; this was apparent in the Brexit campaign and the reported increase in xenophobic violence (Jäckle, & König, 2016).

Greece as a Hosting Country for Refugees

Because of its geopolitical position, Greece has a long history of being a primary gateway to Europe for people coming from the Middle East and Africa seeking refuge and a better future (Bosworth & Fili, 2016; Doctors of the World, 2016; Fotopoulos & Kaimaklioti, 2016). In contrast to the UK, which constitutes a country of destination, Greece has until recently been a transit country, a channel through which asylum seekers have to pass on their way to wealthier European nations (Bosworth & Fili, 2016). Thus, Greece serves as the main passage to asylum seekers' hopefully safe haven in Europe (Kousoulis, Ioakeim-Ioannidou, & Economopoulos, 2016).

In the absence of legal channels to Europe, the majority of asylum seekers risk their lives at the hands of smugglers to arrive in Greece; the death toll is exceptionally

heavy. A small minority of them wishes to settle in the country, but the majority have no wish to claim asylum in Greece; so, they usually spend a few years being in the country illegally until they manage to leave for the European countries of their final destination (Papadopoulou, 2004). However, a significant number of them is trapped in Greece due to the difficulty of becoming accepted in other countries (Papadopoulou, 2004). Even if some of them wish to claim asylum in Greece, the country's red tape, coupled with the complexities and the significant shortcomings of its asylum-seeking system, makes it notoriously challenging for them to win asylum despite its reform that has theoretically ameliorated it (UNHCR, 2009). There is also evidence that the living conditions for asylum seekers and refugees are extremely difficult, with many studies speaking about a humanitarian crisis situation, which is unacceptable for a European country (Edwards, 2010; Kousoulis, Angelopoulou, & Lionis, 2013).

In the wake of the recent refugee crisis, a dramatic surge in the number of people arriving in Greece in order to make their way to other European counties has been documented (International Organisation for Migration (IOM), 2015; Mouzourakis & Papadouli, 2016). Greece is reported to be the most affected EU country by this crisis (Fotopoulos & Kaimaklioti, 2016). Due to an influx of several thousand migrants and refugees, Greece, which is already crippled by the economic meltdown, has reached a breaking point (Doctors of the World, 2016). This influx has exhausted all state-provided and voluntary services (Tsiamis, Terzidis, Kakalou, Riza, & Rosenberg, 2016). Moreover, although it has so far been dealing with the transit of all these people, Greece is now forced to assume long-term responsibilities for the asylum-seeking populations (Mouzourakis & Papadouli, 2016).

Since the early 2016, after the restrictive refugee policies implemented by

many EU countries, the closure of the Balkan route and the controversial EU-Turkey deal, Greece has had to deal with the new reality of hosting a great number of people stranded in its territory (Gill, 2016). More than 60,000 people are currently in Greece, facing a hard reality and an uncertain future (Chazzan & Hope, 2016). Other EU countries have also been slow in implementing the relocation scheme (Chazzan & Hope, 2016). Due to the limited legal channels to other European countries and in order to avoid being sent back to Turkey, where the conditions for refugees are deemed inhumane, the number of people who have lodged their asylum claims in Greece has grown dramatically (Greek Asylum Service, 2016 May).

In order to tackle the dire living conditions for refugees in Greece, various EU funding instruments have been mobilised; emergency support has been offered to Greece in order to accommodate the refugee population and reinforce the relocation or return schemes and the asylum procedure through its national asylum system (Edwards, 2016; European Commission, 2016a, 2016b). Some first encouraging steps in the right direction have been taken (Bode, 2017).

The asylum procedure. Since June 2013, the people who wish to seek asylum in Greece have to personally submit an asylum application in one of the Regional Asylum Offices of the Asylum Service across the country; people who stay in detention facilities or in First Reception Centres can also register their wish to seek asylum with the detention or the First Reception Centre authorities, which will then refer them to the competent authority (Tsipoura, 2015). After completing an asylum claim, asylum seekers should wait, sometimes for many months, for their asylum interview to take place (UNHCR, 2009). A shortage of qualified interpreters for some languages means further delays in the asylum interview, but attempts at addressing these shortcomings through technological solutions have been made recently

(Tsipoura, 2015).

Before June 2013, the Police had been responsible for registering and examining all asylum applications, though the conditions under which the asylum interviews were conducted were totally inappropriate (Tsipoura, 2015; UNHCR, 2009). From 2013 onwards, asylum seekers have to make an appointment with the Asylum Office in order to apply for a date for their registration. There is an option for some of them, depending on their mother tongue, to make the application online via Skype. Nonetheless, accessing the Asylum Office with the long queues of people waiting for weeks or months outside it, or repeatedly trying to reach the Skype service due to busy lines is a pretty tall order (Mouzourakis & Papadouli, 2016). When asylum seekers file their applications for asylum, their fingerprints and photographs are taken and the relevant identity documents are submitted (UNHCR, 2009; Greek Asylum Service, 2014).

After registering their asylum claims – at times, many months later – asylum seekers have to attend their asylum interviews. During the interview, the Refugee committee assesses each interviewee's reasons for fleeing their country and the general conditions in their country of origin (UNHCR, 2009). The asylum decision should be made no later than 6 months after the submission of the application, but delays are often reported (Tsipoura, 2015).

People that are considered vulnerable, like unaccompanied minors, individuals with serious health problems, etc., are directly referred to the Asylum Service and are examined by priority (Mouzourakis & Papadouli, 2016). Since September 2014, this fast track processing has also been applied to the Syrian nationals that hold original travel documents and apply for asylum for the first time (Tsipoura, 2015).

When an asylum seeker is granted refugee status or any other type of leave to

remain in Greece, they are offered a residence permit, valid for 3 years; after that time, the permit has to be renewed (Kolasa-Sikiaridi, 2016). If the asylum application is refused, asylum seekers can appeal against the decision; in the case that their appeal is rejected, they can appeal before the Administrative Court Appeal and request for suspension of deportation, a process that usually takes a lot of time and money.

During the asylum process, asylum seekers can have legal representation and counselling at their expense (Tsipoura, 2015). Free legal assistance is not provided by the Greek state unless there are exceptional circumstances. In order to bridge this gap, some Greek and international organisations offer legal support for asylum seekers, and yet, there are times when they lack the adequate resources to pay for private lawyers (Mouzourakis & Papadouli, 2016). In general, despite some serious attempts to reform the dysfunctional asylum system in Greece, many issues have remained unaddressed.

Rights and benefits for asylum seekers and refugees. While awaiting their asylum decision, asylum seekers can legally stay in the country and move freely within the Greek territory without needing authorisation for changing their place of residence (Tsipoura, 2015). In Greece, there is no mechanism for dispersing asylum seekers across the country. Moreover, although there is no free state accommodation, asylum seekers can request to be hosted in reception centres or other shelters until they are able to afford private accommodation. Nevertheless, until fairly recently, the majority of them were not granted any accommodation facilities unless they were considered to belong in a category of vulnerable populations (Tsipoura, 2015).

After the influx of people arriving in Greece, some attempts have been made to accommodate the newly arrived in reception centres and open accommodation sites

(European Commission, 2016c, 2017), but these centres' capacity is limited. The refugees that are eligible for relocation under the EU scheme are in a better position as they are provided with accommodation so long as they remain in Greece (Greek Asylum Service, 2016, September). However, these schemes are frozen, until further notice. During their stay in most refugee camps and accommodation centres, asylum seekers are offered food and material, medical, psychosocial and legal support (Tsipoura, 2015).

Moreover, until recently, there has been no state financial support for asylum seekers' living expenses. Some agencies and NGOs may offer vouchers or allowances to asylum seekers, depending on their capabilities. The European Commission has recently introduced a financial support scheme for the large number of new asylum seekers trapped in Greece (European Commission, 2017).

Furthermore, asylum seekers have the right to apply for work permit under conditions set by the Greek law. However, in practice, it is rather difficult for asylum seekers to obtain a work permit through the labour market test (Tsipoura, 2015). Additionally, asylum seekers are entitled to free healthcare as well as pharmaceutical care in all public hospitals and health centres in Greece (Tsipoura, 2015).

Asylum-seekers and refugees, irrespective of their legal status, also have the right to liberty and security; hence, their detention should be permissible only when it is authorised by law (UNHCR, 2011). Today, the maximum length of detention is 6 months. Nevertheless, there is an awful lot of cases of refugees being arbitrarily detained for longer periods under inhumane conditions (Human Rights Watch, 2012).

Refugee minors in Greece. All refugee children have the same rights as the local children, according to the Convention on the Rights of the Child (United Nations Human Rights, 1989). The main concern of the Greek state should therefore

be to safeguard their best interests and promote their welfare so as they can fulfil their full potential (Ferrara et al., 2016; UNHCR, 2012). Asylum-seeking and refugee children have access to the free public education. Their enrolment at school should occur as soon as possible and in any case, no longer than 3 months after arrival unless they attend preparatory language classes before entering the basic school system (Tsipoura, 2015). Nevertheless, there is no provision for refugee children in Greece to attend preparatory classes in order to have a smooth transition to the Greek formal schooling. Only some accommodation centres offer specialised courses for refugee minors, including language classes (Tsipoura, 2015).

Regarding asylum-seeking minors who are accompanied by adult family members, all attempts should be made to protect their family life; minors should stay with their parents or other adult guardians (Tsipoura, 2015). Minors who arrive in Greece unaccompanied should be provided with appropriate care and protection and accommodated in suitable institutions for the care of children (UNHCR, 2012). Nevertheless, there have been inconsistencies in the treatment of unaccompanied minors in the different accommodation facilities (UNHCR, 2015). It has been reported that some minors flee these centres and risk everything en route to other European countries (Ferrara et al., 2016).

During the asylum interviews, unaccompanied minors should be treated appropriately by practitioners who take account of their needs and the peculiarities of their age (Tsipoura, 2015). Unaccompanied minors' legal representation should also be ensured and a guardian should be appointed for every one of them; the Public Prosecutor for Juveniles or the First Instance Public Prosecutor temporarily act as guardians until a permanent guardian is appointed (UNHCR, 2009). However, in many cases, there have been considerable delays in ensuring a guardian for the

minors while many of them are never appointed one because of the lack of necessary resources and the dysfunctional system of appointing guardians (UNHCR, 2009). Furthermore, due to the large number of minors, thousands at times, being under the care of one Public Prosecutor, it is often impossible for them to meet their temporary guardian.

It is, however, encouraging that the Greek NGO METAdrasi, with the help of European organisations, has recently tried to create a Guardianship Network for unaccompanied minors. This network aims to take on the role of the guardian for minors (METAdrasi, 2016). Each member is usually responsible for 3 to 5 minors, attending to their needs for proper accommodation, legal representation, asylum and family reunion procedures, healthcare, educational and psychosocial support (METAdrasi, 2016). Although the guardianship network has yet to deal with some shortcomings, it is important that every minor has a person of reference with whom they have a personal relationship and to whom they can turn to at any time (METAdrasi, 2016).

Moreover, when the age of an unaccompanied minor is questionable, an age-assessment process takes place. Since 2013, there has been positive development in Greece concerning this process. Unlike other European countries, specific medical examinations, such as dental or wrist X-rays, are used only as a last resort (Fili & Xythali, 2017). Another positive development is that all people who claim to be minors should be treated as such until their age is determined through this specific assessment process (Law. 4375/2016, Art. 14, par. 9). Regrettably, with the recent surge of arrivals, coast guards and police authorities do not often comply with it (Fili & Xythali, 2017).

In Greece, there is also a policy that the detention of children should be used only as a last resort and for the shortest length of time possible (UNHCR, 2012). In practice, however, Greece often violates this policy as many minors are held in detention centres due to the lack of available places in appropriate accommodation facilities (Galante, 2014). Minors may initially be detained by police authorities, even for long periods, until their identification process is completed, or until they are referred to appropriate accommodation facilities (UNHCR, 2009).

How refugees living in Greece are affected. The living conditions for many refugees in Greece have been characterised as unacceptable (Bode, 2017). The delays in the asylum process due to the notorious bureaucratic inertia as well the authorities' inability to cope with the recent influx of refugees have left thousands in limbo, feeling frustrated and uncertain about their destiny (Kolasa- Sikiaridi, 2016).

The conditions in many refugee camps are also deplorable. People are deprived of proper sleep arrangements, food, clothing and support and hygiene is often very poor (Kousoulis et al., 2016). Furthermore, an alarmingly high number of refugees is homeless or stay in filthy, overcrowded flats and makeshift camps. The poverty rates of refugees have gone through the roof, with many refugees living in conditions of acute destitution (Tsipoura, 2015; UNHCR, 2009). In view of this refugee crisis, some positive steps have been taken funded by European resources and have resulted in the improvement of accommodation facilities and the overall humanitarian situation of refugees in Greece (European Commission, 2017).

Moreover, due to the prioritisation of the Greek citizens in the labour market, asylum seekers cannot easily obtain a work permit, which will ensure a job and an adequate income. Discriminatory practices deprive refugees of an equal access to the job market (Global Migration Group & UNESCO, 2009). These conditions have been

made even worse by the current financial situation. The majority of refugees therefore resort to the black market, accepting low pay and poor working conditions (Papadopoulos & Fratsea, 2013). All this has eventually led to the suffering and despair of refugees (Doctors of the World, 2016).

There is also scarcity of refugee centres for people who have been refused asylum or have not yet claimed for one and remain in the country illegally. With few exceptions, most services are offered to the people who have filed their claim for international protection. Thus, undocumented refugees are isolated and destitute as they have no means to make a living and there is no state assistance (UNHCR, 2015). Moreover, those considered illegal often get arrested and systematically detained for long periods even when they belong to vulnerable groups (Galante, 2014; Staal, 2014).

Detention conditions often amount to degrading treatment, although some measures have been taken to improve them (Asylum Information Database, 2017; Amnesty International, 2012; Human Rights Watch, 2013). Hygiene conditions are substandard and detainees run various health risks as medical services are not always available. Furthermore, detainees do not always have access to interpreters and legal services that provide information for their rights; this leads to increased tensions, stress and frustration. There are also cases of detainees being severely ill-treated by police authorities (Tsipoura, 2015). These conditions violate refugees' human rights and dignity and are detrimental to their health and well-being. Fortunately, various attempts, albeit weak, have been made by EU-funded projects to address these deficiencies (Tsipoura, 2015).

As mentioned earlier, minors are routinely kept in detention centres until a place in accommodation facilities becomes available (Fili & Xythali, 2017). Needless

to say, detention facilities do not meet even the basic standards for them. Minors are often detained under shocking conditions in overcrowded places together with unrelated adults; this practice undeniably jeopardises minors' safety and well-being (Galante, 2014; Human Rights Watch, 2012).

A lack of appropriate care and protection results in minors' exposure to exploitation and abuse (Fili & Xythali, 2017). Furthermore, there is no sufficient framework for the identification of unaccompanied minors and their referral to the appropriate care facilities nor any strong child protection case management (UNHCR, 2009, 2016). The fact that there are concerns about the large number of minors who have vanished into thin air, listed as missing, during their stay in Greece is also quite alarming (Fili, & Xythali, 2017). In 2015 alone, one-third of the unaccompanied minors who had arrived in Greece was lost to follow-up; authorities are unaware of their destiny (Ferrara et al., 2016). Although the full dimension of this phenomenon is unknown, there is growing concern that some of those 'lost' minors must have been exposed to exploitation, including human trafficking (Ferrara et al., 2016).

Additionally, access to education for refugee children has sometimes been impeded by school personnel's reluctance to enrol refugee students who lack the necessary documentation (UNHCR, 2015). Although refugee students have been welcomed and assisted in various ways by many Greek schools, there are also unfortunate incidents of local communities protesting against their entry at schools. This creates barriers to refugee children's inclusion in the new society. A considerable number of refugee minors have also been out of school for long periods while in refugee camps or detention centres with negative consequences for their educational progress and well-being (Save the Children, 2016).

Furthermore, access to the healthcare system is not always easy for asylum seekers and refugees (Kousoulis et al., 2016). Austerity has only made things worse. Refugees suffering from communicable diseases, trauma-related injuries and psychiatric problems may not receive the appropriate care from the Greek national health system. Greek hospitals, severely affected by the financial crisis, are reluctant to receive asylum seekers for treatment (UNHCR, 2015). In general, a stringent approach to social spending has been apparent in the crisis-ridden years, with serious repercussions for the refugee population (Kolaitis & Giannakopoulos, 2015). Now that large numbers of refugees are forced to stay in Greece indefinitely, it is more challenging than ever to address these issues.

Various funds from the European Commission have recently offered a glimmer of hope for the care of refugees (Morgan, 2017). Greek and international NGOs and refugee agencies have also stepped in to address the deficiencies in refugees' accommodation provision, healthcare, education, etc. (Fili & Xythali, 2017). However, due to the large number of refugees, NGOs have to prioritise the most vulnerable among them. NGOs' sustainability nevertheless is not always guaranteed as many of them depend on an ad hoc funding (UNHCR, 2009). It is moreover regrettable that Greece has been accused of mismanaging the various funds in its effort to address these problems (Human Rights Watch, 2017).

Greek and international volunteers have also tried to fill the void left by the state. There are reports of hundreds of volunteers, including medical personnel from all over the world, who have devoted themselves to the care of refugees throughout the country, often under adverse conditions (Kousoulis et al., 2016). Church charities and local communities have made praiseworthy efforts to create decent living conditions for the new arrivals, offering humanitarian assistance despite the

inadequate coordination between them and the state (Giannakopoulos &

Anagnostopoulos, 2016; Kousoulis et al., 2016).

Greeks' warm and accepting stance on refugees has been quite remarkable

(Gill, 2016). Influenced perhaps by their own long history of oppression and forced

emigration, Greeks have responded humanely to the refugee flows. Solidarity

movements have been reported (Gill, 2016). Although immigration into Greece does

not have a long history and the 'otherness' may seem strange, many Greeks have

offered astonishing hospitality to refugees. They have dedicated their time and energy

to help them and have even accommodated refugees in their homes (Evstathiou,

2015; Gill, 2016).

However, with the realisation that refugees are here to stay, Greeks'

willingness to help them appears to wear off. The country's hospitality may also be

challenged by the dire conditions and unresolved problems of the Greek community

itself. Some locals are confused and feel insecure because of them, slightly changing

their initial stance on refugees (Gill, 2016). The discriminatory, yet positive,

treatment of the Syrian refugees is only apparent, justified on the grounds of their

being the 'real' refugees, portrayed in the media as such (Fotopoulos & Kaimaklioti,

2016), while all other foreign nationals are not.

The current financial crisis heavily influences the predominant discourses on

refugees. In this turmoil, the Greek state cannot always handle the added strain of

heavy migration (Galante, 2014). These conditions have created a climate in which

migrants and refugees have been made a scapegoat for the country's afflictions

(Global Migration Group & UNESCO, 2009). There is also a growing belief that

refugees and migrants take the jobs of the locals or compete with them for social

benefits at a time when Greece can barely meet the needs of its own workforce

(Papadopoulos & Fratsea, 2013). The mass arrival of refugees has resulted in conservative reactions, social tensions and an increase in xenophobic violence (Chazzan & Hope, 2016).

In addition to the depiction of refugees as a large financial burden, they are also seen as a threat to the national security and cohesion. Xenophobia is apparent in the increase of the political support for the anti-immigration, far right party in Greece (Sekeris & Vasilakis, 2016). Nevertheless, the majority of the Greek people do not share their extreme notions despite the prevailing insecurity (Gill, 2016).

Chapter 6: Method

Subjects

The data was collected from 17 refugee adolescents (age range = 14-19), with 10 of them living in Greece and 7 of them in the United Kingdom. Participants were recruited from Metoikos, STEGI PLUS and Estia Refugee Shelters for unaccompanied minors and the NGO Generation 2.0 for Rights, Equality & Diversity in Greece as well as the Dost Centre for Young Refugees & Migrants, Fresh Beginnings support centre, and the Freedom from Torture in the UK.

Metoikos is a shelter for unaccompanied minors based in Volos, Greece, which operates under the supervision of ARSIS, an NGO specialising in the social support and advocacy of the rights of minors who are in difficulty or danger. STEGI PLUS has shelters for unaccompanied minors in Athens and Patras, run by the independent NGO PRAKSIS, an NGO that designs and implements humanitarian and medical actions, and the Hellenic Red Cross. Estia is another shelter for unaccompanied minors, established by Apostoli, the humanitarian arm of the Greek Orthodox Church. These shelters cover asylum-seeking, refugee or undocumented minors' basic needs, providing reception and accommodation services, food, medical,

legal and psychosocial support and recreational and educational activities. Generation 2.0 for Rights, Equality & Diversity is an NGO consisted of young people who fight for the human rights of socially vulnerable groups.

As for the Dost Centre, it is a one-stop service in London that aims to improve the quality of life of young refugees and newly arrived migrants by providing psychosocial casework and a diverse youth and education programme. Fresh Beginnings is a voluntary organisation based in Colchester that provides practical help to refugees and migrants around Essex. Lastly, Freedom from Torture is a British registered charity that provides torture survivors with medical, legal, psychosocial and rehabilitation support; it also advocates for torture survivors, protects for and promotes their rights both nationally and internationally and ensures that states responsible for torture are brought to account.

The selection criteria for participation were that all minors should be between 14 and 19 years of age, i.e. in the middle or late stage of adolescence so as to represent a more homogeneous group because younger adolescents were thought to present greater differences in comparison with the older ones (Singleton, 2007; UNICEF, 2011b); they should have refugee experience; they should have resided for at least two years in either Greece or the UK, i.e. so that they would have settled in their host countries; and they should be able to communicate reasonably in Greek and English, respectively.

I have to note here that my initial plan was to recruit participants between the ages of 15 and 18. However, I encountered some difficulties in accessing an adequate number of research participants. Some of the refugee organisations I contacted were reluctant to grant permission to me to approach their young beneficiaries, mainly because they had very strict rules about their minors.

Moreover, I noticed that most refugee shelters I approached in Greece did not have a large number of refugee adolescents that met the inclusion criteria, namely living in their host countries for at least two years and speaking the country's language. The whole interviewing process took place before the closure of the Balkan route when most refugees were staying in Athens for a short length of time before making their way to other European countries. Given the difficulties in recruiting participants, I had no choice but to expand the age group and include young people between 14 and 19 years so as I could manage to find an adequate number of participants. My decision, in consultation with my supervisor, to include a couple of youth aged 19 helped me overcome the difficulty in accessing underage participants.

Greece and the UK were chosen because access to refugee organisations in both countries was possible; also because both countries are characterised by differences in terms of geopolitical position, circumstances, living conditions for refugees, national policies governing asylum and scores of other factors. Among other things, the multiple sociopolitical factors that have determined the minors' experiences in the two countries are explored. Young refugees who met the eligibility requirements were asked to voluntarily participate in the research.

The research sample was diverse in ethnicity. Data was obtained from adolescents coming from Afghanistan, Pakistan, Syria, Gambia, Sudan, New Guinea and Congo. As regards the gender, male participants were over-represented in the sample (13 males, 4 females). Seven participants had arrived in their host countries accompanied by one or both of their parents and ten participants were unaccompanied minors, a fact that accounts for the over-representation of the male adolescents given that the substantial majority of unaccompanied minors are males (Eurostat, 2016). Details about the participants are presented in the following table:

Table 1

Details about participants

Participants' Pseudonyms	Gender	Age	Country of origin	Current host country	Reached country of destination vs. in-transit phase	Length of time of the refugee journey	Length of time in the host country	Accompanied vs. Unaccompanied
Mehdi	Male	18	Afghanistan	England	Country of destination	A few hours as he reached the UK by airplane	Almost 2 years	Accompanied by his father
Obaida	Female	15	Afghanistan	England	Country of destination	A few months	Almost 10 years	Accompanied by her parents
Ajmal	Male	19	Sudan	England	Country of destination	Almost a year	3 years	Unaccompanied
Abed	Male	15	Syria	England	Country of destination	1½ years	Almost 2 years	Unaccompanied during the refugee flight, but currently reunited with his adult sister's family
Mosi	Male	16	The Democratic Republic of the Congo	England	Country of destination	Spent a few months in a refugee camp in a neighbouring country before reaching the UK by airplane	5½ years	Accompanied by his parents and siblings

Asha	Female	19	The Democratic Republic of the Congo	England	Country of destination	Same as Mosi above	5½ years	Accompanied by her parents and siblings
Hussein	Male	14	Afghanistan	England	Country of destination	5 months	2½ years	Accompanied by his adult brother
Abdul	Male	18	Pakistan	Greece	He wants to stay in Greece, but he also dreams of a better future in Germany	Almost a year	4 years	Unaccompanied
Jaheem	Male	18*	Sudan	Greece	Greece was not his destination country, but he has no option but to stay there	Almost 2 years	5 years	Unaccompanied
Aref	Male	18	Afghanistan	Greece	Greece was not his destination country, but he wishes to stay there	Several months	4 years	Unaccompanied
Khaled	Male	16	Syria	Greece	In transit	Several months	1½ years	Accompanied by his mother and younger sister
Hamidullah	Male	18	Born in Iran to Afghan parents	Greece	Greece was not his destination country, but he wishes to stay there	More than a year	2½ years	Unaccompanied
Eddie	Male	17	New Guinea	Greece	Greece was not his destination country, but he wishes to stay there	Several months	Almost 5 years	Unaccompanied

Reza	Male	14	Afghanistan	Greece	In transit	Almost a year	1½ years	Unaccompanied
Elaha	Female	19	Afghanistan	Greece	Greece was not her family's destination country, but since they have settled down, they wish to stay there	More than two years	13 years	Accompanied by her parents and siblings
Yara	Female	18	Afghanistan	Greece	Same as Elaha above	More than two years	13 years	Accompanied by her parents and siblings
Salih	Male	18	Gambia	Greece	He arrived in Greece by chance and he wishes to stay there unless better opportunities for work arise elsewhere.	1½ years	Almost 3 years	Unaccompanied

Sampling Method

The participants were chosen on the basis of meeting the aforementioned requirements as well as their interest in participating and ease of accessibility. No probability sampling method was used in recruiting participants. Therefore, the research subjects are not representative of the entire population of refugee minors and the research sample may differ from a sample randomly selected (Maxwell, 2005). The sampling decision was made based on the fact that this study does not intend to develop or verify any models generalised to the larger population of refugee adolescents. The findings from this relatively small set of participants are not intended to be generalised (Scott, 2012). Instead, this research aims to investigate how each person experienced their predicament in the context of their unique experiences, given the specific circumstances and contexts each person encountered.

This study explores how different factors and their multi-systemic interactions interweave the uniqueness of each participant's response to refugeedom. A deep understanding of the participants' responses in their own contexts and the factors that have led to these responses is pursued. The findings are illustrations of the subjective meaning and interpretations that this specific set of participants attach to their experiences and the unique and heterogeneous ways they react to them.

Research Design

The research design is a qualitative study in order to explore and report the participants' reality and viewpoints and ascertain the meanings of the experiences of each interviewee. The qualitative approach allows participants to freely and openly elaborate on their responses and provides a comprehensive understanding of the subjectivity of each participant. Thus, it allows participants' unique stories to be analysed in-depth (Sparkes, 2005). I have to underline that qualitative researchers do

not claim objectivity; the findings of a qualitative study should be seen as subjective testimonials to the specific research subjects' voices (Ahearn, 2000).

Particularly for refugee populations, the qualitative research has been considered appropriate (Phillimore, 2011). Given that qualitative research has a few *a priori* assumptions, it allows for a rich understanding of the complex ways refugees experience and react to their predicaments. Qualitative methods are also considered critical in shedding light on aspects and variables that had previously been overlooked – if quantitative methods were solely used – such as the emergence of diverse and unique potentialities in refugees and can therefore have important implications for future practice with refugees (Scott, 2012).

Previous studies, which used qualitative methods to explore the subjective trajectories that refugees pursue, have offered a critical understanding of this topic (Goodman, 2004; Strijk, van Meijel, & Gamel, 2010; Wallin & Ahlström, 2005; Wernesjö, 2012). Moreover, qualitative research has been seen to account for cross-cultural diversity in individual contexts by presenting authentic findings that reflect participants' reality (Ungar & Nichol 2002). Scott (2012) highlights the need for more qualitative studies to fully explore refugees' lived experiences and the vast heterogeneity in the meaning refugees find in them as well as the multiple ways they react to these experiences.

This study, with the use of qualitative methodology, has allowed young refugees to fully communicate their narratives and their own perceptions of the factors that have determined their experiences and their responses to them. The participants were encouraged to define these experiences in their own words. Therefore, this study anticipates that the voice of the young refugee participants, which is often overlooked or even silenced (Ferrara et al., 2016; Hek, 2005), will be

heard, shedding light on their lived realities, grasping the very personal quality of their reactions and unveiling the factors that have let each one of them move forward in their own way.

Data Collection

One-to-one, semi-structured interviews were conducted in order to collect in-depth information on the research topic. A semi-structured interview schedule was drawn up based on the literature review. This set of categories of questions aimed to elicit answers to the research questions, set some boundaries and direct the discussion. Apart from this structure, the content of discussion and the level of language were adjusted according to each interviewee's needs and specific characteristics and the way each interview unfolded (Berg, 2004). Some pilot interviews were conducted, trying out different variations of the research protocol so as to explore the appropriateness and usefulness of the interview questions, adjust and refine them and facilitate the participants' understanding of them.

Data Analysis

Thematic analysis was chosen as it offers an accessible, simple, theoretically flexible and epistemologically open approach to analysing qualitative data (Braun & Clarke, 2006). Thematic analysis can provide a rich and complex account of data. A hybrid process of inductive and deductive thematic analysis was used to identify themes. This approach integrated data-driven codes with theory-driven ones –themes that had derived from prior theory and research, based on the paper of Fereday and Muir-Cochrane (2006) that uses an exploratory, inductive coding approach (Frith & Gleeson, 2004; Boyatzis, 1998) and a deductive coding scheme approach, respectively (Crabtree & Miller, 1999). The specific analytic process has been decided in order to attempt a sound exploration of the meaningful pieces of data and

potential themes as well as the underlying ideologies that have informed the content of the data.

The systematic process of the data analysis followed the steps outlined by Braun and Clarke (2006). Specifically, I transcribed the interviews and after repeated rounds of reading, through which I familiarised myself with the depth and range of all the interviews' content, I organised the data in a systematic fashion into meaningful categories of similar text that share some common characteristics, namely the initial codes (Braun & Clarke, 2006). Segments of the text data from the transcripts were condensed into the codes, i.e. words or short phrases that summarise these pieces of data. Next, I collated the segments of the data that had a meaning similar or related to the code. Codes were applied and reapplied to the data, a process that allowed the data to be "segregated, grouped, regrouped and relinked in order to consolidate meaning and explanation" (Grbich, 2007, p. 21).

The encoded data was then sorted into broader groups that formed the initial themes. Themes are salient and essence-capturing as Braun and Clarke (2006) emphasise, "a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (p. 82). By categorising the data, I firstly let themes as patterns of information form the data themselves (inductive method); these themes identify, organise and describe important aspects of the topic being studied (Boyatzis, 1998).

In this way, themes develop from the data themselves and there is no need to fit them into pre-existing coding schemes. This offers the opportunity for new perspectives to emerge and new elements to be added. Despite the fact that no predefined coding categories are used within the inductive method of analysis, it is clear that the researcher's theoretical and epistemological commitment, assumptions,

and values play an important role; influenced by them, researchers decide which information is important in relation to the research question as well as to what extent evidence of a recurring pattern should be displayed across a data set for the specific pattern to be considered a theme (Braun & Clarke, 2006). It is noteworthy that the importance of a theme is not always pertinent to the theme's prevalence within the data set (Braun & Clarke, 2006).

In addition to the inductive approach, I also used some categories that had emerged from previous studies, as a means of analysing the data, confirming and/or refuting evidence of interpretations and making connections (deductive approach driven by previous research findings). Specifically, a coding scheme was defined prior to the analysis, based on the study's theoretical framework. The coding scheme was further expanded based on a preliminary scanning of the interview transcripts (Fereday & Muir-Cochrane, 2006).

Here, I applied the predefined themes to the text data so as to match the themes with meaningful units of the coded data that I considered relevant. The data analysis at this stage was guided by the predefined coding scheme, resulting in a more detailed analysis of specific key aspects of the data. My concern for overlooking other important parts of the data – by forcing *a priori* categories into the data set – was overridden by the additional inductive process of analysis, which ensured more openness to different patterns and novel themes within the data.

Direct quotes from the data were grouped under the relevant thematic headings that had emanated from both the inductive and deductive approach. These data extracts provided a clear illustration of each theme and ensured that the findings were grounded in the data (Elliot, Fischer, & Rennie, 1999).

The next step was to review and refine the themes through repeated

investigations of recurrent patterns of commonality as well as of anomalous examples (Potter & Wetherell, 1987). At this stage, I reclassified some of the coded data into different themes and merged, separated, or discarded some of the themes in order to ensure the internal coherence within themes and the strong distinctions between them. The final stage of the analysis involved defining and naming the themes (Braun & Clarke, 2006). Here, the core concept of the theme should be clearly displayed. In the write-up of the report, findings and interpretations were discussed according to the research questions, in a way of analytic narrative, and conclusions regarding the overall 'story' of the data were drawn. I should emphasise that the theoretical framework of the study has influenced the analytical claims in the final report; nevertheless, the report should be open to alternative re-readings of the data and re-interpretations in the light of different theoretical frameworks and through different analytic lenses.

I also have to underline that the data analysis refers both to a semantic level, when the themes are identified on the explicit content of the data, and to a more latent level. At the latent level, the analytic exploration refers to "the underlying ideas, assumptions, and conceptualisations -and ideologies- that are theorised as shaping or informing the semantic content of the data" (Braun & Clarke, 2006, p. 13).

Quality Assessment of the Research

The quality of the study can be appraised on the grounds of certain criteria. Firstly, the study has been conducted in an ethically sound way. Moreover, the appropriateness of the research design, sampling strategy, data collection and analysis have been justified and the study's implications for future reference and practice have been explained (Cohen & Crabtree, 2008). In addition, the steps taken during the collection, analysis and interpretation of the data, and the ideology behind this

process, are clearly documented and critically analysed to ensure transparency and reflexivity throughout the process. The research findings and conclusions are grounded in the participants' responses and enough evidence is provided in the report to support these conclusions.

Furthermore, the criteria for a high quality research also include addressing the personal variables of the researcher as well as other circumstantial factors that can potentially influence the research findings. As far as this research is concerned, these variables include, *inter alia*:

- Being Greek and living in Greece, a country severely affected by the refugee crisis, i.e. the sociopolitical environment I live in and my contact with refugees have created in me conditions of positive attitude and feelings of sympathy towards them.

- Being involved in therapeutic work with refugees and having the opportunity to witness refugees' traumatising, yet growthful, experiences, I have developed a greater tolerance, acceptance and solidarity with the specific population and a professional 'therapeutic' stance towards them, which may have influenced the way I approached the research topic.

- Educational background (MA Refugee Care), i.e. the ideas presented in the MA have made quite an impact on my approach to the research topic, especially in the way I conceptualise the refugee experience and the process of struggling with adversity in general, that is, the possibility for development despite the adverse outcomes.

The potential effects of these variables on the research findings and interpretations are acknowledged. I should stress that during my discussions with the participants, I inevitably shed light on certain issues, unconsciously taking an interest

in some aspects rather than others by asking specific questions and making specific comments, etc. as well as by filtering the data collected through a specific lens in my data analysis and interpretation (Berger, 2015; Kacen & Chaitin, 2006). This may presumably have had an effect on the participants' narratives. For instance, my theoretical background, which had made me develop a radical framework of thinking about and working with refugees, eventually orientated the data collection and analysis. I always had to check that I was letting the participants tell their stories instead of driving them to certain directions (Berger, 2015).

But I may also have influenced those processes in more subtle ways. For example, my own immigration experience as a student living in a foreign country and my own sensitivities may have affected the way I approached the participants and conceptualised some aspects of their narratives. I may have all too well identified with some of their adjustment difficulties despite the differences between us, e.g. forced displacement, vs. voluntary migration. Especially when the interviews were held in English, the participants and I shared a mutual feeling of having to use a language that was not our mother tongue. Hearing a non-British accent may have facilitated the participants' opening-up by reducing the power dynamics and the distance between us.

Researchers are inevitably more sensitised to specific dimensions of the data (Berger, 2015). When this is acknowledged and measures are taken, biases can be minimised. For this reason, I invited two colleagues to independently read part of the transcripts and code the data in order to examine whether our findings converged or new and/or contrasting themes arose that were independent of my interpretations. Interestingly, one of them was a social scientist and researcher that had not done any research into refugees before and was therefore unfamiliar with the topic. This could

potentially offer some fresh insights to the thematic structure. Their coding did not result in themes that differed considerably from the ones I had produced; there were only slight variations in the same themes. This increased the likelihood that I had not missed any crucial points in the interviews and added credibility to my conclusions. Further details about the two researchers, the procedure followed and their findings are presented in Appendix E.

Moreover, any general conclusions are recognised as such and the way through which these conclusions are inferred by the research findings is explained. Given that a wide variety of themes and alternative interpretations may emerge, the report of the findings is considered to be one of the possible versions through which the reality of the participants can be presented. Therefore, this study claims plausibility, not objectivity in any absolute way.

The findings are also considered representative of the research sample, not the general population, and are situated in their contexts; thick descriptions of these contexts are provided in the data analysis (Hannes, 2011). It is made clear that the research findings are not to be generalised to the entire population. The concern about generalisation is therefore not pertinent to this study. Lastly, the technique of triangulation has been applied so as to enhance the methodological soundness of the study. More specifically, some of the data has been obtained from different sources as this can strengthen the study's credibility (Trotter, 2012). In particular, information on two minors' reactions to their experiences has been collected through interviews with the social workers who had been working with them. Moreover, exploring how people around minors view their reactions and the factors contributing to these reactions may present a richer picture of the topic. As already seen, independent coding, analysis and interpretation of a part of the data by two other researchers has

been also used in order to reduce inferential bias (Hannes, 2011).

Ethical Issues

The project gained full ethical approval by the Ethics Committee of the University of Essex and was carried out according to the British Psychological Society's Code of Ethics and Conduct (2009). Security and confidentiality protocols were kept. Given that the participants were to be asked about potentially upsetting topics, they had been informed of potential risks prior to consent using an Information Sheet. The participants were also informed that assistance would be provided should the need arose. As regards the participants' confidentiality, unique identity numbers were assigned to each participant and all personal information was kept separately from the research data. For the quotations used in the report, pseudonyms were allocated to each participant and the details that could lead to their identification were changed in accordance with the confidentiality protocol.

It is worth mentioning nevertheless that a couple of participants asked me to use their real names in my report. This may have been due to their wish to receive recognition for their lived realities and make their voices heard. It is believed that identification can be testimony to participants' hardship and it has an empowering effect on them (Giordano, O'Reilly, Taylor, & Dogra, 2007). Some studies suggest that participants' wish for either anonymity or recognition should be respected (Canadian Sociological Association, 2012). However, I came to the decision to keep all participants' anonymity in order to protect them as I could not ensure that naming them would not do any harm to them since some had spoken about illegal activities or had given information that could put themselves or their families at risk.

Another ethical issue that should be taken into account is that of feeling obligated to participate. Participants may sometimes feel pressurised into taking part

in a research when they are recruited through aid agencies. Although I could not guarantee that their decision about participation had not been influenced by any sense of obligation to 'offer' back to the agencies or any other moral obligation, I tried to increase the chances that their decision was of their own free will. I asked the agencies to inform potential participants about the research study and stress to them that there were not obligated whatsoever to take part in it, explaining that participation could not affect in any way their relationship with the people in the different centres or cost them any benefit offered to them. I suggested that those who were not interested did not need to inform their agencies or give any explanation for their decision.

One more ethical issue related to the recruitment of participants was the financial incentive offered to them. As £20 and €20, respectively, cannot be considered by many a trifling sum of money, every effort was made so as potential participants did not decide to participate solely on the basis of living in reduced circumstances (Draper, Wilson, Flanagan & Ives, 2009). Moreover, it is believed that it is ethical to reward participants for contributing to the improvement of our knowledge that can benefit the common good (Wendler, Rackoff, Emanuel, & Grady, 2002). In general, the financial incentive of £20 or €20 cannot be deemed as an undue inducement.

It is noteworthy that at a couple of refugee shelters, they insisted on informing their young beneficiaries about the financial incentive after they had shown interest in participating. In this way, they could ensure that the financial incentive would play no part in their decision-making and that it would not tempt participants to do something that they might otherwise not do.

However, one of the participants refused to take the money and a few others

appeared reluctant too. For most of them, the motives were apparently altruistic. It might have been that they wished to talk about their refugee predicament as a way of reflecting on their experiences, lending some existential and political validity to them; it might also have been that they simply wanted to contribute to the relevant body of knowledge in the hope that it would have a positive impact on future practice with refugees. When I explained that the money offered to each participant by the University of Essex was a token of their appreciation for taking the time to help with the research (Grady, 2001), the participants seemed relieved and accepted it. The adolescent boy who emphatically refused to take the money remained deeply distrustful nonetheless. He might have thought that offering money was manipulative and seductive and that I would want something in return. His past experiences of exploitation may have been the reason why he had become so extremely wary of people's motives. He could all too well have been too proud to accept the money, as his social worker later stressed. I decided to respect his wish. The social worker suggested I donated the money to the refugee shelter, to which I gladly accepted.

Procedure

Initially, information about the study and its ethical framework was sent to different refugee centres where participants were to be recruited. Permission to approach their young beneficiaries was granted by the centres. Then, the responsible staff at the refugee centres introduced the study to potential participants who had met the selection criteria and passed on the Participant Information Sheets. The Information Sheet was written in a language level appropriate to the participants' age and fluency and gave them as much information about the research as was reasonably possible so as they could give valid consent.

The participants were required to read the Information Sheet. They were

adequately aware of the purposes and details of the study, the anticipated benefits and potential risks and the discomfort the study might involve along with the appropriate action in such circumstances and their right to withdraw consent to participate at any time without reprisal. The Information Sheet also made clear who the researcher was, why the participants selected were invited to take part, their right to choose whether they wanted to take part or not, how information about them would be used and managed and the level of anonymity and confidentiality the researcher could guarantee.

Young refugees were asked to voluntary participate in the research. It has been argued, however, that in certain kinds of recruitement potential participants cannot always refused participation (Wilson, Draper, & Ives, 2008). They may feel obligated to take part because of their position and relationship with the people asking them to participate in a research. For this reason, I insisted that, when possible, the request for participation would not be made directly by the potential participants' therapists, caseworkers etc. because it might be hard for some beneficiairies to refuse to them. The recruitment could be made by the administrative staff of the different refugee centers or indirectly via group emails, etc.

I tried to ensure that potential participants were aware that there was no obligation to participate as well as that their decision to participate or not could not affect in any way their relationship with the agencies or centres through which I had approached them. They could not receive any further benefit from these centres as a result of their participation. The only benefits they could have were the anticipated research benefits described in the Participant Information Sheet, that were independent from any other benefit received as refugees, beneficiaries to certain services, etc.

Potential participants were allowed adequate time to consider whether to participate or not. Only the ones who decided to participate had to mention that to the responsible staff at the refugee centres, that had then to contact me. The financial incentive offered was not overly emphasised but simply stated at the end of my initial discussion with the potential participants.

When the young refugees consented to participate in the research, a convenient date was set for the interview. Every care was taken in the selection of the participants. Minors who had been diagnosed with psychiatric disorders, were having psychiatric treatment or were deemed to be running the risk of experiencing severe discomfort during the interviews were excluded. On the date of the interview, the Information Sheet was reviewed once again and additional clarifications were given. The participants and their parents or guardians consented by signing a Consent Form to everything described in the text of the Information Sheet and Consent Form and thus confirming their willingness to participate.

The interviews lasted from 50 minutes to 1 hour and 35 minutes with appropriate breaks on an as-needed basis. 15 out of 17 interviews were audio-recorded. Three individuals refused to be audio-recorded and agreed on my taking notes of what they said during the interview.

Given that sensitive topics were discussed, the overall procedure was carefully planned so as not to upset the participants. When necessary, the questions that could trigger negative thoughts and emotions were avoided or asked with due caution. Participants were encouraged to reveal what they wished without delving into the parts that could make them feel upset or uncomfortable. Each participant was closely monitored for any sings of discomfort at regular intervals throughout the interview; no one appeared to have been overwhelmed or distressed beyond expectations. None

of the participants withdrew from the study and none required to be referred to any professional assistance.

As a token of my appreciation for their participation in the study, participants were offered £20 or €20 in the UK and Greece, respectively. The transcripts from the interviews conducted in Greek were successfully forward-translated into English by me and back-translated by an English language teacher of Greek origin, fluent in both Greek and English. This procedure ensured that the translated data connoted the same thing and were therefore conceptually equivalent.

Chapter 7: Findings & Discussion

The purpose of this study was to explore the adversities its participants had experienced and to examine their reactions to them as well as the factors contributing to their different reactions. The discussion and interpretation of the findings is organised around the 9 main themes and their various sub-themes resulting from the thematic analysis of the research data. The comprehensive table of themes and sub-themes is presented below:

Table 2

Themes & Sub-themes

1. Adversities young refugees have faced	
1.1. During the pre-flight period	1.1.1. Risks for their lives
	1.1.2. Losses of loved ones
	1.1.3. Maltreatment and human rights abuses
	1.1.4. Adverse living conditions
1.2. During the flight	1.2.1. Long, exhausting and dangerous journeys
	1.2.2. Lack of control

1.2.3. Lack of life's necessities

1.2.4. Experiences of ill-treatment

1.2.5. Near-death experiences

1.3.1. Adjustment difficulties

- Adaptation to a foreign country where the way of living is totally new - various acculturative stressors

- Loss of onto-ecological settledness

- Language issues

1.3.2. Changes in status, identity, roles, etc.

1.3.3. The negative valence of the refugee identity

- The sense of undesirability

1.3.4. Experiences of racism and discrimination

1.3.5. Difficulties at school

1.3. In the host country

1.3.6. Financial strain and destitution

1.3.7. Detainment, degradation and misery

1.3.8. The negative impact of the sociopolitical factors of the host country

- The bureaucratic inertia

- Host country's financial situation etc.

- The dispersal of refugees across the country

1.3.9. Parents' negative responses

- Parents' responses towards adversities

- Parents' adjustment

- Parental roles and functionality

- Parents' physical and mental health

1.3.10. Suffering losses of all kinds

- Separation from loved-ones

- Unclear losses

- Loss of home, 'homeness', stability, familiarity and ease

- Loss of culture

- Loss of 'onto-ecological settledness'

- Loss of identity

2. Negative responses	
2.1. During the phase of refugee atrocities	2.1.1. Anguish, fear and suffering
	2.1.2. Acute stress reactions
	2.2.1. Ordinary human suffering
	· Pain and Suffering
	· Helplessness and frustration
	· Pessimism for the future
	· Grief for their losses
	· Nostalgic disorientation
2.2. After settling in the host country	· Emotional numbness
	2.2.2. Distressful psychological reactions
	· Depressive mood, loss of interest and pleasure and restricted activity
	· Social withdrawal, introversion and lack of trust
	· Signs of psychological difficulties
	2.2.3. Signs of psychiatric disorders

3. Responses revealing that people change neither positively nor negatively

    3.1. Retaining positives

    3.2. Enduring adversities and doing well under difficult conditions

    3.3. Bouncing back to normalcy and adjusting to the new conditions

    3.4. Retaining negatives

4. Adversity-activated development

    4.1. Acquiring experience and new knowledge

    4.2. Gain of life lessons

    4.3. Development of a new sense of strength and competence

    4.4. Development of new positive qualities

    4.5. Caring for others

    4.6. Cementing relationships

    4.7. An upsurge in personal creativity

    4.8. Re-appreciation of their lives

    4.9. Seizing the new opportunities

    4.10. Setting new goals

    4.11. Setting new priorities

    4.12. Changes in viewpoints and ideologies

5. Meaning-making of the refugee experience

    5.1. Sense-making aspect of meaning-making

    5.2. Benefit-finding aspect of meaning-making

6. Factors

                    6.1.1. Personality characteristics, inherent strengths and

6.1. Intrapersonal factors   vulnerabilities

                    6.1.2. Power position: Sense of control VS

powerlessness and helplessness

6.1.3. Existence of hope and positivity

6.1.4. A sense of a survivor identity

6.1.5. Seeing the positives

6.1.6. Humour

6.1.7. Ability to easily attract others

6.1.8. Motivation

6.1.9. Coping strategies

6.1.10. Belief systems

6.2.1. Parental presence and availability

6.2.2. Family relationships

6.2.3. Foster family

6.2. Interpersonal factors

6.2.4. Other caring adults

6.2.5. Therapeutic relationships

6.2.6. The wider community

6.2.7. Contact with compatriots

6.2.8. Relationships with locals

6.3.1. Rights and benefits in the host countries

6.3.2. Asylum policies

6.3.3. Access to support services

6.3.4. The role of school

6.3. Sociopolitical factors

6.3.5. Similarities and differences between homelands

and host countries

6.3.6. The wider sociopolitical context

6.3.7.6. Predominant societal discourses

7. Actual conditions and circumstances

8. Adolescence-specific characteristics and developmental processes

8.1. The confluence of adolescence-related and refugee-related transitions

8.2. Refugee adolescents' identity building

8.3. Refugee adolescents' life-plan formulation

8.4. Refugee adolescents' individuation

8.5. Refugee adolescents' self-esteem

8.6. Refugee adolescents' high aspirations

8.7. The fragile side of adolescent omnipotence

8.8. Adolescents' refugee experience as an initiatory process

9. The sound of silence

A sample of how the research data led to the emerging themes and sub-themes is presented in Appendix F.

Adversities Young Refugees Have Faced

To begin with, the research findings confirmed that being forced to flee one's country and become a refugee usually entails negative and intensely painful experiences (Hollander, 2006; Lusk & Galindo, 2017; Summerfield, 2000). Various adversities, as seen and remembered by the participants, are presented in the narratives of their refugee experience. The challenges young refugees have faced concern all the different phases of their refugee experience, as conceptualised by Papadopoulos (2005).

During the pre-flight period.

Risks for their lives. Most participants talked about adversities they encountered during the pre-flight period that had forced them to leave their homelands. Vivid memories of wartime experiences and political upheaval as well as

the subsequent lack of safety and fear of persecution were presented by the young refugees:

"I remember bombs dropping non-stop; exploding on the streets, in our school, everywhere. We were constantly in fear of our life."

Khaled

"The militia just raided the village, took everything the people had, they killed, it was a nightmare, a living hell."

Ajmal

"The war began and devastated everything. We had terrorism. And when people took to the streets to protest, they were killed. All the people had to leave. The ones who stayed there are dead now."

Abed

"You cannot walk in the streets, there are ISIS people [...] I can remember that it was always dangerous for us because of the Afghan army and the Talibans."

Mehdi

In some interviews, it emerged that the political affiliations or the status of their parents had created severe problems to the whole family:

"I couldn't stay there because they would kill me. My dad was with the police and my mum into politics. And because my family had very big problems, I had to go and I came to Greece."

Eddie

"We had something like a dictatorship. But my dad wasn't with them and he was fired from his post and he was sent to prison."

Salih

"My family have always had personal enemies. We were never left in peace. My brothers and I could not even go to school."

Reza

For these minors, home was no longer safe, no longer liveable. They were living in a broken and insecure world. Fear for their lives led them to cross the borders in order to seek refuge in foreign lands (Liwanga, 2010). **Abed** is categorical when he talks about safety in his country, "If I stay here, I will die". He had to find a way out; he was forced to experience that cruel uprooting. The loss of security in their homelands was portrayed in several participants' narratives.

Jaheem's bitterness for his country and for what he had experienced there was evident in his words, " I left because I could no longer live in my country. . . . Some pretty ugly things happened there and I could no longer feel it as my country." **Hussein** put it like this, "I don't miss my country. I'm proud to be Afghan, but what happened there is something that I don't want to be part of."

Refugees' sense of not feeling at home in their native countries has been described by Papadopoulos (2017) as the original dislocation. Even before actually leaving their land, refugees are forced to distance themselves from its homeness due to various atrocities they have experienced. These atrocities affect this sense of homeness, of belonging and being attached to a place that is familiar, safe and comforting. This original dislocation often constitutes a real struggle for the people concerned. Refugees are then forced to make their home elsewhere, to reconnect with the sense of homeness (Papadopoulos, 2017).

Losses of loved ones. In addition to the fear for their lives or the lives of their family members, experiences of actual losses of loved ones were also acknowledged as significant factors that forced these youngsters and their families to flee their countries:

"We lost our sister there. . . . And after what happened to my sister, we had to leave quickly so that nothing of the kind would happen to another member of the family."

Asha

"My bigger brother and my sister died in my country, they were killed. That's why I had to leave. They were looking for me in my country to kill me, the police."

Eddie

"My eldest brother was in the military at the time. One day, we received a letter informing us that he was dead. . . . I contacted my auntie that was living in Turkey and she arranged for me to go there. . . . They had been reluctant at first, but I told them: "The military will also draft me as they did with my brother. So, if I stay here, I will die"."

Abed

Experiences of maltreatment and human rights abuses. Other minors talked about harsh experiences of violence, maltreatment and human rights abuses in their home countries, often due to the fact that they belonged to minority groups. Many of them were exposed to sickening cruelty during that pre-flight phase, including kidnap, captivity and torture:

"Life in Iran was difficult. The Iranians used to treat us badly. There was a lot of violence and racism toward Afghans."

Hamidullah

"Then the government raided our school . . . and I got kidnapped. . . . I was

taken to prison by them. . . . We were kept in a little confinement for I

cannot remember how long because it was completely dark and

horrible. . . . I was just crying all the time, banging on the door and asking

to see my mum and my dad, but nobody came. . . . Eventually, we were

released . . . and it happened again in 2013; we were captured and taken to

prison. But this time was slightly different; I was tortured. And they also

burnt me here and here and somewhere there. We were beaten a lot. . . .

The worst thing was that we were forced to manual labour."

Ajmal

Adverse living conditions. Going through periods of destitution had

also been a challenge for the families of these minors that forced them to leave

their homelands. **Obaida** mentioned, "Poverty was also a big problem for us.

My family wanted to take me away from all this."

Being out of school for long periods was also presented as another

negative experience that affected their decision to go away, as **Asha**

emphasised, "My parents wanted us to grow up in a better place and have

better education. . . . Before we left, we had quit our education for 5 years!"

Adversities prior to the refugee-related upheaval. Some of the minors also

presented some difficulties and stressful life events before the phase of the upheaval

and their forced migration. For instance, **Abdul** described an abusing environment in

his early life:

"My family had a problem with my uncle's family over property matters.

My uncle was a drug addict. He used to offer me drugs when I was a kid;

we used to sit and do drugs together. He was a bad person; he used to beat

me. . . . That's what my uncle's family was like. Just think; my aunt had

tried to burn my mum with petroleum!"

Although such adversities, encountered in the phase before the actual turmoil,

are not strictly related to the refugee condition, this study explores them as their

consequences, in combination with the refugee-related challenges, affect refugees'

psychosocial well-being. Refugees, just like any other individual, have their own

histories, which impact their subsequent coping and adaptation (Jeon, Yoshioka, &

Mollica, 2001). Mollica (2001) claims that "no refugee enters the refugee experience

as a *tabula rasa*" (p. 56). History of previous adversities and losses largely influence

refugees' reaction to refugeedom. Hence, this study also explores the participants'

previous adversities in order to build broader understanding of the impact of previous

life stressors on their reactions to refugeedom.

Previous negative experiences and struggles may function cumulatively in

refugees' lives and serve as vulnerability factors, predisposing individuals to react

negatively to the current stressors. On the other hand, previous exposure to stressors

can assist individuals in building resilience for future challenges and make them feel

that they have the necessary resources to cope with difficulties in life, what Janoff-

Bulman (2006) calls psychological preparedness for future negative life events. In

this sense, people who have struggled with previous hardships, survived and

positively adapted to them, may feel strong and capable of coping with any

adversities that may arise in the future.

According to Neimeyer (2006), people who have demonstrated resilience and

adaptability in previous losses and adversities are more likely to react in a similar

positive way when they face new challenges. On the contrary, people who have

experienced unstable and difficult adaptation to previous stressors may be more vulnerable and inclined to manifest severe negative reactions. Consequently, the history of previous experiences of losses, illnesses, emotional or psychological difficulties, traumatic events, crucial life changes, family stressors, etc. have a great influence on the way people face present adversities as well as on the meaning and the significance they attach to them.

During the flight.

Long, exhausting and dangerous journeys. I will now turn to the period when the refugees had to escape war, persecution and other grave dangers and find asylum in other countries. Most participants described the journey to the country that offered them asylum as long, exhausting and life-threatening; they presented how they put their lives at risk, often in rough sea and land crossings:

"We had to walk for hours on end, cross borders, etc. We crossed different countries before reaching England. We risked life and limb and I was scared for my life."

Hussein

"They have men there who transfer people from Turkey to Greece with a small boat, 30 people at a time, packed! You should have been there! It was tough, very, very tough. I was frightened to death! And so nauseous! From 2 after midnight until 10 in the morning. It was very dangerous! Somewhere in the middle of the sea, the water started coming in and the boat started sinking slowly. We all thought we would die there! But God is big and helped us through."

Salih

Many of the participants were forced to make this arduous journey all alone:

"I left for Turkey all alone. When I got there, I had no one I knew. It was very difficult. Well, difficult is a mild word!"

Hamidullah

"I left without my family. . . . I was about 13 years old then."

Eddie

Moreover, it should be underlined that contrary to the predominant notion of migration as a single movement from one place to another, most refugees in fact undertake a long journey with several stopovers until they reach their country of destination (van Liempt & Doomernik, 2006). Many of them are internally displaced before embarking on their journey to a foreign land (Kirişci, 2015), a journey that may last for years. Refugees can also end up in a country where they had never planned to go (van Liempt & Doomernik, 2006).

Salih, a young boy from Gambia, was initially internally displaced to a village far away from his hometown; he then had to move to Senegal and Libya for a few months. Afterwards, although he had arranged to go to Italy, he ended up in Turkey because "the captain had probably lost his way", **Salih** explains. After a period of time in Turkey, in a flimsy dingy, he managed to make it to Greece, where he has been living for the past two and a half years. He is not, however, certain whether he is going to stay in Greece or move to another European country if the opportunity arises.

Similarly, **Reza**, who left Afghanistan together with his family, but lost them at the border between Iran and Pakistan, was forced to stay for three whole years in Iran, trying to find the money to cover his travel expenses to Europe. He then spent some time in Turkey, staying in a house for minor refugees, before managing to reach the Greek island of Mytilene by sea. Nevertheless, his journey has yet to come to an

end as he is still waiting to be reunited with his sister who lives in Sweden. It is evident that his painfully long and harsh journey has exhausted his patience, "I keep asking everybody and the more time passes, the more I worry. I've waited for so long that I feel I can't take it any longer. I've reached my limits."

Likewise, **Elaha**'s family had to go through their own two-year odyssey. They had had to cross several countries before they were stranded in Turkey; then they made several attempts to cross the sea from Turkey to Greece:

> "From Afghanistan, we crossed Pakistan, Iran, and Turkey where my
>
> parents' money ran out. So we were stranded in Turkey for 2 years. . . .
>
> We made several attempts to cross. We tried in a dinghy, by boat, with
>
> smugglers that gave us fake papers. And each time, we were caught by the
>
> Turkish coast patrol and we sent to a sort of a camp where something like
>
> a registration took place and we were sent back to our country. Fourth time
>
> lucky and we managed to cross."

Lack of control. Refugees' stories until they reach their own Ithaca seem to be beyond their control as they wander in different countries and spend long periods in transit camps, unable to take up the reins of their lives and determine their future. Being trapped in refugee camps, unable to move to the country they wish, appears to bring an endless misery to refugees. They feel that they just drift with the tide as their future is dictated by others; this intensifies their desperation, sense of helplessness and powerlessness and lack of hope (Dearden, 2017; Silove, Austin & Steel, 2007). **Hamidullah** described this feeling, "What I feel is that my life is not in my hands, my life is out of my control. This affects me negatively; I feel sad because I'm unable to make decisions for my life."

The following excerpt illustrates how **Mosi** and his family had been desperately waiting for the decision on their application for resettlement, while in a transit camp in Uganda, before they managed to leave for their destination country. His gratitude for being able to flee to a safe place and have a better life was striking, "I will never forget that we were waiting for so long and we were always praying to God to help us go to a safe place. And finally, we just had this chance!"

During this journey, refugees, especially minors, are often misinformed about the details of their journey. They are also unaware of what their fate will be and whether they will ever be reunited with their loved ones (van Liempt & Doomernik, 2006). **Reza**, who was nearly ten when he had set out with his family for their long journey of finding a better life and was left all alone on the way, recounted how the smuggler had been evasive about his parents and even reluctant to help him track his family, "I was begging him to look for my family and he would promise me that he would, but he never did. He didn't want to let me go."

Even when in transit in Turkey, **Reza** kept asking people from the refugee agencies to help him find his family, but to no avail. He was unaware of his family whereabouts and he felt abandoned by the very people who were supposed to help him; he felt that those people had turned their backs on him:

"I remember myself crying all the time and asking for my family. I was pleading with them to help me find my parents. They would tell me: "Wait, wait". At some point, I realised that they wouldn't help me. I was desperate. So, I decided to leave."

The sense of being tormented by the anticipation and lack of information regarding their fate and future and the indifference of the authorities that are to help them in this process have been documented by refugees (e.g., Dearden, 2017;

Samarasinghe & Arvidsson, 2002). The indignation and desperation felt by these minors during this uncertain, in limbo situation may exacerbate the psychological impact of previous adversities and result in mental health difficulties (Human Rights Watch, 2017).

Lack of life's necessities. Furthermore, the young refugees described periods when they even lacked the bare necessities. Living conditions were appalling as they were malnourished and slept rough in extreme weather conditions and non-existent hygiene:

> "We would walk during the night. Other times, we would sleep in the woods. . . . We had no food. We were drinking rainwater. . . . In Istanbul, it was freezing cold. It was snowing."
>
> **Abdul**
>
> "I spent a couple of weeks by the sea without food, without anything. I would only eat biscuits."
>
> **Reza**

Experiences of ill-treatment. These minors had also encountered various hazards that were to affect their psychological well-being in ways that will be analysed later on in this study. They were exposed to the same experiences of ill-treatment as the adult refugees. But, as it has been presented in the theoretical framework of the study, young refugees often appear more vulnerable, especially when they lack the protective presence of adult caregivers. They also run greater risks of exploitation and abuse (Al-Krenawi, et al., 2004).

Experiences of humiliation and degradation were reported by several participants. Abused by smugglers and the authorities at the border, packed into cars or at the back of lorries, denied food and other necessities, these young

refugees were more often than not treated as children of a lesser God. Being illegal was also an extra burden to many of them. **Abdul** conceptualised the journey as 'a dead place' while speaking about all that cruelty he had encountered:

> "The journey was very difficult and dangerous. . . . It was a dead place. We were illegal. We arrived in Iran. I was afraid for my life. It was so dangerous. In Iran, they put us in a small car. Can you imagine 15 people in a car? Then, I remember us walking for days. . . . At some point, I don't know where exactly we were, police saw us and fired in the air. We ran . . . I was begging Afghans I met on the way to give me food. They told me that if I wanted food, I had to work. The other guy had contacts with smugglers. All those days, I had not slept with a roof over my head at all. There were guys that would beat me just because I was young. I never told them anything; I was quiet."

Some of the participants spoke of appalling atrocities that can easily make people lose faith in humanity; their sense of safety in the world and their confidence in other human beings therefore can be easily shattered (Tribe, 2010). Those experiences included falling prey to trafficking networks, being kidnapped, abused, assaulted and ill-treated by fellow human beings:

> "We put our trust in two men who had promised to take us somewhere, but they didn't. They took us somewhere else, to a place we didn't know. They kidnapped us, they put us in the back of a lorry and they took us elsewhere."
>
> **Hussein**

"It was freezing cold. . . . I asked another smuggler to get me a jacket and he took my money, but never gave me a jacket. They were thieves. . . . If they had known that I had money, they would have taken it all. . . . One day, somebody told me to follow him; that he would take me to Greece. I didn't know that he was a mafia guy, so I went with him. They took me to a mafia place. . . . They beat the hell out of me, they broke my nose; see here? [showing me his crooked nose]. They called my father and asked for money. They told him that they would kill me if he didn't send them money."

Abdul

Some of these minors also witnessed appalling atrocities to other people, such as ill-treatment, torture and executions:

"They did bad things to others. They tortured other people. I witnessed things like that. I was appalled at the time. . . . I was horrified."

Hussein

Near-death experiences. Besides those cruel, near-death experiences, **Khaled** had to carry a corpse while he was trying to save other people from drowning, "The dinghy sank. . . . I helped people out of the water. I carried a dead woman. This was a very traumatic experience; it defies description. I was watching people dying before my eyes. I was devastated."

This boy conceptualises the experience of carrying a dead woman as a traumatic experience for which he is at a loss for words. Exposure to such cruelty can potentially constitute a significant psychological stressor for the people concerned. There is research evidence that exposure to and contact with dead bodies is a

disturbing and potentially traumatising experience (e.g., Jones, 1985; Ursano & Mccarroll, 2001).

Others recounted frightening moments of watching other people risking their lives, dying of famine, exhaustion or diseases, or being shot dead before their eyes:

"At the border, there were people with guns that shot anyone who attempted to cross. We jumped off a cliff with fences. We lost two of the kids there. When I asked what had happened to them, they told me that they had both been shot dead while crossing."

Abed

"I will never ever forget that journey. Many people died during that journey. I saw the smuggler killing a man in front of my eyes because he was injured and couldn't walk."

Abdul

The adversities some of the participants had encountered were too difficult to describe, which simply denotes unbearable memories (Tannenbaum, 2015). **Jaheem** was only able to utter, "I crossed the river from Turkey to Greece. The journey was extremely hard. I can't, I don't remember anything else to tell you. I cannot remember most of it."

Jaheem was unable to talk about his experiences, most likely in his effort to avoid or repress those memories or even due to an actual consciousness detachment that helped him let go of painful memories. However, from the interview with his social worker, the only person in whom he had confided a part of his excruciatingly painful story, it emerged that **Jaheem** had experienced human trafficking involving labour and sexual exploitation. The social worker also revealed that his ordeal at the

hands of traffickers had lasted many years resulting, among other things, in his contracting hepatitis.

We can see that the young participants had been frequently exposed to severely stressful and indisputably negative experiences during the flight, a fact which resonates with relevant studies on the subject (e.g., Plan International, 2016). These extraordinary events unveil the extent of man-made evil and can intrude into the most private sides of human beings (Viñar, 2005). These events aim to break the person, numb their healthy relationships and roles in their lives, damage their trust and belief in humanity (Hárdi, & Kroo, 2011) as well as their capacity to predict life as a normal sequela of events within a context of relative predictability (Papadopoulos, 2001).

I have explored the various adversities these young refugees have survived while in their homelands and throughout their journeys to their host communities. However, refugees' adversities do not usually come to an end when they reach the long-awaited country of asylum. Refugees often have to fight a different, often long-lasting, "war" while settling in the new society (Samarasinghe & Arvidsson, 2002).

In the host country.

Adjustment difficulties. Literature supports that refugees' reception to a new country is often far from hospitable and that life in the host country is often associated with different kinds of adversities (Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis, 2015; Hollander, 2006; Summerfield, 2000). Firstly, refugees have to adapt to a foreign country where the way of living is totally new and different from what life was like in their homelands as well as grapple with various acculturative stressors (Betancourt et al., 2015).

Thus, they have to cope with both the disruption to their lives, forced on them by the political turmoil in their homelands, and their efforts to fit in their new surroundings. Life as they know it has been lost and this loss is hard to manage (Arendt, 1994). The onto-ecological settledness, as Papadopoulos (2015) defines the "settled arrangement and pattern, which . . . creates a certain fluency of life, familiarity, stability, and predictability" (p. 40), has been ruptured. The new, unfamiliar and incomprehensible environment lacks the sense of comfort that the homeland offers.

In fact, the participants encountered diverse adjustment problems, especially during the initial period of settling in the host country. Most refugees are not prepared for what to expect in the foreign country. Everything is new and they have to quickly adapt to this new environment in order to move on with their lives, which has been stagnant for a long period. Participants described what it felt like to be alone among strangers in unfamiliar surroundings:

"It was difficult at first in the UK. We didn't know anyone here and we

had absolutely no idea what to expect."

Hussein

"When we arrived here, you know, a strange place, you don't know where

to go, you don't know the language. . . . We had to start from scratch again.

It was difficult to get used to the surroundings."

Elaha

When they first arrive, refugees may feel like strangers in the new society, where they have to start their lives from scratch. The lack of command of the local language, hence their inability to express themselves and communicate with others, further aggravates their sense of being out of place and creates barriers to their

relationship building:

> "It was difficult at first because I couldn't speak English. I couldn't
>
> understand the people around me, I couldn't communicate."
>
> **Mehdi**
>
> "I remember myself sitting outside our school not knowing what was
>
> going on . . . I couldn't understand anything and that was really hard."
>
> **Asha**
>
> "When I came, I couldn't speak the language and when people around me
>
> spoke, I could not reply and I would say to myself, "Why, don't I have
>
> tongue? I have my voice, why can't I speak?"
>
> **Yara**

These teenagers expressed their inability to understand what had been going on and communicate with people around them because they only spoke their own language. Reading between the lines, I could feel their emotions. Their inability to grasp the language of the new country was an ordeal for them. Lack of language can also exacerbate their acculturative stress (Betancourt et al., 2015). **Yara** felt as if her voice could not be heard, a feeling that had been incapacitating and tormenting her and which was evident in her tone of voice and expression. In regard to this, Arendt (1994) explains how the loss of language implies the loss of "naturalness of reactions, the simplicity of gestures, the unaffected expressions of feelings" (p. 110) for the refugees concerned.

Obaida appeared to have had a greater difficulty fitting in the new environment when she first moved to the UK as a child. She had been withdrawn and unwilling to speak the new language. She would stay home refusing to make an effort to enter this new world and engage with its society. The new country did not feel like

home to her. Her isolation had reinforced her feeling of being a lonely stranger in a foreign land:

> "It was difficult for me to be in a foreign country. For a whole year, I didn't feel at home, far from it; I felt like a complete stranger here. I didn't want to leave the house and I didn't want to try to speak English. It was difficult to adapt. I was alone; I felt very lonely."

Later, **Obaida** also described a difficulty of a similar kind that her little brother had encountered, which was mirrored in the young boy's refusal to speak the host country's language, although he was fluent in it as he was born and raised in the UK. He had also been refusing to get to know the local kids:

> "My little brother's had some problems. He refused to speak to other people although he knew the language very well because he was born here. He kept himself aloof; he wouldn't have friends or talk in English. Because of his behaviour and temperament, he has been seeing a child psychiatrist."

Changes in status, identity, roles, etc. Some of the minors also had to cope with the changes in their status and identity due to refugeedom. In the past, they had certain characteristics, roles and identities that were changed in the process, often in a negative way. **Abdul** back home was a child with "excellent grades at school", although now "[he] struggle[s] with the new language." **Asha** was also forced to assume responsibilities she had not had before in order to deal with contingencies:

> "When I was little, I expected my parents to do everything for me, protect me, give me everything I want. But now this has changed; I have learnt that my parents cannot always be there for me and protect me."

Others appeared to have been forced to change their plans for the future or give up on their dreams. **Aref** stated, "When I was younger, I wanted to study to become a doctor. But I know that I cannot do it anymore. I would have become a doctor if circumstances had been different, but it's impossible now. I'm sure that I won't make it." His narrative revealed his concern about the future and a sense of disappointment and helplessness.

By the same token, any prior training or professional qualifications may not be recognised in the new country; subsequently, refugees end up taking low status jobs and have to face financial difficulties (Betancourt et al., 2015). **Hussein** appeared frustrated when talking about his brother's inability to get his medical degree accredited in the UK: "My brother is a doctor. He had studied medicine back in Afghanistan; he spent like 7 years and his degree is not recognised here. This is so frustrating."

In addition, some of the youth has had to cope with the differences in their social and financial status after migration. They gave nostalgic accounts of their previous lives, characterised by happiness, ease and comfort and, on occasion, wealth and an elitist way of living. Irrespective of whether these conceptualisations of their lives were reality-based or idealised (Papadopoulos, 2015), these adolescents exalted their previous living conditions, circumstances and statuses and devaluated the current ones.

"My dad used to work for the judicial sector, in the big court of Gambia. And our lives were so much better. My dad had a good job because all the family had everything. . . . We used to go to a private school, which was very good and expensive. . . . I would think about how much better I was than all of them here and how demeaning all that was to me. Because

my life now cannot compare to the life I had as a child until they imprisoned my dad. . . . We had our own chauffeur, my brothers and I, to take us to and from school or to play football. . . . Things here are so different."

Salih

"My parents were in good circumstances in my country; we had everything, everything was fine. We were going to school and we had everything."

Asha

Hence, some of the refugees' roles and characteristics change due to the difficulties they face and the poor and insecure conditions they live in. It is also quite common for refugees to have to cope with the negative valence of the refugee identity and the sense of inferiority they may feel in their daily lives (Rowe & O'Brien, 2014).

The negative valence of the refugee identity. Refugees may feel as the unwanted, disturbing or even dangerous strangers in the host community. They are described as such by predominant, negative societal discourses, especially in the wake of a burgeoning ideological extremism and an anti-immigrant sentiment across Europe (Strang et al., 2017). **Elaha** referred to the negative discourses on refugees, "whenever there is a robbery or something, they will almost always say on television that the robber is probably an Afghan and not a local guy!"

The effects of these negative discourses on the refugee youth can be harmful as host societies put an extra hurdle to their psychosocial well-being. The sense of undesirability *was predominant in s*ome participants:

"I don't like being a refugee. People hold negative opinions about refugees."

Mehdi

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"No one wants to become a refugee. Some people don't even like

refugees. No one wants foreigners coming to their country. Being a

refugee gives me negative thoughts that damage my sense of identity. I

feel that people don't want me here. No one wants refugees and I am a

refugee. I feel unwanted. I feel sad sometimes."

Hussein

"I would feel better, if I didn't feel like a refugee."

Mosi

It appears that having the refugee identity can provoke a state of bewilderment

that can affect these youngsters' self-image and self-esteem. Even after a 10-year

period of living in the UK and a seemingly good adaptation to its society, **Obaida**

still feels uncertain and insecure, "I now feel that I have almost integrated into the

community. But, at my new school, most students are British and I still wonder

whether they like me or not, although they treat me very well."

Experiences of racism and discrimination. Literature also postulates that it is

common for refugees to encounter experiences of discrimination, marginalisation,

disrespect and stigma in their various forms in the host country (Betancourt et al.,

2015; Fazel, Doll, & Stein, 2009; Silove, Austin & Steel, 2007). In some interviews,

perceived discrimination and social exclusion emerged. **Salih** felt marginalised at

school; it was unbearable for him because he could not explain why he deserved such

a treatment by his schoolmates:

"Things [at school] were difficult at first. . . . They all kept their distance

from me and I couldn't understand why. They didn't want me. . . . It was

all so very distressing that I wanted to quit school."

Mosi also expressed his upset caused by the authorities and the locals'

prejudice against refugees:

> "The way people talk about refugees now, the way the media and government talks about refugees, I don't like it. I'm a refugee and I know that I don't do the things they say that refugees do. This feels unfair."

Being demeaned, especially for the Muslim headscarf she wore, was also reported by **Elaha**. She tried to console herself with the thought that it was only the stance of the minority, but her frustration was apparent in her tone of voice:

> "I may get upset if I hear a Greek woman make a nasty comment on my hijab, saying things like: "How can she possibly wear such a thing in this heat? Her hair must be stinking." Then, I can't help thinking that it's only her opinion; that it's ok because that's not what all the Greeks think. Or sometimes I say to myself: Never mind! I won't stoop to her level. I make no comments on the swimming suit she wears in the summer. Why should she have a nasty thing to say about what I wear on my head since I don't rub her up the wrong way?"

Later in the interview, **Elaha** mentioned, "There was racism in the beginning, but now I do not give anyone the chance to make fun of me; not in the least!" **Asha** also experienced racism by some people in the UK, but admitted that reality was better than she had imagined:

> "Your skin is different, you know, you are black. I have come across people who say things behind your back, but not all English people are like this. It has happened, but I had expected things to be far worse than that."

Difficulties at school. Several youngsters described difficulties regarding school in exile. Academic difficulties are mainly attributed to the lack of language.

Some youth also struggle with certain subjects due to the different curriculum in the new country. Some minors, for instance, did not have any computer classes in their countries and found the subject incomprehensible. It appears that integration into the school system is often insufficient. Interrupted schooling or long periods out of school in their homelands have also played a role in their struggle at school. For example:

"Greek gives me a hard time, it's a very difficult language."

Jaheem

"Writing in English is still hard for me. I hadn't gone to primary school in my country; I was out of education because of the situation back home. So, when I came to the UK, I got straight into secondary school, which was hard."

Mosi

"In Afghanistan, I was really good at school, but now the language is difficult. But in Afghanistan, it wasn't always safe to go to school, so I spent much time out of school. . . . Computer classes are difficult because I have never done them before."

Mehdi

Financial strain and destitution. As is often the case, the period of adaptation may be aggravated when refugees' living conditions are miserable (Kousoulis et al., 2016; Tsipoura, 2015; UNHCR, 2009). Several young interviewees described periods of financial strain and destitution in the new country. Some of them described how their families could not afford to pay for housing and bare necessities. An atmosphere of anguish and uncertainty emerged as they were anxious about their circumstances. Financial worries were compounded by concerns about not being able to send money

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to their families back home:

> "I remember that when I first came here, our life was difficult. I somehow knew that we were to face severe financial difficulties. Despite my young age, I felt that my family was struggling to make ends meet."

Obaida

"We have to pay so much money for rent. . . . I'm worried about our circumstances."

Hussein

"My family back home doesn't have money, my siblings are young and they are eleven people in our family. And they wait for us to send them money. But now we don't have any money to send them. And I feel bad about that."

Mehdi

To make matters worse, some of the youngsters had been forced to sleep rough, a situation that entails considerable risks, including lack of bare necessities, poor hygiene, increased safety risk, etc.:

"I didn't have any place to live. I was sleeping on the streets."

Aref

"When I arrived here, I stayed out in the streets. . . . I stayed out there for many months. . . . I had nothing to eat, I felt cold outside. I had no help, nobody."

Eddie

Jaheem stressed that he had faced a long period of homelessness and destitution in his host country and had to deal with unspeakable circumstances, "When I first came here, I was all alone and slept rough. I lived out on the streets for 3 years. I had a very hard time. What I have suffered is unimaginable."

Detainment, degradation and misery. Some of the minors spoke, *inter alia*, about the deplorable conditions under which they had been kept in detention centres and refugee camps, often for no apparent reason. They gave an overwhelming account of the inhumane and demeaning treatment they had received there:

"Policemen came and took us to the police station and then to prison. There, they locked us in a room. There were many people in that room. There were days when they didn't give us any food. Some of the guards would ask for money in exchange for food. I was there for 24 days. I had no cell phone signal, no internet connection."

Abdul

"I was imprisoned for 25 whole days in Samos!!! Locked in a room for 25 whole days. 25 days, damn you!!! And all this time, I was wondering why I was locked up. Why? I was in Europe and I was supposed to have a better life, I was supposed to be free, I was supposed to have human rights! And I couldn't understand why. . . . I was just a kid, I was a minor, I was 15, damn you all!!!"

Salih

There has been considerable evidence that the living conditions in the detention facilities for refugees in Greece are appalling. These facilities are overcrowded places in which people are often deprived of proper food and other necessities, whose hygiene is substandard and where incidents of exploitation and abuse take place (Asylum Information Database, 2017; Amnesty International, 2012; Human Rights Watch, 2012; 2013). It goes without saying that the basic needs of minors, who are routinely kept there, are not met (Fili & Xythali, 2017).

Abed narrated how he had been forced to stay in a refugee camp, which was

like a prison to him, for a long period:

"We arrived in Mytilene where I was sent to a camp called Moria and I
was told that I would be sent to Athens soon. But the camps in Athens
were overcrowded and the people from the island couldn't go there. So,
we had to stay put. . . . The camp where I used to live was like a prison.
We weren't allowed to go outside."

With the recent influx of refugees in Greece, it is common practice to keep
minors in such inappropriate detention centres until a place in accommodation
facilities becomes available. Needless to say that this practice jeopardises minors'
well-being (Galante, 2014; Human Rights Watch, 2012):

The negative impact of the sociopolitical factors of the host country. As I
have already underlined, the host country can heal or exacerbate the trauma refugees
have suffered. The political and financial context of each country, reception
conditions, immigration policy measures, asylum procedure, refugees' rights in each
country, the opportunities offered to refugee populations, etc. appear to account for
their adaptation levels and well-being (Asante et al., 2003; Leventhal & Brooks-
Gunn, 2000).

Reza mentioned the red tape he had had to go through in his host country,
Greece. It appears that he had been forced to undergo the re-traumatising
interviewing process for several times. He also described the long delays in the legal
procedures for refugees; more specifically, he maintained that he had been waiting in
vain for his application to be approved in order to be reunited with his sister in
Sweden:

"As a matter of fact, I was interviewed more than once, maybe 4 or more.
I was always crying. . . . I still worry about when I'll be able to go away

from here. I keep asking everybody and the more time passes, the more I

worry. I've waited for so long that I feel I can't take it any longer. I've

reached my limits. . . . I always cry in silence".

The delays in the legal process for refugees come as a result of the long history

of the bureaucratic inertia in Greece, the shortcomings of the complicated, inefficient

and ever-changing procedures of the Greek asylum system and the authorities'

inability to cope with the recent surge of refugees arriving in the country (IOM,

2015). As a consequence, many refugees are kept in limbo, feeling desperate and

uncertain about their future (Kolasa- Sikiaridi, 2016).

For **Khaled** and his family, Greece is a transit country; they anticipate moving

to Germany legally. However, they do not know how long it will take them to reach

their destination; the prospects for their future are dim. **Khaled** is very concerned

when he says, "I have no idea how long it will take us to reach Germany." This

feeling of entrapment in Greece, which has been documented by a large number of

refugees, can fuel an intense sense of frustration and despair (Human Rights Watch,

2017).

Furthermore, conditions for refugees in Greece have presumably been

aggravated by the country's financial meltdown (Doctors of the World, 2016).

Refuges living in Greece often have to face a harsh reality (Chazzan & Hope, 2016).

Indeed, some participants living in Greece expressed their concern about the financial

situation of the country and the lack of job opportunities. For example:

"Greece is a nice country. I would like to stay here. But the problem is

that there are no jobs here. . . . I know that Greece faces many problems

with the financial situation. This is difficult not only for me or other

refugees, but also for the Greek people."

Hamidullah

Regarding the asylum policy, believed to affect refugees living in the UK, some participants voiced their objections to the dispersal of refugees across the country on a no-choice basis. This policy aims to decongest certain areas, London in particular (Home Office, 2014). As a result, refugees often move from place to place before finding themselves back in London as integration and employment are hard to get in other cities (Allsopp, et al., 2014).

This frequent mobility disrupts refugees' continuity of life, isolates them from established social networks and adversely affects their adaptation to the new society (NIACE, 2009; Rutter, 2006). Especially for children and teenagers, this mobility, with its attendant separations and losses, can have a destabilising effect on their school life and social relationships; they have to leave behind the relationships they have built and the places in which they have struggled to settle down and start from scratch in different cities (Strang et al., 2017). This can be disruptive to their sense of belonging and can result in adjustment difficulties, a sense of insecurity and, quite often, in isolation (Rutter, 2003, 2006):

> "We would stay in different places in different cities before moving to
> London. Moving from place to place was hard for me. . . . School is ok
> here. [But] I prefer my school in Hall."

Hussein

> "When I first came, we used to live in York; I had a very good time there.
> I still feel that York is my home. . . . We moved to London 3 years later. I
> had to start from scratch, change house, go to a new school, make new
> friends, live in a new city. I didn't like it; my life became difficult again.

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I didn't have friends for a long time. I remember trying to concentrate on

my studies so as to forget that I didn't have friends."

Obaida

Parents' negative responses. I have to underline that adolescents'

responses are often influenced by their parents' responses and ways of coping

towards adversities (Asante et al., 2003; Al-Krenawi et al., 2004). Refugee

parents are often in desperate situations under enormous stress (Garbarino,

2001). This impacts their well-being and functionality as well as their parental

roles which, in turn, negatively affect their offspring's well-being. Indeed, the

participants have often had to deal with their parents' negative response to

refugee experiences. For example:

"My mum is devastated because of what has happened in my country.

This affects me a lot; I mean negatively. I know that my parents are

devastated."

Khaled

For parents, transition to the new society may be more difficult compared to

their children (Betancourt et al., 2015). Some of them do not manage to learn the new

language and get to know the locals, and as a result, they live in isolation from the

host community, as is the case with **Elaha**'s mother, "My mum has still not learnt the

language, she still has no close friends. She didn't go to school, how could she make

friends? . . . She won't put her trust in any Greek woman; you won't see her calling

someone to share her secrets or talk about her children or whatever."

Although **Elaha** supported that there was no conflict between children and

parents because of the different pace of adjustment and acculturation, she felt a bit

sorry for her mother, who could not make friends and socialise in the new country:

"There is no such thing as a conflict or anything like that with us children, it doesn't bother us. I'm a bit sorry that my mother doesn't have any friends here, but OK, we're fine."

Parents may also suffer from physical and mental health problems due to refugee adversities and thus children often have to deal with their parents' pain and suffering and struggle with the responsibilities left on their shoulders (Puig, 2002). The participants pointed out their concerns about their parents facing multiple stressors and the impact those stressors have had on their parents' health and well-being, their adaptation to the new society, the family's circumstances, etc.

Even when their parents tried to protect them by not sharing their problems with them, they were able to sense their parents' agonies; these youngsters seemed to carry the weight of the world on their shoulders. I quote some characteristic reflections:

"Now, my father is sick. . . . My father is really bad. He hasn't been out of the house for 4 or 5 months now. He doesn't work. No one cares about him. We went to hospital and spent money, and the government is just giving us £60 for him and £20 for me. This money doesn't even cover the bus and taxi to go to hospital and get the medicines. I worry a lot about my father, I care about him and I feel really bad."

Mehdi

"Although my mother would never talk about our difficulties with me because she was trying to protect me, I remember her being miserable. I knew that she was afraid that she wouldn't be able to feed me and offer me the chance to have a good childhood."

Obaida

Apart from financial concerns and the accompanying distress, family problems and conflicts were predominant in **Obaida**'s narrative. She said that her father was indifferent to his family and occasionally abusive. He had also resorted to regular binge drinking and other harmful habits as a way of coping with adversity. **Obaida** also spoke about her mother's affliction and struggle with this situation.

> "My dad had not been the best dad. . . . My dad is the sort of person who refuses to talk about his worries and who resorts to drinking alcohol instead. Our family have faced big problems because of his bad habits. During my childhood, I had witnessed my parents shouting and fighting non-stop and occasionally, my dad would become violent. My parents got divorced 5 years ago. My mother feels bad because she believes that she and my dad destroyed my childhood. . . . My mum is still melancholic because she feels that she didn't offer me what I needed. . . . I have realised that my dad had done a lot of bad things. I know that my mother was sad because of my father's behaviour"

All this must have had a severe impact on **Obaida**, although she would categorically insist on the opposite, "But, I believe that my childhood was not too bad; I knew that I had a mother who cared about me and who would protect me if necessary." The insecure environment in which she grew up with an abusive father and a melancholic mother, who was preoccupied with her own severe adversities, have had a critical effect on this girl's adaptation and well-being. All she could say about it was that she had been forced to mature early, "From a very young age, I was forced to grow up. I saw and heard things I shouldn't have; things I didn't like at all."

She also appeared to hanker for her father's acceptance, care and warmth. She had been trying to make him proud of her in the hope that she would attract his attention and win his affections, "I need him in my life. I know that he doesn't care about me, but I want to make him feel proud of me. When I become a captain, he may feel proud and start caring about me."

Suffering losses of all kinds. Another predominant theme that emerged in the participants' accounts of their negative experiences were the losses brought about by the refugee experience. The separation from their loved ones was one of the hardest parts some participants had to come to terms with. Among the ones who had arrived unaccompanied, separation from their parents was deemed one of the most excruciating experiences. Many young refugees reported that they missed their parents sorely and that they felt lost, scared and helpless, suffering from the lack of their parents' care and support:

"Not having my parents with me is the only difficulty I have now. . . . I still think of my family and cry myself to sleep."

Abdul

"I remember myself crying all the time and asking for my family. I was pleading with them to help me find my parents."

Reza

"If I had my parents here, everything would be different. Even my studies would be easier. When parent-teacher meetings are held at school, my brother comes instead. If my parents were here, I would be just like any other kid."

Hussein

Hussein described how the separation from his parents had made him feel different from the other kids. He confessed that he needed his parents in order to feel as normal as the other kids; he needed his parents' support "with school and everything".

Jaheem, however, a Sudanese 18-year old young man, who had left his country on his own at the age of twelve, never mentioned his mother or father, not even when he was asked about what had been lost due to the refugee experience. He also appeared to have no feelings of nostalgia for his homeland. The atrocities he had suffered made him break ties with his past, "I don't miss my country. I miss nothing. Some pretty ugly things happened there and I could no longer feel it as my country. I don't think about what I've been through."

I can assume that **Jaheem** was trying to block out memories and feelings as a coping strategy. I felt that something very bad must have happened to him back home, which had been so painful that he wished to stop himself from thinking about it.

Apart from their parents, the participants appeared to have missed other family members and friends. Some held some happy memories with them dear to their heart:

"I have 6 siblings. I haven't seen them for 3 years or more. . . . I miss my friends. We were a group of 8 kids. . . . When we were together, there was no problem in this world!"

Hamidullah

"I missed my relatives and my friends back home a lot. I remember many happy times with them."

Obaida

"I was missing my grandma; she was the one that had actually brought me up from birth; I was very fond of her and I was always by her side. I used to call her mum, not grandma. . . . I was missing her and I was placing her photos under my pillow."

Yara

Asha felt quite emotional when she talked about her sister's death, "Being here without my sister was so hard for me. She was so close to me, we had a special bond. . . . I miss her so much."

Apart from permanent, irretrievable losses, some interviewees mentioned that they had absolutely no clue about the fate of their loved ones with whom they had been separated:

"I lost my brother in Turkey –we got separated. I haven't heard from him or anything about him since then."

Aref

"I don't know what may have happened to [my mum and dad]. I don't know where they are or if they're still alive . . . I don't even know where my friends are; not even about my best friend who used to live next door. I don't know if he's still alive. I don't know where my family is, what's happened to them."

Eddie

These youth did not know if it was indeed separation that would last for some time or an actual loss as a result of death. Green (2000) uses the term 'unclear losses' to describe the people, places and ways of living that refugees have left behind, and have often lost track of, without knowing anything about their fate or whether it is a permanent loss or not. These unclear losses can remain etched in the minds of those

who have experienced them, leaving a deep psychological scar (Rezzoug, Baubet, & Moro, 2011). The grief for these losses is frozen and complicated. The uncertainty about the fate of their loved ones prevents individuals from mourning their losses and coping with their losses more effectively.

Moreover, several participants grieved for the loss of their countries, communities and homes. **Mehdi** appeared deeply distressed when he mentioned how much he missed his "sweet village and home" and "everything about his country."

The loss of home is a deep, complex and multidimensional loss. Refugees do not only lose the reality of their home, but also what we call homeness, the essential nature of home, the sense of belonging to a place that meets their needs of attachment, stability, familiarity and ease (Fullilove, 1996). Chawla (1992) suggested that people create attachment bonds with the familiar places they live in just like they do with the significant people in their lives. Refugeedom violently severs these bonds and thus has a negative psychological impact on the people concerned; uprooted people "lose their gestalt of their surroundings" (Fullilove, 1996, p. 4).

To Papadopoulos (2002; 2010), home goes beyond the concrete, actual house; it entails both tangible and intangible elements, space, time -as the continuity of life-, relationships with others within in, familiar sounds and smells, emotions, the settled familiarity, the real and ideal dimensions of it, surroundings and the architecture that structures people's lives. In this sense, home can serve as a protective membrane that offers a sense of 'containment' and 'holding'.

The loss of home creates a gap in refugees; it is like "all the contained forces erupt creating widespread devastation" (Papadopoulos, & Hildebrand, 1997, p. 213). In such turmoil, refugees may feel uncontained for 'the containing membrane of

home' has been lost (Papadopoulos, 2002). This multidimensional loss has a disorientating impact that leads to confusion, uncertainty and disorientation.

Refugees do not only mourn for their loved ones and the places, with whom they have a special bond, but they also lament over their cultures themselves (Ainslie, Tummala-Narra, Harlem, Barbanel, & Ruth, 2013). **Mosi** described how he missed the lifestyle and culture of his homeland and generally the reality of a life he could relate to:

> " [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."

Mosi appeared to mourn for the cultural elements which, as Winnicott (1971) supports, are woven into people's experience of self and their formation of identity. This cultural mourning may therefore imply the mourning for a part of themselves and necessitates a transformation of this sense of identity. As Ainslie and his colleagues (2013) put it, "part of what is mourned is the version of the self that was, of necessity, left behind in one's country of origin" (p. 666).

In **Mosi**'s words, we can discern an elusive yet deep sense of loss that is not easily explicable. This loss of contextual continuity (Ainslie et al., 2013) could resonate with Papadopoulos' theory (2010) on the effects of the loss of what he calls 'onto-ecological settledness', as described in the theoretical framework (Chapter 3). Forced migration entails the loss of the settled familiarity, stability and predictability in people's lives (Papadopoulos, 2010). Faced with this loss, refugees often feel an

"inexplicable gap, a sense of unreality, unsafety, unpredictability, lack of familiarity, lack of confidence, pervasive anxiety, disorientation, frozenness" (Papadopoulos, 2010, p. 20). The disruption to their environmental familiarity and their life predictability may also imply the disruption to the coherence and continuity of their self-experience (Ainslie et al., 2013).

Mosi also stressed that even when refugees try to carry a part of their previous lives in the host society by practising their customs, celebrations, etc., something is always missing. It often appears that refugees cannot be connected to their previous way of living anymore. Falicov (2003) supported that refugees frequently have a sense of belonging neither to the country of origin nor to the new country; they usually feel torn between two worlds, belonging to neither. **Aref** put it like this, "Afghanistan was, hmm, *is* my country, but I cannot be in Afghanistan now. And I cannot even fully be in Greece because Greece is not my country."

Homeland appears to be fundamental to people's sense of identity and thus refugees may feel as if they have lost their place of identification (Fullilove, 1996). Refugees often mourn for their "rhythms of life that so deeply shaped [their] sense of self" (Ainslie et al., 2013, p. 665). A study on refugee adolescents revealed that a sense of rootless identity and a confused attachment to place emerged for most of them as a result of being uprooted from their countries (Sporton & Valentine, 2007).

Interestingly enough, some participants emphatically stated that they did not miss their countries. They appeared to feel bitter about their homelands due to the atrocities they had suffered there, which must have been so painful that they could no call their homelands home. **Jaheem** stated, "I don't miss my country. I miss nothing. Some pretty ugly things happened there and I could no longer feel it as my country."

These minors may also use this strategy to cope with the loss of their

homelands. Some can even try to reduce, deny or block out this feeling of loss (Ainslie et al., 2013). Although it can be a way of coping when circumstances cannot accommodate the grieving process, resisting mourning can become pathological for them. Another hypothesis for this stance may be that they feel relieved to be alive and safe in the new country and grateful for their new lives; this may counterbalance, to some extent, their sense of loss of their homelands.

Negative Responses

I have presented some of the events that have been negatively conceptualised, processed and experienced by the young participants. It is, however, important to distinguish the events themselves from their effects on the individuals concerned or the individuals' responses to them.

I have to stress that extreme, negative events do not always lead to solely negative and traumatic responses (Reinser, 2002). Some people pass through extreme events relatively unscathed or manifest acute stress reactions that soon recede while others manifest severe psychological problems when confronted with seemingly similar adversities.

In this regard, refugees are people who frequently have to cope with undeniably negative experiences without necessarily manifesting negative responses, much less traumatic reactions and psychopathology (Papadopoulos, 2015). As already mentioned, this study is influenced by an approach that acknowledges different trajectories in the aftermath of refugee-related adversities, which are by no means mutually exclusive.

The exploration of young refugees' responses to such adversities is guided by Papadopoulos' theory (2004, 2007, 2015) on the Adversity Grid. This Grid enables the introduction of three categories of possible reactions to adverse experiences,

including negative responses, responses characterised by the development of new positive characteristics and responses during which people do not change either positively or negatively as presented in the theoretical framework of the study.

Firstly, I will attempt to illuminate the participants' negative responses in the wake of the adversities they had experienced in their home countries and during their journeys as well as the tangible stressors they are currently experiencing in their host countries.

During the phase of refugee atrocities.

Anguish, fear and suffering. Several youngsters reported being in constant distress, fear and anguish as a normal reponse to the risks they had encountered when their homelands were in turmoil as well as during their journeys to their new countries:

> "Always fear. I never knew if I would be alive tomorrow. I would cry all
>
> the time. Sometime after I had arrived in Greece, I smiled for the first
>
> time in months."

Abdul

> "I remember myself crying all the time and asking for my family. . . . I
>
> was desperate. . . . I was terrified."

Reza

> "I was scared stiff being so young. . . . I was so terrified."

Yara

Khaled remembered his life in constant fear back home. He presented his friends as suffering an intense sorrow, projecting perhaps his own feelings onto his friends:

"I remember bombs dropping non-stop; exploding on the streets, in our school, everywhere. We were constantly in fear of our life. You know, some of my friends in Syria have white hair. This is because they are stressed and grief-stricken."

Acute stress reactions. Although most individuals appear to cope and adapt well to severe stressors in the long run, there is research evidence that acute stress symptoms are very commonly experienced immediately after extreme conditions (Litz, 2004). These reactions may include the feeling of being lost and disorientated, or even the manifestation of a symptomatology that may resembles psychotic reactions:

"I felt very weak and without any purpose in life. I was lost."

Abed

"I was numbed. . . . I was unable to do anything at all; I was paralysed by fear. "

Reza

"I couldn't sleep, I was always fretting, I was paranoid"

Ajmal

After settling in the host country.

Ordinary human suffering. Several minors appeared to have suffered pain and discomfort particularly, but not exclusively, in the initial phase of their arrival in the new society. These feelings of discomfort do not equate to psychological disturbance or trauma (Papadopoulos, 2007). They are a common and understandable response to severe life adversities, but they frequently take their toll on the people concerned. Several participants presented their suffering and low spirits as a result of the adversities they had encountered:

"In the beginning, you know, I cried all day long. It was so hard."

Yara

"Even now, I often have negative thoughts, feel sad and cry."

Hussein

"I'm always like in a negative mood."

Aref

Helplessness and frustration. A sense of desperation was often reported, especially by the minors who were totally lacking control over their lives, dealing with in-limbo conditions and awaiting decisions on their future made by others. Grief and desperation emerged as a result of their helplessness and inability to change their circumstances. Desperation was overwhelming for **Reza**, who has been stranded all alone in a foreign country unable to find his family and make a better future for himself. During the interview, he hardly smiled. At several points, I felt that it was too much for him, too painful. His gestures, expression and voice revealed that he was in deep pain. However, he has recently begun feeling better in his new country because the process of reunification with his sister is in the pipeline.

> "There are times that I despair of ever being rescued; that nobody really
> helps me find my parents and that I'm running out of patience. There
> hasn't been a happy moment since I lost my parents. Nothing can put a
> smile on my face. But here, I began to feel a little better. . . . Since I
> found my sister, I have been able to feel the blood pulsing through my
> veins again; before that, I felt nothing."

Feelings of bitterness and helplessness also emerged in **Jaheem**'s narrative in relation to the adverse circumstances and lack of assistance in his host country. He mentioned, "I don't recall anybody helping me."

As already seen, feelings of uncertainty and frustration are intensified by in-limbo conditions (Kolasa-Sikiaridi, 2016). A recent research has underlined that the indignation and desperation felt by children and adolescents during such uncertain conditions may exacerbate the psychological impact of previous adversities and may result in mental health difficulties (Human Rights Watch, 2017).

Pessimism for the future. A few interviewees also showed a pessimistic outlook on life; they appeared to have given up on their wishes and dreams. **Aref**'s feelings of worthlessness and hopelessness were evident. Living in a foreign country under economically and socially disadvantaged conditions without parental and societal help seemed to undermine his sense of competence:

> "When I was younger, I wanted to study to become a doctor. But I know that I cannot do it anymore. I would have become a doctor if circumstances had been different, but it's impossible now. I'm sure that I won't make it. I cannot make it. I'm in a foreign country and there is no one to help me. I do not have my parents here."

Despite his fragile hopes and low expectations for the future, he kept on trying hard to make his life better:

> "I do not know if good times will come, I cannot be sure that things will be better in the future, but I'm trying; I'm constantly trying a lot. Every single one of us wants to be happy in life, but I cannot be sure about the future."

Likewise, **Abed** highlighted the limitations that refugeedom had imposed on him to justify the reason why he could no longer achieve an important goal or make his dreams come true:

> "When I was younger in Syria, I used to dream big. I wished to finish school, go to university and become a doctor. But now, after what I've been through, how can I do that? I know that things are far more difficult now to reach any goal, let alone my dreams. . . . I stopped dreaming about my future because now I know the limitations. . . . I have managed some things here so far and I'm learning the language, but I'm way too far from becoming a doctor or whatever. That's why I've stopped dreaming about my future."

No plans for the future. Some interviews revealed that they were unable to set goals for the future. This could be the result of the fact that their previous goals, important assumptions and beliefs were brutally shattered by dint of the extremities they had experienced (Janoff-Bulman, 1992; Tribe, 2010). The assumption, *inter alia*, that the world is a safe and benevolent place to be (Tribe, 2010). When exposed to cruelties far beyond human understanding and not being able to find the slightest meaning in them, these young refugees may come to believe that anything from then on could happen due to circumstances beyond their control. Additionally, the uncertain conditions of their lives can further undermine their sense of control and affect their ability to make decisions.

> "I don't know what I want to do in the future; what my job will be. I don't know what I'm going to do when I finish school. I have no plans because I have learnt that there is no reason to make plans."

Jaheem

"I cannot seem to be able to make plans for the future. There is nothing

to know for certain in life."

Abed

"As a refugee, you don't know whether you'll survive or not; as refugees,

we don't know what's gonna happen next. This makes it even more

difficult for me to make plans for my future just like other teenagers do."

Asha

When asked, **Khaled** did not express any plans for or even concerns about his

future, "I don't have any specific plans for my own future." This could probably be

due to his young age – he was 15 at the time of the interview; in fact, he looked much

younger and behaved rather immaturely. His lack of objectives could also be

explained by the fact that he had been living in limbo for a long period. He believed

that Greece was just a stopover for him and his family and for that reason, he might

have postponed setting his life goals. His uncertain living conditions could also have

played a role in his lack of objectives.

Minors who have experienced severe and potentially traumatising adversities

can also have difficulty envisioning themselves in the future and may feel

'futureless'. A precarious future due to living in uncertain residency and reduced

circumstances may intensify refugee minors' anxieties (Chase, Knight, & Statham,

2008). Literature supports that such experiences can impose a sense of despair, a

foreshortened future and a loss of faith in good things happening (Sanderson, 2013).

Aref stated "I do not think about my future. I do not have any dreams or goals for the

future. I cannot make any plans."

Grief for their losses. Refugees are fully expected to suffer due to their

experiences of loss. Confronted with great sorrows, they often mourn for their losses

and lament their previous lives. Through grieving, individuals can gradually grow to accommodate their losses; this process cannot be seen as pathological, but as an adaptive one, which is nonetheless very painful for those who experience it:

Reza's sinking feelings due to his losing all his family members during the refugee journey were portrayed as follows: "I've reached my limits. I don't feel good inside; I always cry in silence."

Having described the grievous losses of his loved ones as well as places, customs, habits, culture and subsequently his sense of belonging, **Mosi** expressed his initial inability to fit in the new society while yearning for the life he left behind, "I miss my old life in general. . . . I could not get used to it! . . . Something seems to be missing. I cannot explain it, but something is always missing. . . . What I have lost makes me very sad."

Mosi felt disorientated in the new society due to the loss of "[his] anchoring community" and "the gestalt of [his] surroundings" and consequently the loss of his "cognitive map" (Fullilove, 1996, p. 4). He appeared to think nostalgically of his homeland, his previous life, the predictability of the familiar settledness (Papadopoulos, 2015). This sense of disorientation and discomfort due to a loss that seems difficult to identify resonates with what Papadopoulos (2002, 2010, 2015) calls nostalgic disorientation. This disorientation is also related to the sense of bewilderment and uncertainty due to the loss of home and its holding dimensions, as described in the theoretical framework (Papadopoulos, 2002).

Numbness and disorientation. Confronted extreme adversity, refugees may occasionally appear stunned, frightened and temporarily disorientated. They may also be disconnected from their feelings, which appear flat-lined or

constricted. **Reza** attributed this numbness during the initial period in the new country to the extreme conditions of his journey, "I was numbed by what I had lived out to sea. I was unable to do anything at all; I was paralysed by fear. I stayed there doing nothing."

A recurrent emotional numbness also manifests itself in **Jaheem**: "Other times, I just cannot feel anything". Cyrulnik (2009) has asserted that when youth are encountered with unbearable horrors, they appear to "become empty inside so as to feel no pain, in the same way that adults lose consciousness . . . to avoid seeing a terrifying reality" (p. 91).

Although this state of frozenness falls into the 'negative reactions' category, it should not be seen as an exclusively pathological condition of disorientation, much less as a psychiatric symptom. It could well be a temporary, appropriate survival tactic. As presented in Chapter 3, Papadopoulos (1997, 1999, 2001) has described how refugees that have experienced severe adversities may develop a learned numbness, a condition of psychological frozenness in which certain functions, emotions and needs cease.

This might be the continuation of a healthy response while en route when refugees are forced to shut down many of their human needs, thoughts and emotions, even their bodily functions (Papadopoulos, 1999). It may well be their strategy to survive and mobilise self-healing. **Abdul** and **Hussein** seemed to describe exactly that:

"Along the way, I stopped having any emotions. I stopped thinking about anything. I was only trying to survive."

Abdul

"When we escaped, my brain froze. We had to move on, I didn't have

time to think about what had happened. We just kept going."

Hussein

In the host countries, refugees may often appear socially isolated and

unconnected with the new reality. As people limit their activities and general

responsiveness to the bare necessities, they conserve energy and adopt a reflective

stance. Thus, they can digest the impact of their losses as well as review and reassess

their lives (Papadopoulos, 2001). A restricted or a flat affect can also be the case; this

is not necessarily a psychopathological symptom, but a coping strategy of avoidance

of overwhelming feelings.

Reza eloquently described this temporary freezing and thawing of emotions

when he managed to find his beloved sister and thus some hope for the future, "Since

I found my sister, I have been able to feel the blood pulsing through my veins again;

before that, I felt nothing."

Individuals may need their unique process of thawing during which, and

in their own time, they connect with their distress, begin experiencing their

whole repertoire of emotions, needs and responses and reconstruct their parts of

self-identity and lived reality (Papadopoulos, 1997, 1999).

More distressful psychological reactions. Beyond the pain and

suffering due to adversities and losses, some minors presented stronger feelings

of discomfort and distress and other signs of psychological difficulties which

interfered with their functionality.

Depressive mood, loss of interest, pleasure and restricted activity. Some interviewees described a loss of interest in the activities they used to enjoy and a restricted repertoire of activities in general:

> "I only go to school, come home and study. . . . I'm not interested anymore in taking part in other activities; I do not have hobbies. Other children here do various activities, have hobbies, say, drama classes, etc. But not me."
>
> **Aref**
>
> "In the past, I liked to play football; I don't any more; I can't. I don't want to. I have nobody to play with. I used to like many things that I can't do now; I used to be different. . . . I don't like anymore things I used to enjoy. . . . I usually study. I don't do anything else besides this. I don't participate in any other activities other kids do. I just want to study and learn many things."
>
> **Jaheem**

Following adverse experiences and severe losses, refugees are often in depressive mood, withdrawn and unwilling to engage in social activities (Reading & Raj, 2002). In line with the theory of cultural bereavement, the loss of their familiar habits, routines and structures may result in withdrawal rather than engagement with the new environment around them (Reading & Raj, 2002).

Despite their lack of motivation for doing things and their relatively restricted response to the external world, it is positive that the aforementioned boys have managed to focus on their studies and set themselves some life goals. Withdrawal from life, but more deep-seated, was also the case for **Abed**. After describing his refugee adversities that put his life at risk, he stressed that he had experienced so

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much hardship that he no longer had fear for what was in store for him, "I'm not afraid anymore. Now, my heart is black and I have no fear. I've been through it so many times, I've got used to it. Die? Not die? I don't care."

Social withdrawal, introversion and lack of trust. Refugee minors' social relationships seem to have been negatively affected in the aftermath of severe adversities. Both **Aref** and **Jaheem** appeared socially withdrawn and introverted, presenting a decreased interest in activities with peers:

"I do not have friends. I'm not close to anyone here. I get along pretty

well with the other children who live here, but they are not my friends."

Aref

"I have no friends, I don't hang out with other kids here. I don't like

being with others; it's too much fuss, I don't like it."

Jaheem

Woodcock (2000) has used the term "psychological and existential loneliness" (p. 7) to refer to the social withdrawal and loneliness incidental to extreme experiences. Social withdrawal may also come as a result of individuals' difficulty in putting their trust in others. Extreme cruelty may have injured refugees' faith in other people. For **Hussein,** the hardship he has had to endure has shaken his belief in humanity: "I have learnt that I can trust very few people. . . . These experiences have made me have little faith in people. I can still make friends, but I have become more wary."

Abed also implied that he could not trust anyone because war had taught him that everyone was for himself, that nobody cared about his fellow human beings, "I have learnt my lessons from both the war and the journey. I've learnt that nobody

cares about anybody. In the time of war, it's every man for himself because things are tough."

After experiencing unspeakable atrocities by other humans, **Ajmal** also lost his trust in humanity. Building meaningful relationships became harder for him. He could not even feel at ease with his foster parents at first, but a genuine relationship was built between them in the process, which helped him gradually overcome his suspicion of people:

> "I used to trust people, I used to live in my bubble, a kind character . . . but since I was imprisoned and tortured for no reason at all, I have changed, I've been paranoid, I cannot immediately trust people as I used to. . . . This was also the case with my foster parents when I first moved in with them. I was emotionally unstable, I just couldn't trust them. . . . I refused to see them like a family. Eventually, as soon as I realised that they were nice, that they cared about me, and that they wanted the best for me, I sort of opened up and our relationship got better. . . . The relationship with my foster parents and their support have helped me build my confidence again."

Various signs of psychological difficulties. Furthermore, sleep disorders, attention, concentration and memory problems, intrusive thoughts and flashbacks, anxiety symptoms and other signs of psychological difficulties were common to some of the interviewees. In line with previous studies (e.g., Teicher et al., 2003), this struggle with psychological difficulties often appears to lead to academic difficulties:

> 'When I was in Afghanistan, my memory was so good. I could retain all the information. I was so good at school. . . . But now, I have memory difficulties; I cannot be that good at school because of that. . . . There are

times when I cannot focus on my studies, I have difficulty studying or doing something else, and I also have difficulty remembering things. When that happens . . . I cannot concentrate, and I cannot remember things. I know that this happens because of the stress."

Mehdi

"Also, I often have recurring thoughts and images of what has happened in my mind. And I often have nightmares and difficulty sleeping. I would like to forget everything, but I cannot."

Aref

"I was sometimes feeling bad, my heart was pounding, I was sweating and feeling like I couldn't breathe. I went to hospital and the doctor told me that I had panic attacks."

Abdul

"I couldn't stop these bad thoughts going over in my mind and I had stopped going to school. I just couldn't go because I couldn't concentrate with all these thoughts."

Eddie

Abed also spoke about flashbacks and nightmares that were still haunting him. He also appeared to suffer from negative, ruminative thinking:

"I still have nightmares at night. I also have flashbacks of people being shot, of tanks entering the city, etc. I feel much better now, but I cannot get these flashbacks out of my mind. . . . Every time I wait for the school bus, bad thoughts haunt me. Thoughts about my lost brother, what I went through, what I'm currently going through, how my life changed so

violently, where my buddies are, how my parents are, never leave me

be."

Corroborating previous study results (e.g., Fazel, Doll, & Stein, 2009), the

current study revealed that some minor refugees appeared to manifest behavioural

symptoms such as hyperactivity, restlessness and irritability. **Khaled**, for instance,

was short-tempered and unable to stay focused on the interview. He manifested

increased arousal symptoms (jumpiness, etc.), restlessness and concentration

difficulty. He was hyperactive during the whole interview; he would turn to face kids

passing outside the room, interrupt the interview to make jokes with them, stand up

and sit down again with no apparent reason to do so while speaking to me. He

affirmed my impression of his restlessness by saying, "I'm constantly doing

something! I cannot just rest and do nothing."

Literature suggests that severe adversities can deprive individuals of their

ability to regulate impulses and emotions, anger in particular, which can occasionally

result in unmanageable irritation or agitation (Cole & Putnam, 1992; Doolan, Bryant,

Liddell, & Nickerson, 2017). **Asha** appeared angry and easily agitated. However hard

she may have tried, she could not forgive the people who had killed her sister and

ruined her life back home. She has been in anguish because of them and her way of

being has been negatively influenced ever since:

"I know that this sounds horrible, but what I saw and what happened to

my sister have made me angrier. Every time I think about it, I feel really

angry with them; with the people back home who did that to my sister

and my family. So, all this has affected me and changed me as a person.

Then again, my mum always tells me to forgive and I do try. But she was

my sister and she was close to me. Forgiving takes time. I think that,

because of all those experiences, I'm not yet able to forgive. . . . I feel

both sad and angry because of what happened to my sister. You know,

the bond I had with my sister."

Asha presented herself as having anger boiling up inside her. She described

how even trivial matters or news from her country that trigger memories agitate her:

"I feel that I have changed, like, if someone does something to me now,

even something trivial, let's say, like talking behind my back, I will get

angry and I won't be able to forgive them easily. It's like I have anger in

me because of what happened to my sister that passed away. I'm not able

to easily forgive someone. I get upset more easily. The anger just stays

with me . . . and affects me. There is still stuff going on in my country, so

every time I hear the news from back home, I go back in time and that's

when these feelings come back."

In a similar vein, **Abed** talked about his uncontrollable irritation that had often

made him violent or even self-harming, especially during the first period following

his arrival in Greece, which was the country of transit for him. He admitted that he

had got into trouble on various occasions, but he had gradually managed to control

this anger towards others:

"I was extremely uptight when I was in Greece. I used to break things,

windows, etc.; I was very angry and I could become violent. I could even

hurt myself . . . I can still get very angry, but I have found ways to calm

myself down. I get angry only when bad thoughts come to mind. Usually,

when I'm on the bus or in a taxi. But I don't get into trouble anymore. I

keep my anger inside. I don't take it out on anybody."

Signs of psychiatric disorders. Although it was beyond the scope of this research to find any diagnosable psychopathology in the participants and no diagnostic tools were used, some signs of psychiatric symptoms were apparent in some of them. Certain refugee experiences had been overwhelming for some of the minors. According to the literature on the effects of traumatising experiences on refugees, the most common disorders are depression and PTSD (e.g., Slewa-Younan et al., 2015). Two of the participants had been diagnosed with PTSD and were receiving appropriate therapeutic interventions.

Ajmal, a 19-year-old Sudanese torture survivor, appeared to bear emotional scars along with his physical ones. He had been suffering with PTSD symptomatology and intense distress:

> "I used to cry all the time. And because of the torture, I had nightmares, like I couldn't sleep and I had all the flashbacks whenever I saw a policeman because I would remember like when they took me to prison when I was back in Sudan. So, I was always scared. . . . Whenever I saw a police car, I had flashbacks. It triggered everything again, so I started crying. I was struggling at school, I couldn't go to school, and I was emotionally unstable. It was a really bad time for me. . . . I still have flashbacks, I still suffer sometimes. When I go to sleep, I remember the time I spent in prison."

Eddie also had intrusive thoughts that led to dysfunctions in his social and academic life. He also described something that can be seen as a consciousness stenosis where attention is solely focused on specific experiences while there is indifference to one's surroundings:

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"How can I explain this, there are times that I have a problem in my head; they talk to me and I don't hear them. Something's wrong with my head then. Many thoughts enter my mind and I start thinking about past times and my family very much. At that time, if somebody talks to me, it is as if I can't hear him, as if I don't hear anything, like I'm not there. If, for example, these thoughts come to me when I'm in school, I have to leave. It's like I can't do anything else but leave. When I think about all this, I can't do anything. That's why, during my first year at school, it was very hard for me. . . . Today, I don't have these thoughts as often as I used to."

Consciousness becomes so limited that it is dominated by a small group of images and notions, which are usually accompanied by amnesia. Individuals with consciousness stenosis may not fully understand what is happening to them. Consciousness stenosis occurs in a variety of psychopathological situations, e.g. as a reaction to acute trauma.

Two of the boys also expressed some suicidal thoughts:

"In the beginning, I was thinking that it was best for me to die, that this kind of life was not for me. It was very difficult for me, very very difficult. I was thinking to die."

Eddie

"I thought about committing suicide so many times. I even came close to doing it once. But every time, I would tell myself: You've been through so much that you can take this one too. Be patient."

Reza

Living under harsh conditions was too painful for both of them and their desperation was apparent. Both of them had also suffered losses of their important others. However, they still showed some glimmers of hope. Reza was constantly reminding himself that he had managed to survive after all so as to have the courage to move on with his life.

I have to underline, however, that even when there are signs of pathology or diagnosable symptoms in some refugees, we should not assume that they have a dramatic impact on their functionality. Despite the symptoms that may be present, especially immediately after experiencing severe adversity, refugees can be functional and may gradually manage to improve their lives and well-being.

In conclusion, the findings of this study resonate with previous studies presenting that quite often refugees experience pain and grief like any other individual when confronted with such hardships. Some refugees, of course, may develop more acute psychological distress while a subset may manifest diagnosable psychological disturbances or some symptoms of them (Abou-Saleh & Hughes, 2015; Beiser & Hou, 2016; Bronstein & Montgomery, 2011).

Recent studies on refugee minors living in Greece under critical conditions have reported that some of them experienced heightened levels of depression, anxiety and PTSD, or resort to self-destructive behaviours (Dearden, 2017; Human Rights Watch, 2017). In addition to the percentage that presents some kind of psychopathology, a significant number of these refugee children and teenagers living in Greece appear to be in pain and despair (Dearden, 2017). Some refugee-related conditions that aggravate minors' vulnerabilities and compromise their well-being will be discussed later in this study.

Responses Revealing that People Change Neither Positively nor Negatively

The second category of the Grid (Papadopoulos, 2016) suggests that some aspects in individuals change neither positively nor negatively in response to adversities. Many individuals appear to retain good and bad characteristics, attitudes, worldviews, functions, etc. and move on with their lives relatively unscathed. Individuals who manage, adversities notwithstanding, to retain their good qualities can be characterised as resilient.

I will now attempt to analyse the relevant data from the interviews that is based on different types of resilience as defined in Chapter 3. But firstly, I should underline that when asked, in some cases after prompting, all the individuals described some positive aspects of themselves that have remained intact despite adversities and the negative effects on other aspects of them.

Retaining positives. Interviewees appeared to have retained some of their positive qualities and to have maintained a stable equilibrium in the aftermath of adversities. Some of them stressed that they had managed to retain specific good personality traits and thus to preserve their sense of identity; they insisted that they had remained the same:

> "I'm still a kind boy, I like helping others. I help the grown-ups by doing
>
> chores. I think that I have remained the same and I like it. And I would
>
> like to stay the same in the future; I would like to keep the good
>
> characteristics, I don't want to change because of what I've been through.
>
> I still enjoy my hobbies. I still have interests. I still like technology,
>
> computer games, and the Internet. I'm good at technology stuff."
>
> **Khaled**

"I have remained the same in some aspects of my personality. Despite the

bad things I have lived through, I have managed to be myself, stay who I

am."

Mosi

Likewise, **Asha** appeared to have experienced refugee adversities without

losing her good manners, ideology and the characteristics that are highly valued in her

culture:

"Manners, respect, and discipline. In my culture, parents have to teach

their children to respect elders and have good manners to everyone

around them. . . . I still keep those characteristics. I'm still the same girl I

used to be in Congo. Of course, some habits have changed because I have

grown up, but my ideology hasn't changed."

Eddie presented himself as a good boy and a good student and added that he

had always been like this, "[Back home,] I was obedient and good to my parents. My

parents always praised my performance at school."

In addition, **Ajmal** narrated how he had managed to retain a positive aspect of

himself after his initial stress reaction to the abnormal experiences of maltreatment,

torture and other cruelties he had survived:

"I used to be in my bubble, always smiling; I still sometimes do that as

my friends have told me. They often ask me why I'm always smiling. I

don't know, that's just me, I guess. . . . There were times when I was

really sad and I couldn't enjoy anything; yet somehow, I managed to

retain this part of me. At some point, this part of me had disappeared and

I became a completely different person. I was always fretting, not happy

at all. But, eventually, when I started integrating myself into the new

society, when I started making friends at school, when I started feeling

happy in my family, this part of me returned. I started being nice again, I

started smiling to other people."

Many other participants as well recounted that they had retained their skills,

interests, hobbies, etc. in the wake of hardship:

"I have retained my skills. I can do building work like a professional. I'm

also good at cricket. Everyone says that I'm good at cricket."

Mehdi

"Back home, I used to love beating the drums and music in general. I still

love them so much."

Mosi

"I like playing cricket. I used to play cricket in my country and I still

enjoy playing it."

Hussein

"I still love what I used to love, that is to say football and education. My

dad used to tell me that I was good at football, but I should never ever

quit school for football. That education should always take priority over

other things. And school was hard for me when I came here, you know

that. But the things my dad told me never left my mind and I did try

because I wanted him to be proud of me."

Salih

There were some who claimed that they had held fast to their dreams and

objectives despite the major stressors in their lives:

"I want to finish school here and become a doctor. I've wanted to

become a doctor since I was very young. I love my family and my family

wants me to become a doctor. My family tells me that I'm clever and

good at school, so I have to become a doctor."

Mehdi

"I was a good student. I've always wanted to become a mechanic. I liked

tinkering around with such things. . . . I [still] want to learn everything

that I need to learn at school and then to become a mechanic. After

school, I will have to work as an apprentice for a year in order to learn

the job. This is what I want to do, this is what I've always wanted."

Eddie

   Others claimed that they had also managed to preserve some of the coping

strategies and protective influences they had had before the refugee adversities, which

helped them cope with them:

    "I've always been looking at the positives and trying to forget the

negatives. . . . So, I've always been looking at the bright side of life. . . .

I'm flexible and I laugh; I always laugh."

Yara

    "My sense of humour. And my faith in God."

Abdul

   Enduring adversities and doing well under difficult conditions. Another

type of resilience refers to the responses during which individuals endure severe

adversities that can result in adverse psychosocial outcomes (Rutter, 1981). Based on

their strengths and multiple factors that buffer them against adversities, individuals

often cope well in the aftermath of severe afflictions. Minors especially may appear to

manage well as far as their psychological well-being and their age-related

development are concerned (McCormick et al., 2011). **Aref** argued that despite

adversities, he had not resorted to bad habits as many others had. He attributed it to the fact that he was, by nature, hardly ever affected by negative influences:

"My strong point is that I do not imitate. Although I see so many people who smoke, drink, and engage in risky and immoral activities, I abstain from such bad habits. I have retained my strong point, despite what has happened. I'm very happy for that and I feel proud of myself."

Other participants also asserted that they had managed to make it through adversities by dint of certain strengths and coping mechanisms they had:

"I have managed to endure all the difficulties I have faced in my life. . . . I have always been picking up the good things and leaving out those bad ones."

Mosi

"I have developed resilience because I managed to survive all in one piece. I managed to stay alive in Sudan. . . . I managed to go through all this almost unscathed. . . . I always try to be strong, to bounce back."

Ajmal

Bouncing back to mormalcy and adjusting to the new conditions.
Reactions to adversities characterised by agility and flexibility can also be seen as evidence of resilience. In the interviews, many of the participants exhibited this type of resilience. Some of them had easily bounced back to what can be called previous normalcy following an acute, but short negative reaction. They had also managed to easily adapt to the new conditions.

Hussein described how he had managed to overcome adversity and move on with his life. He adapted to his host country easily by learning the language and socialising with the locals:

"I have settled down in England now; I have adapted well. In Hall, I used

to hang out with British people so as to get used to them and learn the

language. I picked up English very easily. . . . No matter what happens,

you should carry on with your life. . . . Whatever obstacle stands in your

way, you should at least try to overcome it. Whatever happens, you have

to move on."

Mosi also conceptualised his great assets that helped him cope well after his

refugee-related adversities, "Talking to other people, being an open person, adapting

easily."

Even **Jaheem,** who seemed to have a gloomy, numbed and pessimistic

attitude, appeared to manifest some kind of resilience; he had not quit life. Despite

some negative psychosocial outcomes, presented in the previous subchapter, **Jaheem**

still exhibits resilience. He has focused on his current practicalities, such as learning

the language, in an effort to make something of his life by setting specific steps, "I try

to improve my life, learn the language and see what happens next."

To summarise, most of the young participants preserved some of their good

qualities they had had prior to refugeedom. Therefore, these good qualities cannot be

conceptualised as the direct result of the refugee experience and this is exactly what

distinguishes them from the last category of possible reactions according to the

Adversity Grid (Papadopoulos, 2016).

Retaining negatives. Before moving to the last category of the Grid, I have to

note that individuals also retain some negative qualities, habits, etc. in the aftermath

of adversities. In this sense, some vulnerabilities presented in refugees may be the

continuation of previous dysfunctional practices, negative habits, personality traits,

etc. and not the consequences of the refugee predicament. **Yara**, for instance, seemed

to describe one such vulnerable part of herself admitting that she had always been highly sensitive and emotional, which was not the direct result of her forced migration with its attendant adversities:

> "When we arrived in Greece, I would cry all the time. I was crying all the time. OK, I always do cry all the time! I tend to get easily disheartened in difficult situations; my first response is to go into deep despair and cry."

Salih also presented himself as a person who had always been short-tempered. This is a general characteristic of him and not a negative change in his character as a result of his refugee experiences, "OK, there have been the occasional quarrels and the like, but it's normal to get upset when you live with somebody; these things happen. And me, I've always had a short fuse."

Adversity-Activated Development

The third category of responses that can be discerned in the aftermath of adversities has been defined as Adversity-Activated Development (Papadopoulos, 2007, 2010, 2015). Dealing with severe adversities, individuals can potentially develop new strengths and positive qualities that were not existent prior to adversities and emerge because of the very exposure to them (Papadopoulos, 2015). Hence, in addition to – and certainly not as opposed to – the other two categories of potential responses, refugees can also experience some gains and develop positively. I will present the relevant themes that arose from the data collected from the interviews.

Acquiring experience and new knowledge. Some participants stated that they had acquired a new sense of experience and a special knowledge through dealing with adversity. Adverse experiences have offered them a chance of maturation that other people cannot have as they have never suffered experiences of a similar kind. **Hussein** expressed a sense of being special in some way. Through the refugee

experience, he has become more mature and sensible than other kids:

> "Because of what happened in the past, I have gained more experiences.
> Other people will never get the chance to experience such things; they
> can't even imagine them. It was a risky journey, but important
> experiences resulted from it. . . . I have acquired more experiences than
> any other kid. […] I'm kind of more sensible than any other boy. . . . You
> learn from such experiences. All of them were life lessons."

Through adversity, **Aref** has also learnt a lot; *inter alia*, that hardships are an inevitable part of human life:

> "I have had a lot of experiences that taught me a lot. . . . I have learnt that
> there are both good and bad times in life. In your life, you have to go
> through difficulties"

Coming up against unthinkable ordeals, these youth have had to make a great effort so as to comprehend them, attribute meaning to them and, finally, try and cope with them (Cyrulnik, 2009; Ryff, 2014). Through their exploration of meaning, they have acquired a better understanding and practical knowledge. Struggling with severe challenges, which demand a construction of meaning, may foster a new kind of wisdom in these refugee individuals (Walsh, 2007).

Gain of life lessons. Others also recounted the important life lessons they had gained through their refugee adversities. Several participants conceptualised the hardships they had experienced as life lessons that had a salutogenic effect on them. Hardships have taught them that they always have to keep moving no matter what gets in their way:

> "With all those things that happened to me, I just know now that if
> something bad happens, you can always move on and keep moving

forward; don't just stand there doing nothing. . . . That's one of my life

lessons: don't worry about the things that happened to you. Move

forward; there is always a way out, another opportunity around the corner.

I have learnt to move forward and see the future."

Asha

"You have to move on despite the difficulties"

Mehdi

Through adversities, a new outlook on life has emerged for **Abdul** too: **"**The

way I see life has changed. I now know that you always have to struggle. . . . People

have to fight for their lives and be happy once they've survived hardships."

Similarly, **Yara** highlighted how her refugee experiences had enabled her to

see things from a different perspective and develop a better understanding of her

surroundings and circumstances:

"I saw them as lessons to be learned because now I can see everything

more clearly, that I can perceive some things better."

This is in line with previous literature emphasising that in the wake of severe

losses and adversities, individuals may deepen their perspective on life and grow in

maturity and competence (e.g., Calhoun & Tedeschi, 2006).

Development of a new sense of strength and competence. The study

findings also corroborate studies suggesting that the sense of competence increases

with the mastery of severe stressors and challenges (e.g., Tedeschi, Park, & Calhoun,

1998; Ryff, 2014). Successful management of the refugee adversities can function as

a testament to these young refugees' sense of strength. Many young refugees reported

that they had acquired a greater sense of personal strength and self-efficacy:

"Through my hardships, I have learnt that life is hard, but I have also learnt that I can make it through difficulties"

Khaled

"What I have learned is that despite the difficulties, I can make it."

Eddie

Individuals may not be aware of their whole range of strengths and abilities until they are confronted with challenges that force them to disclose them. Dealing with severe challenges may offer a sense of successful mastery and empowerment (Agaibi, & Wilson, 2005). Having dealt with adversity, these young participants appeared stronger and more well-equipped to meet future difficulties and life's demands. As Janoff-Bulman (2006) puts it, they have developed a sense of psychological preparedness for future trials of life; they have acquired the skills to cope more effectively with them. Their suffering has turned into a weapon they can use in fighting future challenges:

"I have faced many difficulties in my life and I know that I may face even more and greater, but this does not make me feel low. . . . I believe that it'll be easier for me to deal with future difficulties because I have experienced other difficulties before."

Obaida

"I'm now more prepared to deal with any adversities that will come up in my life because I have experienced many already."

Hamidullah

"I'm stronger too because of what I have experienced. I can now cope with more problems."

Mehdi

There is evidence that the sense of personal competence in the face of adversities can result in positive self-belief (Agaibi, & Wilson, 2005; Weisaeth, 1995). Later in the interview, **Mehdi** spoke of an increased sense of self-confidence, "I have improved my confidence and I can speak to anyone. Before, I was reserved and timid. . . . I was forced to change and this has boosted my self-confidence."

Moreover, surviving extreme adversities may facilitate the formation of a survivor identity, which is empowering for the individuals' well-being. **Hussein** had risked life and limb and experienced atrocities, but he skilfully managed to survive. He perceives himself as a survivor who feels fortunate and unique: "I feel good now because I've been through hardship and I survived. Most people have never come up against such difficulties. I feel proud and lucky."

Interestingly, he narrated an incident during his journey when he had been kidnapped and thrown at the back of a lorry. His story, as he recalled it, is a survival story during which he appeared to be the hero who had managed not only to escape, but to save other people's lives as well. His words and the pride in his voice revealed a positive sense of self in him:

> "My brother carried blades in his bag. I was small, so they didn't tie me
> up too tightly; they didn't think I would do anything funny. I managed to
> work myself loose, took a blade and freed myself and my brother. They
> were two other people with us at the back. My brother and I released
> them both and ran away."

Hussein

Development of new positive qualities. As mentioned earlier, another predominant theme I attempted to identify in the interview data, based on Papadopoulos' theory (2007, 2010, 2015), was the development of new positive

characteristics, skills, abilities, behaviours, etc. as a response to extreme adversities. Indeed, the young participants described some positive qualities that they had not possessed prior to their refugee experience and which emerged because of it:

> "I don't think that I was a good boy in the past. I wasn't very good at school either; in fact, I wasn't good at anything. The journey changed me, it changed my life. It's literally changed everything. I'm good at school now. It's like those experiences have made me better."
>
> **Hussein**
>
> "I'm also more polite. In Afghanistan, people are not polite; they do not say good morning, thank you, please. But now, here in the UK, I have learnt to be polite and I want to be polite to my family; I like being polite and nice to other people."
>
> **Mehdi**
>
> "When I was in my country, I think I was by 90% a bad person. I used to fight with others. This journey made me a kinder and more independent person."
>
> **Abdul**

These youngsters appear to have changed some of their personality traits and have managed to build a new superior self. Refugeedom has erased some old values and ways of living (Papadopoulos, 2001) and has led to a sense of positive renewal beyond the negative consequences of their experiences. Life tragedies can potentially motivate individuals to engage in superior values and ideals.

Consider, for example, **Abdul** who, through adversity, has become a kind, generous and compassionate young man. Despite the fact that he had been ill-treated, 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, he has managed

to use the bad experiences to develop new positive values, improve his life and form a

superior self:

> "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."

Caring for others. Refugee adversities may become the impetus to develop a

sense of humanity, sensitivity and compassion. Refugees develop empathy and

sympathy for others that live in dire conditions, like the ones they had suffered

themselves, to a high degree:

> "I can now relate to what the refugees we see every day are going
>
> through because I've been there myself. . . . Because it's very difficult to
>
> relate to such an experience unless you have experienced it first-hand.
>
> And it utterly changes you."

Yara

Refugeedom has been a powerful and enriching experience for many of the

participants. They have grown in compassion. Adversities have made them commit

themselves to the caring for others. In this sense, adversities make them re-establish a

sense of purpose:

> "I want to help other refugees who have been through the same
>
> adversities as me as best as I can. I could give them help in the form of
>
> money or affections."

Abed

"I want to offer something to my home country too. To build a bridge or a mosque. I want to help the people living in my homeland in any way I can."

Reza

"My dream is to become a psychologist. . . . I could help all these kids that keep coming now. . . . Because I've been through all this hardship, I want to help those who are in similar conditions. My family helps the newcomers; we offer them blankets, food, whatever we can. When we needed help and somebody offered it, we wept for joy. So, if I help somebody today, he'll feel the joy I once felt! I have a better understanding of their situation because I have personally experienced it; I know how they feel, I've been there."

Yara

"I have also started helping people in any way I can. I want to help others in need. I received a lot of help myself during hard times and I want to do the same for other people in my life."

Mosi

Cementing relationships. The emergence of compassion for fellow human beings in the aftermath of severe adversities can lead to deeper interpersonal relationships too (Walsh, 2007). The life-changing experiences of refugeedom have led **Abdul** to build more positive relationships. By experiencing human cruelty firsthand, he has become a good person and a better friend to others:

"I can be a good friend to others now. When you are around bad, negative people, you may become like them. But me, I chose not to

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because I realised how painful it was for their victims. I want to make

people around me happy."

Mosi has also become more sociable after realising that having a social circle

can be beneficial in hard times:

"Making new friends is quite easy for me now. I'm very sociable. Back

home, I wasn't so sociable. I became more sociable here because, you

know, the more friends you have, the more help you get. That's why I

have more friends now."

An upsurge in personal creativity. Surviving extreme events can also

lead to an upsurge in creativity for some individuals (Cyrulnik, 2009; Hollander,

1998; Papadopoulos, 1999). Survivors of true-life ordeals often recourse to

various kinds of creative expression in order to endure, accept, assimilate,

metabolise and find meaning to their adversities. Their suffering is channelled

into intellectual and creative activities. In this way, they avoid repressing the

difficult parts of their stories and manage to express themselves for their own

sake as well as for the sake of society.

In other words, not only do they endure adversities, but they can also

become an inspiration to others. I could say that **Yara** has found a creative way

to express herself. She has chosen to write her thoughts and feelings in a diary.

She confided that she was thinking of writing a book about all that she had been

through in the hope that it would help others give vent to their feelings more

easily.

Re-appreciation of their lives. It has also been suggested that despite the

blows of fate or even because of them, refugees may re-appreciate their lives. A

deeper meaning and a new philosophy of life can emerge (Cyrulnik, 2009;

Papadopoulos, 2007). Severe challenges can awaken people to what really matters in life (Walsh, 2007). Certain participants expressed the opinion that experiencing life on the low end made them appreciate some things more:

> "Because of what happened back then in my country, I've also learnt good things for me. Otherwise I wouldn't know what war and poverty are like. But . . . I've experienced life on the low end, so I have learnt from that. . . . I have come to believe that life itself is so very important. If you have no problems, if everything goes your way, you take life for granted."

Asha

> "I can now appreciate myself and my life. "

Abdul

Seizing the new opportunities. It often appears that refugees appreciate the new opportunities in the host countries. Many participants spoke about the new potentialities and fresh initiatives that their countries of asylum had offered them:

> "[Back home] I always used to work. Now I study, I learn a new language, I learn English. Things I never used to do before."

Resa

> "Moving here has given me massive opportunities for which I'm really grateful. . . . In Sudan, I didn't have the opportunities that people have here, nothing was so available. So, when I have all this, the resources and support, my teachers, my foster parents, social services, all this is a motivation to me. Being offered all this made me realise that this is a good opportunity to make a better self."

Ajmal

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"Back home, I was just playing football. When I came here, I engaged in

many more things, like basketball, school, etc. . . . If I had stayed in

Africa, I wouldn't have done much. But I came here and I have

opportunities. I appreciate my education greatly. "

Mosi

Refugees often develop new interests because the host countries introduce

them to a whole new world of opportunities, which were lacking in their homelands.

Education is usually of a primary importance to many of them. Many minors

suggested that they had maximised their educational and career prospects in their new

countries. Seizing the new opportunities has given them new motivation:

"And I appreciate the things that will happen in the future. I hadn't

imagined that I would be having education and I would be able to go to

Uni."

Asha

"I have the big opportunity to play cricket here and improve myself on

cricket. Playing cricket, studying, going out with friends, being safe,

walking, going out whenever I want are important things that England

has offered me."

Mehdi

Setting new goals. The young participants also spoke about the new and

bigger life goals that emerged because of what they had suffered. They appeared

determined to make the most of the opportunities offered in their new countries;

opportunities that could facilitate the realisation of their goals:

"Before I left my country, I had never wished or planned to do big things,

to succeed in life and do something special. But now, I want to do that.

The UK can offer me the chance to succeed in life."

Mehdi

"[I] work harder and harder in order to achieve my goals. When I was

back home, I wasn't thinking about what I would do in the future. . . . But

coming here and doing different courses have helped me develop my

goals. I have planned what to do in order to succeed in the future."

Mosi

These findings are in line with literature suggesting that surviving adversities

makes people more determined to succeed in life (Garbarino, 2001). Calamities can

trigger a motivational impulse in people. **Salih** has conceptualised his refugee

adversities as a springboard to success in life. By telling me rags-to-riches stories of

famous people, **Salih** wanted to show his determination to reach his goals at any cost:

"But whatever hardship I've had to endure will be my life story. And it

will be the motivation behind my decision to carry on and make things

better. If you read the stories of famous people, you'll see that they too

have had a tough time. . . . Do you know that Zinedine Zidane, the

famous French footballer, had no shoes? He originally came from

Algeria and he had no shoes to play. Everybody talks about him

nowadays! He too must have had some sort of motivation to advance in

football. . . . Nobody can stop me. Nobody will stop me."

As Papadopoulos (2015) says, "refugeedom urges [individuals] to reconsider

[their] very identity, forces [them] to take a stand and decide what to do next." Under

such conditions, the academic, professional and social success becomes very

important to refugees (Cyrulnik, 2009).

Setting new priorities. Dealing with severe losses and adversities may also encourage individuals to reconsider their priorities (Neimeyer, 2004). Coming up against refugee adversities, some participants seemed to have changed the way they prioritise what is important in life. Consider **Yara**, for example:

"For instance, I see . . . my friends at school, wanting to buy new shoes every once in a while – one pair is not enough, they constantly want more when new fashion trends appear. While I say they don't need them; as long as they have a pair that doesn't let water seep through, they don't need another. There are people that don't even have a single pair of shoes and worse even, people that have no legs to put shoes on. Whenever I'm thinking like that, I can see what finally matters in life. My priorities have changed. I used to want more like every other kid, but I can see now that I don't really need more. My experiences have revealed to me what is really important in life."

Obaida also recounted that her family, which has settled in Greece as a refugee family that struggles financially, could not offer her the material goods that most kids enjoy. As a result, she appears to have become a young person who appreciates the affection of her loved ones more than material possessions and who is content with every little thing offered to her:

"My parents didn't use to buy me presents like tablets, shoes or clothes. As a child, I didn't have as many dolls as other girls. . . . I never envied other kids for having all those things that I couldn't have. It was enough for me that I had a mum who loved me beside me. I was happy with the little things. I don't need 10 pairs of jeans or new smartphones. I believe

that people can be happy when they have the love of their family and friends."

There has been evidence that survivors of war, torture, genocide and other atrocities may become less materialistic and more orientated to the genuine, simple pleasures of life (Wilson, 2006).

Changes in viewpoints and ideologies. The refugee experience can, moreover, be conceptualised as enriching through the changes in viewpoints, as reported by the following teenage girls:

"Here, my mind has opened up, I can study. I wouldn't have been able to make my dreams come true if I hadn't come here; I wouldn't even have imagined having any! I would still believe that a woman's job was to clean the house, cook, help and then, marry and do the same chores in her husband's house. Now, I see all this as subservience, like being someone's slave. . . . If we hadn't come here, I wouldn't have . . . the courage to keep my head high and my chin up and express my opinion and say that what you're doing is unfair, not right."

Elaha

"When we first arrived here, we spent some time with the Sisters (the nuns) who helped us. It made me realise that it doesn't matter what God you believe in . . . Muslim, Christian, Buddhist are only labels; there are good people and bad people in every religion ... So, that's how I distinguish between people now; I don't say you are Christian so I won't interact with you because I don't believe in Christ. And anyway, I do believe in Christ, Christ is a prophet."

Yara

Elaha emphasised that had she remained in her country, she would have had more culturally-determined beliefs. She would not have been able to claim her basic rights and grasp the equal role of men and women in life. Similarly, **Yara** stated that if it had not been for her migration to another country, she would not have met people from different religious backgrounds and would not have come to appreciate them; the encounter with people of different religious beliefs has made her more receptive and less critical to the different. A central theme in several interviews was the opening of these young people's minds. For some of them, the refugee experience, albeit painful, was an enriching experience that opened up new horizons:

> "I have learnt a lot of things, I have met a lot of people, I have seen different countries, I have learnt how the world is, what people from other countries are like."

> **Aref**

> "I grew up with another mentality, different from what I would have in my country. . . . I've had new opportunities here. I'm considered a human being now, I'm no longer a thing as I would have been in my country. I'm equal to men, I'm allowed to do whatever they can."

> **Elaha**

Refugeedom therefore motivates individuals to reconsider predominant assumptions and adopt new, deeper and more enriching ones (Papadopoulos, 2015).

I can conclude that despite the adverse effects of severe adversities on the young refugee participants, the majority of them presented some positive transformational outcomes of those experiences. The positive changes that have been illuminated by the current study can be traced in 7 areas:

1. Development of a new sense of knowledge,

2. Development of a new sense of competence and inner strength,

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3. Development of new positive traits, skills, capacities and ways of coping,

4. Greater compassion for others and better interpersonal relationships,

5. Upsurge in creativity,

6. Fuller appreciation of life, reconsidered priorities, ideals and values, and a new, deeper philosophy and meaning of life,

7. Emergence of new opportunities and objectives.

These findings corroborate previous studies that have indicated that refugeedom can enable positive development (Papadopoulos, 2015) or positive growth (Calhoun & Tedeschi, 2006), which mostly refer to the positive transformation in the domains described above. Throughout the interviews, I often caught myself being astonished at how these teenagers had managed to thrive against all the odds.

Cyrulnik (2009) uses the metaphor of the pearl inside the oyster to describe this positive development as a result of adversities. He says, "When a grain of sands 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" (p. 286). Likewise, the young participants of this study encountered numerous hardships for which they had to pay a high price. Nevertheless, the majority of them emerged triumphant.

Inconsistent Reactions to the Same Situation

The refugee experience has affected the majority of the participants in many and diverse ways as described by the Grid (Papadopoulos, 2007). Most of them appeared resilient in some aspects and wounded in others. They might have been triumphant in one situation and defeated in another. Or even the same situation could have resulted in both responses at the same time.

It would be interesting to present here a few examples of these responses to refugeedom that often co-exist within the same individual. **Hussein** still suffers from the losses and atrocities he had experienced as a refugee as well as from the adversities in his host country:

"Even now, I often have negative thoughts, feel sad and cry. . . . Being a

refugee gives me negative thoughts that damage my sense of identity. . . .

I feel unwanted. . . . This affects my self-esteem."

Despite the fact that refugeedom has led to pain and suffering for Hussein and has negatively affected his well-being as well as his sense of identity and self-esteem, he has managed to retain some of the characteristics, skills and interests he used to have prior to the refugee experience. For instance, his ordeals have not quenched his wish to play cricket, one of the activities he has always enjoyed. He has managed to retain this positive part of his life; refugee adversities have not dragged him into resignation and apathy: "I like playing cricket. I used to play cricket in my country and I still enjoy playing it."

At the same time, he narrated how the very negative experiences that forced him to become a refugee and suffer the negative consequences have also had some positive transformational effects on him. Through adversity, he has managed to acquire a new kind of knowledge and better judgement. He also commented that he has become a better student and a better person as a whole:

"I have acquired more experiences than any other kid. . . . I'm kind of

more sensible than any other boy. . . . You learn from such experiences.

All of them were life lessons. . . . I don't think that I was a good boy in

the past. I wasn't very good at school either; in fact, I wasn't good at

anything. The journey changed me. . . . It's literally changed everything.

I'm good at school now. It's like those experiences have made me

better."

Similarly, **Mosi** appeared to have been experiencing strong waves of nostalgia as he has never stopped mourning for his previous life, from which he had been violently cut off: "I miss my old life in general. . . . I could not get used to it! . . . Something is always missing. . . . What I have lost makes me very sad."

Despite his pain and discomfort, he has succeeded in retaining some personality aspects and previous interests:

"I have remained the same in some aspects of my personality. Despite the bad things I have lived through, I have managed to be myself, stay who I am. . . . Back home, I used to love beating the drums and music in general. I still love them so much."

Not only has **Mosi** not succumbed to adversity and suffering, but he has also developed a new sense of strength and some positive qualities as a result of dealing with them:

"Difficult times have made me who I am. If they hadn't happened, I wouldn't feel so strong now. . . . I have also started helping people in any way I can. I want to help others in need. I received a lot of help myself during hard times and I want to do the same for other people in my life."

Asha, too, has been negatively affected by the refugee-related experiences. She appeared severely distressed and easily agitated. Pent-up anger did not let her move past the death of her sister and forgive the people who had killed her and ruined her life in her homeland:

"I know that this sounds horrible, but what I saw and what happened to my sister have made me angrier. . . . So, all this has affected me and changed me as a person. . . . I'm not yet able to forgive. . . . I feel both sad and angry because of what happened to my sister. . . . I'm not able to easily forgive someone. I get upset more easily. The anger just stays with me . . . and affects me."

In spite of those negative, yet understandable, reactions, **Asha** still values some things that she used to appreciate prior to the refugee adversities and has also managed to retain some parts of herself:

"Manners, respect, and discipline. In my culture, parents have to teach

their children to respect elders and have good manners to everyone

around them. . . . I still keep those characteristics. I'm still the same girl I

used to be in Congo. . . . My ideology hasn't changed."

A new appreciation for life has emerged in her because of the hardships she

has been through. New opportunities are also highly valued:

"I've experienced life on the low end, so I have learnt from that. . . . I

have come to believe that life itself is so very important. If you have no

problems, if everything goes your way, you take life for granted. . . . And

I appreciate the things that will happen in the future. I hadn't imagined

that I would be having education and I would be able to go to Uni."

Tracing Positive and Resilient Responses

I have to underline that most participants were more inclined to share their

stories of suffering in response to their adversities. Their initial narratives of their

reactions to refugeedom were in line with what they had thought I would expect to

hear from them. However, I tried to explore what those minors had potentially gained

from their experiences, what they had learnt from them and how they had developed

as personalities. I showed genuine curiosity about the capabilities, if any, that had

proved beneficial to them and had helped them survive their undeniable atrocities.

Nonetheless, some participants appeared unable to access any resilient aspects.

Jaheem could not discern anything positive out of his refugee adversities,

"Experiences haven't changed me in any positive way; I didn't take anything out of

it; it hasn't taught me anything."

He was perhaps overwhelmed by his negative experiences and feelings; his

misfortunes might have been too much for him. He may have been unable or

unwilling to distance himself from his pain. As Cyrulnik (2009) aptly recounts, "when the pain is too great, we cannot perceive anything else" (p. 10). Individuals may become disconnected from their resources and give up hope (Avigad & Zohreh, 2004).

Similarly, **Abed** emphatically denied seeing anything positive. It is understandable that people who have come up against extreme adversities and gross human rights violations may have difficulty detecting the positive side of those experiences (Papadopoulos, 1999). They may often feel that even the thought of anything positive is unacceptable. They will not dare admit that those unspeakable atrocities may result in positive effects. In **Abed**'s eyes, every trace of development potential seemed beyond his reach, "I lost my parents, I lost my school, I lost so many things. I can't say I've gained something, can I? I've lost my life; I have lost the life I was dreaming for."

Sometimes, even the mere attempt at exploring any benefits that may have emerged from sustaining atrocities, which include the loss of one's country and their loved ones, can be viewed as selfish (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008). It has already been presented that in many non-Westerns cultures, people adopt a sociocentric view; hence, their experiences are directly interlinked with the life of the whole society (Zarowsky & Pedersen, 2000). Individuals coming from these cultures cannot easily acknowledge the positive effects that refugeedom may have on them as their societies have been disrupted.

Another hypothesis suggesting that some people are incapable of seeing any positive side may be derived from the fact that they often adopt the victim identity. Victims are lovable; they are accepted with sympathy because others feel sorry for their misfortunes (Cyrulnik, 2009). Even unconsciously, refugees may use their

undeniable pain and suffering so as to attract the care and support of others. By the same token, appearing strong, resilient or even triumphant over adversity could be seen as strange and totally unacceptable.

Beyond the detrimental effects of adversities, the people who have experienced them and appear unable to detect any resilient and positive aspect may lack the appropriate support and the conditions under which they could develop more positively. They may still suffer due to current stressors and life adversities. Negative conditions in exile may impede resilience and positive development (Hutchinson & Dorsett, 2012).

Aref, too, believed that it was premature to conceptualise his experiences through the prism of positive and resilient responses. Although he acknowledged that responses of a similar kind can emerge in the wake of adversities, he was not yet willing to see anything but the negative effects of what he had suffered:

> "I can understand that hard times can teach people. People can learn a lot
> of things and see a positive side. But it's too difficult for me, too early to
> see any positive side. I don't want to see any positive side. I cannot think
> of my experiences in this way."

Although it was hard for these minors to discern even the smallest steps they had taken towards growthful potentiality, I stressed to them at every opportunity that, in my eyes, they had remained strong and courageous despite their precarious circumstances. I made some points in order to remind these youth of their remaining strengths, skills and capabilities that had been apparent during the interview. I noticed that they had a good command of English and Greek, respectively; I used this as an example to bring to the fore some of the skills they had acquired through the refugee experience.

With prompting, I tried to 'open the door' and encourage them to discover, identify and focus on some of their strong and healthy parts of themselves and their positive responses. I reminded them of their previous times of happiness and safety before the refugee experience in order to unveil positive personality traits that these youngsters may have been able to retain despite their experiences. I also asked them how the important people in their lives conceptualised them, what they appreciated about them and which strengths they could identify. I tried to be open to double listening, namely "listening not only for stories of sorrow and distress, but also for openings to other stories, stories that convey what is important to the person, their values and beliefs" (Hassounn et al., 2005, p. 63).

Later in his interview, after I had tried to shed some light on the ways he had skilfully managed to survive and make something of himself, **Aref** came to add, "I have had a lot of experiences that taught me a lot and made me stronger. . . . I have learnt a lot of things, I have met a lot of people, I have seen different countries, I have learnt how the world is, what people from other countries are like."

In a similar vein, **Abed** categorically denied at first seeing any gain out of all he had survived, but later on he admitted that despite the fact that he had been overwhelmed by the losses of his parents and his country, he was still able to see things from a different perspective, "I have learnt how to live without my parents from an early age. I have learnt to take responsibility for myself. I have learnt to get by in a foreign country on my own. . . . I had never believed that I would be able to manage such big things."

I will conclude by saying that even when the detrimental effects of extreme adversities are predominant in refugees, they can always acknowledge some strengths they have used or they will use in the future for their recovery journey. Even if they

cannot currently see these strengths due to various factors, traces of human resilience are always present. The potentiality of growth and development can also be recognised by them. When the prism through which they look at their adversities changes, refugees are more willing to "go in search of wonders despite the pain" (Cyrulnik, 2009, p. 287).

It is worth noting that there is some research evidence which posits that the pursuit of benefit-finding *per se* in the aftermath of negative experiences and severe challenges is an important determinant of the positive adaptation of individuals (Davis, Nolen-Hoeksema & Larson, 1998; Neimeyer, Laurie, Mehta, Hardison & Currier, 2008). In a nutshell, seeking to grasp the positive implications of painful experiences is vital in coping and can lead individuals to respond in more positive ways.

Meaning-making of the Refugee Experience

In the theoretical framework of this study, it has been suggested that the way different individuals conceptualise, process and experience their refugee adversities conditions their reactions to them. Refugees are challenged to make sense of their adverse experiences, namely to look for attributes in an attempt to understand the adversities encountered, what Wilson (2006) determines as the 'sense-making' aspect of meaning-making.

When severe adversities shatter individuals' personal world of meaning and the assumptions they have made about themselves and the world around them (Janoff-Bulman, 1992), the restoration of the systems of meaning is essential for individuals' coping. Their ability to find or reconstruct an understanding in the wake of adversities determines their adaptation to them (Agaibi & Wilson, 2005; Currier, Holland & Neimeyer, 2006). Individuals have to give coherence and meaning to their

hardships in order to respond in more resilient and positive ways (Wright et al., 2013).

The study findings have illuminated how the specific refugee youth have managed to render their stories of refugee adversities more comprehensible and meaningful so as to cope with adversity more easily. In several interviews, it emerged that the meaning attributed to their experiences, albeit provisional at times, could account for their responses. These youngsters have drawn on personal or socially constructed beliefs in order to organise, understand and conceptualise their experiences, and exert some control over them (Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008).

Some participants suggested that critical sociopolitical factors accounted for the reasons behind their adversities. **Abed** presented his way of conceptualising the causes of the war waging in his country, "As long as there are conflicts of interests and racism, there will be war. There is a game between America and various tribes in Syria. It's a game to them, but it's the ordinary people that bear the consequences."

Positioning their hardships in the wider context of the conflicts of interest in the world of the strong, may have a liberating effect on some refugees (Papadopoulos, 1997). **Salih** spoke about the political factors in his country that led to the suffering of its people; dictatorship and the subsequent lack of freedom resulted in his family's troubles that forced **Salih** to flee his country and find asylum elsewhere:

> "If you ask me the reason why all this has happened, I'll tell you because
> we were not free; because we had a dictator ruling our lives. Who used to
> decide for us and we had to obey him. . . . And I can do nothing about it;
> I don't have the power to change things. I'm telling you, if we had had
> freedom to make our own choices, none of this would have happened."

It appears that both **Abed** and **Salih** have accepted these reasons behind their adversities, but this does not mean that they have justified the deplorable acts that led to their forced migration. However, the acceptance of the situation and, in a way, of their own fate may have helped them in the attribution of meaning, which was necessary for coping with the aftereffects of their adversities. This is apparent in **Hamidullah**'s words too:

> "I have accepted the situation. I know that my problems are big, but I
> have learnt a lot through them. I have managed to deal with them."

Moreover, **Salih** realises that his father's political job had led to the family's persecution from his political enemies. He stresses that his father should not be held accountable for his own suffering as a refugee nevertheless. To his mind, his father was only trying to protect the family to the best of his ability; in all likelihood, this was a comforting thought for **Salih** and helpful in attaching meaning to his adversities:

> "As far as I'm concerned, none of this would have happened if my dad
> didn't have such an important post in government. But he was not one of
> them, he was on the opposite side. Everybody knew my dad, everybody
> knew his name. That's why he was dismissed from his post. Because he
> was not one of them. And that's why they sent him to prison. My dad
> tried to do whatever he could for me, but things had changed. It wasn't
> his fault, it was somebody else's fault."

A second aspect of the meaning-making of adversities has also been presented in the theoretical framework of this study. According to Wilson (2006), this aspect concerns the re-appraisal of adversities towards discovering positive aspects. Wilson (2006) referred to this as the 'benefit-finding' aspect of meaning-making. Hence,

people attempt to attach meaning to their adversities and attribute some positive elements to them.

In this sense, several participants conceptualised the hardships they had experienced as obstacles that exist in human lives in order to challenge people to become strong enough to overcome them. Thus, these challenges have a salutogenic effect on them; in order to cope with their adversities, they have to grow into a better version of themselves. This positive meaning attached to adversities led to more positive responses:

"There is a reason for everything that happens in life. We have to go through bad times in order to succeed."

Mosi

"I've always seen difficulties as obstacles I fancy to overcome."

Yara

"If there were no difficulties in life, we wouldn't have to fight for anything. It would be as if we were tied down somewhere; as if we were stale. . . . Difficulties are there for us to pass some tests. . . . The way I see it is that obstacles exist to make us stronger, to teach us more, to learn to handle whatever comes our way."

Elaha

By the same token, in order to recover and deal with their adversities, individuals can use multiple ways to transform their adverse experiences into stepping-stones for development through finding some positive elements in them (Wilson, 2006). Some of the participants appeared to reassess their life stories, restore systems of meaning and to shed light on any positive consequences they could attribute to their refugee experience. These positive consequences, which have been

enriching experiences for them, ranged from having the opportunity to become stronger to being integrated into new societies, as presented in the previous part of the Discussion:

> "My problems pump me up. I try to think that I now have the opportunity
> to travel all around the world, to meet different people, to see different
> cultures. It may be my fate to do that. All these experiences may mean to
> help me and make me stronger."
>
> **Hamidullah**
>
> "I could never imagine what my life would be like now! My brother is
> getting married in a few months and we are going to invite Turks,
> Afghans, and Greeks. I could never imagine that we would be having a
> mixed marriage. But life always takes you to unexpected places unless
> you are jammed somewhere else!"
>
> **Elaha**

I have to underline, however, that attaching meaning to these experiences is often a tall order. **Asha**, for instance, could not understand why all that had happened to her no matter how hard she tried to find the slightest trace of meaning in them. However, by recognising that she was a victim of circumstance, she attached some positiveness to her adversities. She conceptualised her adversities as an expression of God's will (Braun & Berg, 1994). For her, God wanted to show them how powerful He was. Hence, in spiritual terms, these adverse experiences were meaningful to her:

> "I know that what happened wasn't a good thing for sure. But, perhaps,
> God knew why it happened. I can't understand why it happened, but, at
> the same time, I think that if it hadn't happened, we might not be here

now. I feel like that all the things that happened to our family, I feel like

God wanted us to see who He is and how powerful He is, and how He

can change our lives."

When meaning-making in the aftermath of severe adversities is difficult,

responses are more often than not negative (Currier et al., 2006). Lack of meaning may

prevent individuals from finding pathways to healing and result in complicated grief

and suffering. **Reza** was wondering why he had had to experience such hardship; he

could not see any reasons for it, "I keep thinking about my parents, I keep asking

"Why me? Why have all these things been happening to me?" And it's getting all the

more difficult to rid of such thoughts."

It was evident that **Reza** was suffering the aftereffects of hardship without

being able to comprehend them. What he had gone through, especially the loss of his

parents, appeared to be too painful for him. He was not yet able to organise his

refugee experiences in a meaningful way. This is consistent with his negative

response to his refugee experience, including intense grief, desperation and the

occasional suicidal thoughts.

Next, I will discuss the various personal, relational and contextual factors that

appear to have determined the meaning that the participants had attached to their

experiences and the ways they had responded to them.

Factors Contributing to Different Responses

It has been suggested that individuals experience, attribute meaning and

respond to their adversities in unique ways that depend on multiple factors (Rezzoug

et al., 2011). This study illuminates some of these factors that are going to be

presented in the following three broader categories: Intrapersonal, Interpersonal, and

Sociopolitical.

Intrapersonal factors.

Personality characteristics, inherent strengths and vulnerabilities. The participants presented various personality traits, temperament, ways of thinking, vulnerabilities, strengths, etc. that are consistent with previous studies (Bonanno, 2004; Montgomery, 2010; Tam et al., 2015) and that could account for their different ways of responding to refugeedom. **Yara** presented herself as a person who is easily daunted, "I do cry all the time! I tend to get easily disheartened in difficult situations; my first response is to go into deep despair and cry."

Perhaps, some of **Yara**'s qualities as well as her young age might have made her vulnerable during her refugee journey; she was terrified and clung to her parents for safety, "I was scared stiff being so young. I remember being in my dad's arms most of the time and whenever he put me down, I would put my arms around my mum's legs. I was so terrified because I was thinking that our little boat would sink taking us all down with it."

On the other hand, it is evident that the way **Elaha** was thinking of her risky journey was protective for her; her father's reassurance had helped the little girl to fantasise a more positive story of her refugee experience:

> "I wasn't that scared in the journey. It was an adventure to me, something
> like a game. I was almost 7 years old. My dad had presented it to us
> nicely; he had told us that we were to go on a long journey. . . . And I
> used to fantasise that we would go on a trip to visit other relatives there."

Salih, on the other hand, believed that his patience was one of his assets that had proved crucial in coping with the experience of being a refugee minor living with people from cross-cultural backgrounds:

"Living with people from different countries and cultures is difficult, to

tell you the truth. Because everyone has his own attitude. You can't

manage it without patience. If I weren't patient, I wouldn't be able to stay

here even for a week."

Later on, **Salih** added that his intelligence and educational background,

coupled with hard work and his skill to adapt quickly to new environments, had also

helped him:

"The fact that I knew English helped. And the fact that I had gone to

school before helped, and the fact that I was clever helped. I already

knew so much. . . . My best asset is my education. . . . Education and

hard work can take you places if you believe so. . . . I know I'm smarter

than most of them. . . . The fact that I can adapt easily has helped, too!"

This corroborates studies suggesting that individuals can use their cognitive

and intellectual skills and flexibility in order to better cope with adversities (Masten

2007; Masten & Obradovic, 2008). It is also obvious that **Salih** has a good self-

image. A positive self-concept and a high sense of perceived self-efficacy and

competence have been associated with resilience and quick adaptation in numerous

studies (Gan et al., 2012; Masten & Obradovic 2008; Masten & Osofsky 2010). This

positive self-image will be discussed later in connection with the developmental stage

of adolescence at which the study participants were.

Flexibility in adapting to the new conditions, as appeared in **Salih** and others,

has also been considered crucial to refugees' well-being in exile. Especially for

minors, acculturation and language skills have been linked to better adaptation over

time (Wright et al., 2013). As seen in **Yara**'s narrative, minors easily pick up the new

language as they are exposed to various socialisation agents of the new society, including school and peer groups:

> "To be honest, I think I learned Greek in less than 3-4 months because I was very young and I made good friends and so I adjusted easily thanks to the kids. They taught me the language while playing games."

Abdul assumed that his personality had played an important role in his way of responding to his refugee adversities. Being a kind and loving person by nature, he had managed to free himself from the feelings of anger towards the perpetrators of his suffering, and eventually deal with his hardships:

> "I don't have feelings of anger anymore. I have forgiven the people that did bad things. . . . If I hadn't forgiven them, I would have been just like them. . . . I'm beautiful at heart. I never get angry with others. My father is like this, he is a good man. My parents raised me to be like that."

Abdul made the connection between his own personality building and his upbringing. His caregivers had been role models for him. Similarly, **Yara** presented her own strengths that helped her cope with the refugee experience; she recognised that those strengths were nurtured by her surroundings and especially her parents, "I was strong, but the people around me helped me a lot to get over all this. And my parents. Because it was them who helped us get back on our feet."

Parenting. Although the contribution of early attachments to the youngsters' responses to refugeedom should have been included in the interpersonal factors, I saw fit to present them here given that they provide the foundations for the development of cognitive skills, self-esteem, ways of coping with stressors, regulating intense emotions, relating to other people, etc. (Agaibi & Wilson, 2005; Bowlby, 1988; Davies & Frawley, 1994; Wright et al., 2013). By modelling effective solutions to

stress, good parenting help youngsters develop their self-efficacy, enabling them to triumph over stressors later in their lives (Agaibi & Wilson, 2005).

Several participants cited that their positive upbringing, characterised by care, warmth and love as well as guidance and discipline, had contributed to the development of a positive personality and offered them a protective armour against refugee adversities:

> "I had an incredibly good upbringing . . . I loved my parents a lot and they loved me. I was brought up to be nice to other people, to respect, to smile. And this has played a big role in my character, in who I am now. The way I was brought up was really incredible."
>
> **Ajmal**
>
> "The way my parents raised me helped! My dad was my best friend since I can remember myself. We used to talk a lot and he taught me so many things! . . . My father helped me have self-confidence. . . . He would talk to me and advise me."
>
> **Salih**
>
> "My parents raised us with such principles. They have helped me immensely; they have done everything they possibly can. . . . My father would accept any job offer, he would work two jobs per day; he would anything to take a good care of us."
>
> **Yara**

Abdul also claimed that his good parenting cushioned the difficulties of his childhood. He had introjected a caring image of his mother and recalled positive memories of feeding, one of the most fundamental maternal functions. He also expressed a deep affection for his father, who had offered him love and guidance.

"When I was a kid, my life was not perfect; we had difficulties in the
country. But I had my mum. I remember her feeding me and being good
to me. . . . My father is my best friend. He gives me good advice. He
taught me how to solve problems. When I was young, I used to tell him
that I wanted to stay with him for life. He loves me very much. My
mother is very sweet, caring and honest."

Abdul

Power position: Sense of control VS powerlessness and helplessness.

Refugee life is often characterised by lack of control. In this sense, the ability to
tolerate difficulties and remain engaged in defining life and improving living
conditions appears to have a buffering effect on refugees (Garbarino, 2008;
Terranova, Boxer, & Morrisl, 2009). Some participants revealed that a high sense of
control over their experiences and their capability to regulate compelling negative
reactions rather than being overwhelmed by them were major protective factors in
their refugee experience, confirming relevant literature (Bartone, 2000; Gan et al.,
2012; Masten & Obradovic, 2008; Masten & Osofsky 2010; Segal, 1986).

Abdul had managed to harness intense emotions and impulses, "I was very
angry, of course, but I've learnt to control it; it was hard but I'm able to control it
now"; while **Salih** appeared to have bottled them up for fear that others would take
advantage of him, "Although I was so young, nobody could manipulate me, nobody
could use me, nobody can use me, damn you all!"

Conversely, the loss of perceived control over their lives, the sense of
powerlessness and the adoption of the victim role contribute to more negative
responses (Garbarino, 2008; Garbarino & Kostelny, 1996). **Aref** exhibited a sense of
helplessness, hopelessness and isolation. My question if there had been anything that

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might have helped him cope was met with a flat refusal: "Nothing; nobody has helped me." Later, he added, "I do not have any dreams or goals for the future. I cannot make any plans. I'm in a foreign country and there is no one to help me."

Aref seemed to have difficulty envisioning himself in the future. This could be seen as what Garbarino (1999) called terminal thinking, i.e. the sense of futurelessness in the wake of severe adversities. The actual external circumstances indeed have severe consequences on the refugees' ability to tolerate hardship. **Aref** was left without even the bare necessities or the support of loving adults for a long time. As a result, he had given up all hope.

Existence of hope and positivity. The existence of hope and other positive emotions is supposed to buffer individuals in rough times. Optimism is essential for a smooth adaptation and positive development when individuals are confronted with great sorrows and misfortunes (Ryff, 2015; Walsh, 2007). As expected, the participants who appeared hopeful, even in times of tragedy, were more determined to find ways to meet challenges, rebuild their lives and keep their expectations high. Many of them, in spite of what they had experienced, did not let adversities spoil their mood and remained positive about the future instead:

> "Yes, I think that I'm an optimist. I do have my dark times . . . but I
>
> always get optimistic."
>
> **Ajmal**
>
> "I'm always hopeful. I believe this is my character. . . . I'm very lucky
>
> because I don't let my problems get the better me. I don't know what will
>
> happen in the future, but I still have hope. I've always believed that
>
> nothing is impossible. . . . I always find a way to feel happy. If you

cannot find a reason to be happy, you have to invent a reason on your own."

Hamidullah

"I'm flexible and I laugh; I always laugh. If you think positively, you'll always be happy."

Yara

However, it is important to underline that beneath the happiness armour, some youth suffer in silence:

"I'm forever laughing. Everybody believes that I'm a happy person now. I appear not to have any problem. But this is not true. I try to show others that I'm happy, but I'm not always happy inside."

Hamidullah

A sense of a survivor identity. Having survived numerous adversities, some youngsters had come to believe that they were able to deal with all sorts of difficulties. The conceptualisation of themselves as strong survivors can be associated with resilience and positive response (Agaibi & Wilson, 2005). **Ajmal** was certain that he could deal with almost anything as he had done before, "I always believe what my mum tells me, 'you have survived, some of the boys in prison were killed, but you are here, so you must be optimistic in your life'."

Seeing the positives. It often emerged that the ones who had managed to retain some positivity had chosen to look on the bright side of life:

"I try to see the positive side in everything, in every person. . . . I may struggle to find the good stuff, but I always do in the end."

Obaida

"I've always been looking at the positives and trying to forget the negatives. Had I let the negatives influence me, I would be having psychological problems now. So, I've always been looking at the bright side of life."

Yara

"I pretend that there are no negatives to ruin the image of my life or my dreams! I make a plan and try to reach each goal by taking one step at a time."

Elaha

We can also see here that **Elaha** has employed a useful method of problem-solving to cope with her difficulties. It involves setting manageable steps to realise her objectives. **Hamidullah** has employed the same method too. He gave an example of how he dealt with his adaptation to the new society:

"I always choose a goal and I set smaller steps in order to reach it. In this way, my goal becomes easier. For instance, when I came here, the first thing I had to do was to learn the language. During my first year, I had to attend some preparatory classes at a school for migrants. I also had private lessons with two teachers here. I knew that if I wasn't able to speak the language, I wouldn't be able to start new relationships; I wouldn't be able to do anything. So, I decided that learning the language was my first priority. When I was able to speak a little Greek, I started to interact with others. Because nobody can do anything without any help. We need other people in our lives. So, my next priority was to try and build good relationships."

The ability to formulate problem-solving ways has been among the skills and

qualities that lead to more resilient responses (Wilson, 2006).

Humour. During the interview process, the youngsters who used a little humour to lighten the atmosphere appeared to be better able to counterbalance the negative consequences of their experiences. By joking about the adverse conditions in which they had been living, they could avoid the painful aspects of their stories and could soften the triggered distressful thoughts and emotions. Humour can also be used as a distraction. Moreover, it is attractive to most people and none more beneficial than refugees (Bonanno, 2004; Bonanno & Keltner, 1997). As Cyrulnik (2009) stated, being able to joke about hardships equates to having triumphed over them.

Abdul emphasised that one of the positive qualities he had managed to retain was his sense of humour while **Hussein** stressed that despite adversities, he had been able to share "some funny moments, making jokes and laughing". **Khaled,** too, appeared to use humour, perhaps as a defence against painful material. He would often smile and laugh throughout his interview; he played down hardships by making humorous remarks, "I'm strong. I may be a superman!"

Ability to easily attract others. In general, the ability to easily attract others and turn to them for comfort and support, namely to use their social capital, can strengthen an individual's coping in the face of adversities (Walsh, 2007). The youth that had been able to attract those who could offer them care and support and who could act as a secure base for them appeared to react in more resilient and positive ways (Papadopoulos, 1999). **Eddie** had managed to do just that: "And it was there that a kid saw me and understood that I was African . . . I told him that I don't know anybody here, I have no home, nothing. And he took me to his home."

Later, **Eddie** spoke about another man whom he called grandpa; that man helped him when he first arrived in Greece, "And he took me to Kalamata and I stayed there. . . . Grandpa and the girls helped me a lot." He also spoke about the good relationship he has had with the people working at the shelter where he has been living for the last few years. I can infer that **Eddie** has the ability to attract others and benefit from them, i.e. to mobilise the available resources (Agaibi & Wilson, 2005).

Similarly, **Hamidullah** showed that he was sociable and lovable. He maintained that his good character and positive mood helped attract others, "Other people usually like me; they easily become friends with me. This has to do with my personality, I suppose. Relationships are mutual. If you do good things, you can find good things in others too. I also have a positive mood and this helps a lot."

I have to admit that during the interview process, I also sympathised with some more than others. **Reza**, for example, was a shy, polite and particularly good-looking boy that immediately caught my interest. Certain youth are more attractive to others and this can be a crucial protective factor for them as it predisposes others to be supportive.

Motivation and a devotion to a cause. Goal setting or a sense of purpose in life can contribute to positive responses (Baird & Boyle, 2011; Reinser, 2002). Personal motivation can reinforce youth to move forward. As **Eddie** emphasised, a strong will to make one's dreams come true and succeed in life and a firm belief that this is doable keep youngsters on the right track towards the realisation of their goals:

> "I have goals, so I need to move forward. . . . When I become a
>
> mechanic, I will have a very good life because I want everything to be
>
> good and I want a good life. . . . I want to leave behind the old difficulties
>
> and never look back. Everything will be easier because they have to."

While speaking about her efforts to adapt and succeed in her new life, **Elaha** also underlined her strong will, "If you want something really badly, you'll try like hell to make it! If you don't try, it will mean that you don't want it that bad!"

Caring for others, fulfilling ambitions or reverting to previous states of well-being as well as fighting for a cause were some of the objectives that kept participants on that positive pathway:

"When I think about my family. How we used to be and how we are now. It's an extra motivation to try and revert things to what they used to be."

Salih

"I also have my personal drive that helps me try harder. I now know what I want to do with my life and I'm trying my best to make it."

Mosi

"I go to charities and help with whatever I can."

Asha

Caring for others, including family members or those who are more vulnerable, can function as a coping mechanism for refugees. There is evidence that individuals may exercise agency by helping others and so, in a small way, they can fill the gap in the service provision; this can promote their psychological well-being (Strang & Quinn, 2014; Phillimore, Humphris, & Khan, 2017).

Through their devotion to others, they may also develop strength, courage, compassion and generosity and they may feel good inside and attract love (Cyrulnik, 2009; Walsh, 2007). By helping others recover, refugees can also rebuild their lives and thus help themselves recover faster. **Obaida** explained how helping her mother and caring for her younger brother had helped her develop and feel proud of herself:

"I have always tried to be strong and look happy for the sake of my

mother. I would like to be able to always help her in any way I can, to be

next to her, to make her smile, to remind her that things are not too bad

or too difficult. This also makes me feel good. And then, when I was 10

years old, my brother was born. And I had to look after him as my

parents used to work all day. . . . My mum was desperate and I did

everything I could to be there for her. . . . Trying to help my family

proved to be of great help to me too. My brother has made me stronger."

Coping strategies. This study has identified some of the strategies that its

research participants have used to counteract the effects of refugeedom. As presented

in the theoretical context, these strategies can be distinguished between the ones who

are orientated towards adversities and the ones that individuals employ in order to

move beyond them (Bonanno et al., 2011).

More specifically, some individuals deliberatively focus on and process their

adversities in order to comprehend them and control the cognitive, behavioural and

emotional sequel triggered by them (Horowitz, 1986). Others may use strategies to

intentionally keep the negative thoughts and emotions at bay and avoid the stimuli

that trigger painful memories (Freud, 1915; O'Toole et al., 2015; Sanderson, 2013).

This can help reduce their distress, focus on their adaptation and move forward

(Carver & Scheier, 2001).

Indeed, some participants had chosen to face difficult issues by talking about

them. **Mosi** would share his problems with his friends and family as a way of coping

with the effects of the hardship he had suffered, "When I face difficulties, I talk to

friends, to my parents. . . . I find sharing my problems very helpful."

Conversely, many participants tried to suppress the painful memories and move on with their lives, although most of them admitted that it was a tall order. Some of them even refused to talk about what they had had to endure in order perhaps to avoid unbearable issues until they could find other, more effective coping behaviours (Sleijpen et al., 2015).

> "There are things that I cannot forget, but I try to get them out of my mind, to clear my mind when such thoughts emerge."

> **Reza**

> "I would like to forget everything; to leave my past behind; now I try to forget everything. I need to carry on with my life. Life moves on."

> **Khaled**

> "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. . . . I want to move on with my life, but it's not easy."

> **Hussein**

Another defence strategy encountered was that of idealisation and daydreaming. For instance, **Khaled**'s conceptualisation of reality appeared rather prettified; he described his life in Greece as if he was on a tourist trip. This could be exaggerated enthusiasm for the new environment, what can be seen as defensive euphoria:

> "Life in Greece is very, very good. [He laid particular stress on that]. I can go for a walk and be safe –this is the most important! I stroll around, I see Athens, the Acropolis; this is great."

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Idealisation can be protective in that it helps people escape a cruel world and make life bearable, but there is always a price to pay (Cyrulnik, 2009). It may seem an effective first-line coping strategy, but it does not usually take long to prove frail.

Another way for our refugee minors to block negative thoughts was to use various distraction techniques (Goodman, Vesely, Letiecq & Cleaveland, 2017; Sanderson, 2013):

"You cannot forget. … But I try to keep myself busy and stop the negative thoughts."

Abdul

"Sometimes, when bad memories come to mind … some other things can distract me, like writing, listening to music, walking. I like walking. Studying and working help me too."

Hamidullah

Moreover, some individuals can separate themselves from the negative parts of their thoughts, emotions and experiences through the process of dissociation (Briere, 2002) or actually forget painful memories as a coping strategy (Melzak, 1992). **Jaheem** reported his inability to remember some parts of his story, "I don't remember anything else. I cannot remember most of it."

Although it appears temporarily protective, a prolonged use of defences may cripple an individual's personality, preserve unconscious negative feelings and render them psychologically numb (Cyrulnik, 2010). In the theoretical framework, it has also been suggested that individuals often use both kinds of coping strategies, i.e. the adversity-orientated and the moving-beyond-adversity strategies. When they can flexibly use both kinds depending on the situation and availability, individuals appear to be more well-adapted (Bonanno et al., 2011).

Indeed, some of the participants seemed able to focus both on the past and the future in order to cope with previous adversities and be able to move on. They stated that although at times they would cognitively process their adversities and even talk about them in a therapeutic context, there were times when they would try to suppress them in order to move beyond them:

"The therapist helped, talking to her has helped. . . . Counselling has massively reduced the stress in me, my anxiety, the pressure, but I still feel overwhelmed at times. [Other times,] I thought to put everything aside. . . . If only I could forget everything . . . If only I could erase everything bad that has happened to me. There are times when it is too much to remember things.

Ajmal

"Man does not exist without his past; I have memories, I still remember. They're like lessons. And I always look both forward and backward."

Yara

In a similar vein, **Hamidullah** said that he had to remember past adversities, think about them and understand them as a way of coping. At the same time, he would try to repress some unbearable memories so as to move on:

"I think about [my problems]. I have to because I mustn't forget who I was so as I can see who I am now. I need my past to make my future. . . . When you don't remember the start level, how can you reach the next level of the 'game' to pursue your goal? . . . Time cannot heal if you don't think about your story, time cannot just take your problems away. You must first think about them, understand them, and forgive others and yourself in order to overcome your problems. . . . But I must also forget

some of the bad experiences. If I live with them forever, they will

probably kill me . . . they will affect both my present and my future.

There are things that I don't want to remember."

Belief systems. It has also been reported that the religious, political,

ideological, cultural and other belief systems refugees use in order to attach meaning

to their experiences largely affect their reactions to them (Reinser, 2002). Religious

faith in particular is seen as an endless source of strength, support, consolation and

hope, contributing to more positive responses (Pargament & Cummings, 2010).

Religious beliefs can also make it easier for people to forgive the perpetrators of their

suffering (Walsh, 2006; Worthington & Scherer, 2004). Religion, moreover, defines

what is right and what is wrong and can assist in keeping people on the right track.

All this has been affirmed by the current study:

"I believe in God, so I pray to God to give me strength to keep going and

to keep me and my family safe."

Ajmal

"My faith has also helped me. I've always been praying to God. People

need to believe that there's someone out there who will help them if they

pray to him. Man cannot otherwise exist."

Yara

"Religion always helps. When you feel there is no way out, you know

that there is someone out there to listen to you. There is a power you can

communicate with, so you don't have to keep everything to yourself and

develop psychological problems!"

Elaha

"My religion has literally saved me from bad things, like drugs, etc. My religion keeps me on the right path. Religion helps you all the time, even in hard times."

Mehdi

"My faith has helped me a lot. I'm a Muslim and my faith is deep-seated, that won't change. That's why, no matter who's to blame, I believe that it was God's will in the first place and so, it had to be done this way. . . . My faith keeps me going."

Salih

Salih found solace in the belief that everything happens as God wishes because it can account for the cause of his experiences (Imber-Black, Roberts, & Whiting, 2003). **Elaha** also consoled herself with the thought that difficulties exist because our faith is put to the test, "Difficulties are there for us to pass some tests."

Others presented the numerous beliefs that had helped them move forward in more positive ways. These beliefs, which can be seen as culturally or religiously orientated, mainly serve as sources of encouragement and optimism:

"If I'm upset today, tomorrow will be a new day, a new page on which I'll have to start writing well if I want it to end well."

Elaha

"We can't just live in the past; we have to move on and be strong, and just let God do the rest. . . . I have to work hard, believe in myself and remind myself that I can do it. No matter what is going on around you, you should remind yourself that you can do it."

Asha

Moreover, culturally-determined levels of stoicism, patience and a fatalistic notion about adversities (Daya, 2005; Mehraby, 2007) emerged in some of the teens. As already seen, people coming from non-Western cultures acknowledge fate or destiny and conform to the conditions without complaining about negative experiences and their aftereffects. **Jaheem**, presented adversities as an unavoidable part of human life, "What really helps is when I think 'That's life'." **Hussein** also mentioned, "I often think that my life was never perfect. But that's life. Nobody's life is perfect."

I have to underline at this point that the culture each refugee comes from can function in a protective manner by providing belief systems that help them attach meaning, vent pent-up frustration and cope with adversities (Wright et al., 2013). Some participants described how espousing culturally-determined ideas had kept them on the right track. Some of these ideas depict suffering adversities as a somehow valuable way of making people appreciate their future, work harder to improve it and grasp the new potentialities. Another cultural notion that guarantees that the perpetrators will be punished in the otherworld may offer these youth some consolation and help them avoid intense feelings of anger and injustice:

"My culture as an Afghan has also helped because we don't do bad things in my culture. These ideas help me to improve my life; my culture protects me."

Mehdi

"Without the African discipline, I wouldn't have achieved what I have achieved so far. African culture and my religion have helped me enormously. Whatever happens, Lord will help me. Going through hard times helps people think about their future and how to make it better."

Mosi

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"But those who treated us badly will be accountable for what they did to

us in the otherworld and they will be punished there. You see, we believe

in an otherworld."

Yara

Interpersonal factors.

Parental presence and availability. A consistent and caring environment is

one of the most significant mediating factors between adversities and youth's

reactions to them; children and adolescents count on such environment for comfort,

safety and support (Olff, 2012; Oppedal & Idsoe, 2015). The 'buffering effect' of

parental presence for the youth in the wake of severe adversities is one of the most

enduring findings in the relevant literature (Freud & Burlingham, 1943; Masten &

Narayan, 2012; Nilsen, 2005).

This study confirms that minors' well-being in the wake of refugee adversities

is largely determined by parental presence. Most participants considered their

parents' assistance, guidance, encouragement and support indispensable during their

hardships, leading to more positive reactions:

"When you live with your parents, they guide you on the right path.

Minors are not mature; it's difficult to live without having parents to

guide you and protect you."

Salih

"Every time I ... couldn't take it anymore, my parents would say that I

would make it .... If I'd been alone, I really don't know what I'd have

done; I cannot even imagine how awful it would've been. I see now all

those refugee children coming all alone. If I were in their place, I'd go

mad; it's really tough."

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Yara

"I'm so close to my mum; my mum helps me and supports me ... my best friend is my mum. If I have any problem, I talk to my mum. ... If I didn't have my mum in my life, I don't know how I would manage. "

Asha

"My life would have been better ... if I had my parent. ... If I had my parents here, everything would be different. Even my studies would be easier. When parent-teacher meetings are held at school, my brother comes instead. If my parents were here, I would be just like any other kid."

Hussein

We can see that separation from parents deprives children of the protective shield that stands between them and the upheavals (Helgeson & Lopez, 2010). **Hussein** underlined that when children are separated from their parents, their lives do not feel as normal as the lives of other kids. Refugee minors lack the protection against the multiple stressors as well as the supportive relationships that are crucial for their emotional well-being and thus have an extra burden on top of their refugee adversities. This is consistent with multiple studies on unaccompanied minors which reveal a wide range of emotional, developmental and behavioural problems (Derluyn & Broekaert, 2008).

When asked about the factors that had helped them cope with their adversities, some of the unaccompanied minors appeared to have no answer:

 "Nothing. Nobody has helped me"

Aref

"I don't really know what's helped me make it. I don't recall anybody

helping me."

Jaheem

This is consistent with studies suggesting that the young refugees who lack the

familial networks and are more socially isolated, appear to be more vulnerable in

adversity (Garbarino, 2008).

Beyond their presence itself, parents' own reactions largely affect their

children's responses to refugeedom, i.e. youngsters' refugee experience is filtered

through parents' experience. When parents manage to maintain their parental skills

and functionality and adopt more positive responses to stressors, their offspring

respond more positively too. Several participants described how their parents'

courageous and positive stance had contributed to their better adaptation:

"My parents were showing us that they would never quit trying, that they

would make it."

Yara

"I have always drawn my strength from the courage of my parents

because it is them who struggle to offer us the best they can."

Elaha

"My parents were so happy when we first came. . . . We were so grateful.

. . . I was so grateful for being [in the UK]."

Asha

However, multiple stressors do affect parents. Their anxiety is transmitted to

their offspring and their inability to cope with adversities negatively affects their

offspring's adaptation (Ajduković & Ajduković, 1993; Beiser & Hou, 2006; Freud &

Burlingham, 1943). Distress can undermine parental behaviour and alarm children

more directly (Masten & Narayan, 2012). **Yara** recounted that despite her parents'

courageous attempt to paint a brighter picture of their situation, she was able to see

through them:

> "My parents were very distressed at first, a bit angry even because they
>
> were in a strange place without speaking its language, trying to look
>
> brave to us by keeping everything inside. They only had each other. I
>
> would hear them talk at nights about what to do, how to proceed, how to
>
> take care of us."

Family relationships. Apart from parents' adjustment to adversities, family

integrity, cohesion and functionality are significant for youth's responses (Masten &

Narayan, 2012; Miller & Rasmussen, 2016):

> "It was very important that the whole family was together because we
>
> were united in joys and sorrows."

> **Elaha**

> "Having a family is also important; family gives encouragement,
>
> directions, guidance, etc. My family has helped me."

> **Mosi**

> Participants cited strong and meaningful relationships with other family

members that had proved helpful during their refugee experiences:

> "And my siblings [helped me] … They too have always been there for
>
> me.

> **Yara**

> In the absence of parents, older siblings may adopt the role of caregivers as in

the case of **Hussein**: "My brother has always been supportive and has been trying to

keep me safe. During the journey, he would always try not to panic in order to keep

me calm. . . . If he hadn't kept such a cool head, who would still be looking after me? . . . My brother is my role model. He is like a parent to me now."

However, **Hussein** added that although his brother was trying to be strong in order to protect him, he also needed protection himself, "My brother helps me a lot, but he also needs help. He's been through the same difficulties as me. He's been struggling, too. He also feels bad."

Foster family. For **Ajmal**, his foster family had compensated, to some extent, for the loss of his parents. Their genuine interest, acceptance and affection had a great effect on him:

"They took me to a foster family. They were really nice people. . . . When I'm down thinking of my family or the time in prison, or when I get emotional, they are always there for me. I have come to rely on them and I'm really grateful to them for everything they have done for me. . . . Honestly, they love me a lot, they treat me like their own son. . . . I could see that their feelings were genuine. And this affected me in a positive way. They are my role models if you like, they've both finished universities, they are kind and supportive. This made me move forward, really."

The role of his British foster parents was essential for **Ajmal**'s adaptation to the big cultural differences of his new life in the UK. It is well worth mentioning that they also made sure that **Ajmal** continued practising his religious or cultural customs in his new country:

"It was a massive shock for me, different cultures. . . . So, it was hard, but my foster parents helped me a lot. Even though they are British, they've encouraged me to keep some of the things I used to do in Sudan.

> I used to pray and my dad used to take me to mosques. So, my foster
>
> father also takes me to a mosque to pray here. . . . This is really
>
> important. So, they encourage me and tell me that I don't need to lose my
>
> identity, that I can keep the things I want to have in my life."

We have seen that retaining one's ethnic identity as well as adopting new elements of the culture of the host society can potentially lead to better psychosocial outcomes for refugees (Phinney et al., 2001).

   Other caring adults.   Other adults can compensate for the unavailability of parents. People working in childcare facilities and other institutions may fill the gap left by the parental absence (Masten & Osofsky 2010). In the case of Reza, who was living in a shelter for unaccompanied minors, the presence of caring adults has contributed to his positive adaptation:

> "The people who work here at the shelter help me a lot . . . they all care
>
> about me and love me. . . . They spend time with me, they talk to me, and
>
> they do things that take my mind off my problems."

Eddie recounted that he was fortunate to have met an old man and his family who were kind enough to offer him a place in their home as well as their love and support; that encounter had largely determined his fate as a refugee:

> "I found help everywhere. . . . And grandpa helped me a lot and his two
>
> daughters. They gave me a home to live, my own bed . . . clothes to wear
>
> and everything. Grandpa and Maria and Eleni love me a lot. I don't ever
>
> want to forget grandpa because he treated me like my dad. I have him as
>
> my dad."

Even when he left that family, **Eddie** was lucky enough to have found support at a shelter for refugees; he considered the people there his new family and highly

appreciated the assistance he had been offered. He emphasised that their contribution to his successful adaptation in exile was enormous, "I feel like I'm with my family where I stay here. . . . I feel that if I didn't have these people, my life wouldn't be the same."

In contrast, **Salih** reported some negative experiences with the people working at his shelter. For him, they were not as supportive as they should have been. A complaint about their lack of genuine interest can be seen in his words:

> "Olga would start telling me off. And I would say to myself to be patient, that she would stop. She doesn't know what I've been through in my life, only I know! ... If I weren't patient, I wouldn't be able to stay here even for a week. ... I've been here a little more than 2.5 years and I can tell you that I don't like the 90% of what is happening, but I can't do anything about it. ... OK, they could be doing more, but OK, they all have their reasons for not doing more."

Teachers can also serve as role models for the youngsters who lack parental figures (Fazel, 2015). Some participants revealed a special bond with them at school:

> "I have a teacher with whom I do not only talk about lessons or the language; she gives me advice and guidance. ... She plays a parental role to me. I respect her a lot; she is a good woman. ... Her behaviour, her love for me! We are like mother and son and at times, she actually reminds me of my mum."
>
> **Hamidullah**
>
> "I had the sort of teachers you can turn to if you experience problems, like when you are bullied, or when you're down; they were very supportive."
>
> **Ajmal**

Therapeutic relationships. A few individuals were referred to specialised therapeutic care in order to cope with their psychopathology. One of them was **Ajmal** who was suffering from depressive and PTSD symptoms. He recounted how therapy had helped him alleviate his symptoms and intense suffering and improve his functionality:

> "I had a lot of counselling with my psychologist. She was really nice, she listened to me, she gave me techniques and advice on how to sleep because I really had a lot of trouble being unable to sleep. I was always recalling the time when I was in Sudan, when I was in prison. But, eventually, with her help, I managed to sleep. . . . I'm much better now because the therapist helped, talking to her has helped. She has specialised in it and she gave me many techniques, how to deal with my emotional problems, my anger, my lack of sleep, how to improve my mental state. Those techniques really helped."

The wider community. Social ties with the neighbourhood and wider communities are also deemed significant protective factors in youngsters' life (Sleijpen et al., 2015; Wright et al., 2013). The existence of social capital appeared important in refugee youth's lives while its absence could have increased their helplessness and desperation:

> "Here, I have created bonds with neighbours and friends; people that I am not related by blood."
>
> **Elaha**
>
> "It was so great to see that people here are so willing to help refuges"
>
> **Asha**

"Here, I have no one to help me. If I had my family here, everything would be better for me. I don't know any other adult here who can help us. I know some people that are refugees like me, so they can't help. I don't speak to anyone about my problems because I don't have anyone to speak with."

Mehdi

Contact with compatriots. Other participants presented the support from people of the same ethnic origin and the sense of connectedness with compatriots in exile as protective factors, corroborating previous studies (Liebkind & Jasinskaja-Lahti, 2000). Being involved with a community of compatriots can allow refugees to preserve some of their cultural customs, rituals, foods, etc. This can make them feel that they retain a part of their previous lives and identities, which is beneficial to refugees (Phinney et al., 2001):

"My social worker introduced me to a Sudanese woman . . . she's been here for many years. And every now and then, she takes me to her house and cooks Sudanese food for me. She cares about me and I really feel like I'm home when I visit her house. . . . Being in a community with other Sudanese people is good for me."

Ajmal

"I also have a friend that lives out of the shelter. He's from Africa too and older than me, and he invites me to his place and cooks African dishes for me. I like that we cook and eat these dishes together. He reminds me of my mum who used to cook African dishes for me."

Eddie

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"I know many compatriots of mine that live here. I'm close to some of them. They are like family to me here in England."

Hussein

"We have some Syrian friends who have been living here for many years, like 30 years; they have been working here as doctors and other professionals and their kids have been born here, but they also speak Arabic. These people have helped us since we came. We have the Syrian community here. We meet every Sunday and we do different activities together, we have lunch, we sing, play music and have fun."

Khaled

Khaled and his family presumably live in a more protective environment. Having a community of compatriots who are able to provide for them can lead to a decent life in exile. Moreover, sharing some happy moments with this community may have created a sense of normalcy in **Khaled**'s life.

Relationships with locals. The attitude of the local people in the new country also plays a crucial role in refugee youth. Previous literature emphasises that acceptance by the receiving society and social connectedness (Forstmeier et al., 2009; Kirmayer, et al., 2011) are significant determinants of refugees' adaptation in exile.

"Most people have accepted me here and this is extremely important to me. I know very well that some people don't like foreigners; but, there are also good people; people who see you for what you are, people who don't judge your nationality, but your good character. I've got some good friends. I feel that I have people in my life who support me."

Obaida

"The UK helps refugees. It is a good country. I haven't faced any sort of racism. I feel just like the locals here; I feel integrated."

Abed

"People here are good; they are no snoops. You can do whatever you want, it's your business and nobody cares. English people are good to me because I'm good to them."

Mehdi

 "British people treat me ok. Well, if they don't know you, they leave you alone. This can be bad because it shows indifference, but it can also be good because they are not nosy. If you have an accent, they don't care. And they generally help you even when they don't know you."

Mosi

Both **Mosi** and **Mehdi** conceptualised British people as not interfering in refugees' lives. Living in a multicultural society, they accept the different and can be helpful to others, but they can also appear indifferent.

Yara described the majority of Greeks as hospitable people that help their fellow human beings. She had, however, met bad people too, who tried to take advantage of her family: "Greeks have been hospitable, especially our neighbours who used to share their food with us. OK, there were bad people too, like our landlord who probably wanted to take advantage of our situation."

In countries like Greece, locals, volunteers and charities usually try to make up for the missing state support for refugees (Giannakopoulos & Anagnostopoulos, 2016; Kousoulis et al., 2016). **Elaha** and **Yara** expressed their gratitude for the support they had been offered in Greece:

"A woman who worked there took me to her home to make me feel better, safer, and more comfortable because I was crying all the time. . . . When we first arrived here, we spent some time with the Sisters [the nuns] who helped us. "

Yara

"We found some volunteers who rented homes to families with many children and gave you food and clothes. . . . Since we set foot here, everybody has been helping us; they did nothing but help us! I used to think: "Wow, that must be heaven!" After all we had been through, so many cold and dark nights, such hardship, we finally arrived in a different world. We could never have anticipated such hospitality; that they would bring us food and clothes. Because in Turkey, there was no such help."

Elaha

 Elaha's perception of the support offered to refugees may seem idealised. Her account underlines, however, the significance of hospitality and connectedness with other people in the new country (Gill, 2016). **Eddie** emphatically described Greeks as being exceptionally good to him and expressed his deep gratitude for all their help too:

"I've been here 4,5 years now and I've never found a bad Greek, only good ones. And whoever says that Greeks are bad, I tell them that for me, they are not. . . . And I've never had a problem with the police that are supposed to arrest you and put you in prison. . . . One time only, I was stopped by a policeman and because I had no papers, he took me to the police station. One of his colleagues there asked me how old I was. When

I told him 13, he turned to the policeman who caught me and told him:

"Why did you bring him here? He's just a kid." They gave me some

clothes and took me back to where they had found me in the police car."

Peers. There is also abundant evidence of the effects of positive peer bonding

and support on young refugees' well-being, self-confidence and adaptation in exile

(Fazel, 2015; Thomas & Lau, 2003). Several participants stated that their peers had

offered them assistance and encouragement as well as the sense of belongingness

(Sleijpen, et al., 2015). Moreover, peer groups appear to have helped the refugee

youngsters with learning the new language and thus better adapt to the new

conditions:

"When I went to high school, I had my own company. If somebody tried

to make fun of me, the Greeks would step in even before I could raise my

eyebrows. They would tell them to hold their tongues. In time, you form

your own 'gang' that will support you no matter what."

Elaha

"I also have a friend that lives out of the shelter. . . . We talk a lot with

this friend, I may tell him about my problems and he helps me."

Eddie

"I think I learned Greek in less than 3-4 months because I was very

young and I made good friends and so I adjusted easily thanks to the

kids. They taught me the language while playing games."

Yara

We can infer that refugee minors' need for belongingness and affection can

often be met through peer group experiences given that they are in a process of

psychological disengagement from parental figures. However, no matter how much

friends mean to young refugees, parental absence or unavailability cannot always be alleviated by the existence of a social circle, as **Abdul** eloquently put it, "Friends here help me, but friends are not family."

Sociopolitical factors.

I have already presented that the sociopolitical context in exile plays a crucial role in determining refugees' post-migration life, integration and well-being (Zepinic et al., 2012). The host society can perpetuate or heal the wounds that refugees had suffered during the previous phases of their refugee experience. Several contextual factors and conditions in each country of asylum have been identified that either aggravate their distress or increase the likelihood of a more adaptive outcome.

Rights and benefits in the host countries. The different asylum systems and immigration policy measures as well as refugees' access to rights and entitlements offered by the country of asylum are known as the sociopolitical factors that affect refugees' responses (Asante et al., 2003). Some participants spoke about their access to rights, including financial support, healthcare, social services and education:

> "This country has helped me. I have my own doctor here. It's good that doctors here, you GP, cares about you."
>
> **Mehdi**
>
> "I stay at my sister's house now and a social worker comes to see me twice a week. I also get some money every month. . . . The UK has helped me a lot; they give me money and education."
>
> **Abed**

The following excerpt is interesting, however, as it shows how **Elaha** conceptualises the absence of benefits for refugees in Greece. Her family had been offered no financial support or assistance with their housing by the Greek state.

Nonetheless, **Elaha** sees the positive side of things. She believes that other countries may offer refugees certain benefits, but they treat them like machines in that their lives are very much controlled. For her, the absence of benefits is offset by the fact that they enjoy comparative freedom and the same rights as the Greek citizens

"I hear about other European countries from relatives, friends, etc. that have gone there and I realise that Greece is the only one that gives you some leeway to express yourself like a human being. Those who have gone to Germany, Sweden, etc. have been given a place to stay, but they are told that you'll get this amount of money every month, you'll buy this type of food, and you'll do these things; they are treated like robots! Whereas here, nobody will tell you that you cannot own a car unless it is bought in a Greek's name or you have a Greek guarantor! It's like telling you that they don't trust you; that they don't even consider you a human being! Here, they won't tell you that you're a foreigner and therefore you will not be trusted with anything from this country. . . . We have bought a car and a home here! We've never had such problems; they've trusted my father!"

Asylum policies. The policies concerning the asylum process can either impede or facilitate refugees' integration in each host country. For instance, there are concerns that in the UK, the dispersal of refugees on a no-choice basis across the country may be anti-integrative and detrimental to their adaptation (Bakker, Cheung, & Phillimore, 2016). Refugees may become isolated from their friends, communities and established social and supporting networks due to frequent mobility (Kearns & Whitely, 2015; NIACE, 2009; Stewart, 2012).

Frequent mobility is thought to have been going mainly against the best

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interests of children as their care, education and social relationships are disrupted (Rutter, 2006). It can destabilise their integration into school and social communities and negatively affect their psychological well-being and sense of belonging, safety and security (Bakker et al., 2016).

Hussein had been sent to Hall where he had integrated into the school community and had made friends. Then, his family moved back to London. This is often the case with many refugees who move back to the capital where there are more opportunities for them (Allsopp, et al., 2014). **Hussein** admitted that he preferred living in Hall for his move to London had some negative consequences, "Not in London, in Hall. I had made many friends there. . . . I prefer my school in Hall."

Moreover, the detention policy appears to have a detrimental impact on youth's well-being. Some of them were kept in detention centres, where conditions were described as inhumane, until a place in accommodation facilities became available:

> "When I first came, I stayed in a camp where many refugees were kept
> and there were policemen all around. . . . We used to live in a place that
> had many rooms and in each one, around 10 people used to sleep. "

> **Hamidullah**
> "I was imprisoned for 25 whole days in Samos!!! Locked in a room for
> 25 whole days. 25 days, damn you!!! And all this time, I was wondering
> why I was locked up. Why? I was in Europe and I was supposed to have
> a better life, I was supposed to be free, I was supposed to have human
> rights! . . . I was just a kid, I was a minor, I was 15, damn you all!!! And
> there was this lady who would come to visit me with somebody else once

a week for about an hour. And she would tell me that they were trying to

do their best for me [so as to find him accommodation elsewhere]."

Salih

Although the detention policy for minors in Greece states that it should be

used only as a last resort and for the shortest length of time possible (UNHCR, 2012),

there have been reports that a large number of minors are arbitrarily detained for long

periods (Fili & Xythali, 2017; Human Rights Watch, 2012). The lack of available

places in accommodation facilities for unaccompanied minors due to the influx of

refugees in Greece (Tsiamis et al., 2016) often forces Greek authorities to violate the

anti-detention policy for minors (Galante, 2014). Minors may also be detained by

police authorities until their identification process has been completed (UNHCR,

2009).

Access to support services. The availability and effectiveness of agencies and

services for refugees in the host community have been widely reported as factors

contributing to refugees' responses (Asante et al., 2003; Goodman et al., 2017). Some

participants spoke about various state-provided services and other organisations:

"We were accommodated in a hotel that was ran by the Doctors of the

World for almost a year. . . . As soon as we arrived, we were . . . assisted

by many organisations. . . . In the Doctors of the World, there was

somebody who spoke Turkish with whom we kept in touch. If we needed

something, we would tell him and he would pass on our request to

whoever could help us. . . . They also found a job for my dad; although

he didn't know the language, they helped him right away"

Elaha

"Here, at the Fresh Beginnings, they have social workers, etc., and they

help us with social or practical things. They help us a lot."

Mehdi

"The social services also provided me with extra lessons for some time,

which helped a lot too. . . . I didn't really understand how the [asylum]

process worked, but the social services helped me along the way."

Ajmal

Every offer of support is to the benefit of refugees as a whole for it makes

them feel that they are accepted by their host countries, as **Ajmal** highlights, "In the

UK, the society welcomes you, embraces you, helps you. You have just moved here,

but your life matters."

Hussein, however, believed that the UK offers inadequate financial support.

His brother and he were struggling to make ends meet. He complained about not

having access to a council house, which would lift the burden of renting privately

from their shoulders:

"Here, we cannot even apply for council housing. We have to pay so

much money for rent. . . . There are lots of things I would like to change.

Financial support should be better; this is the main thing that should be

changed. . . . I'm worried about our circumstances."

Additionally, **Hamidullah** talked about the lack of support regarding higher

education in Greece, "I would like to go to university and further my education. But,

there is no such support in Greece. Only yourself and your family can help you with

your studies."

The role of school. For minors, one of the most widely reported protective

factors offered by their host countries is the entrance to the educational system

(Human Rights Watch, 2017; Masten & Obradovic, 2008; Masten & Osofsky 2010). A positive experience of education in exile enhances adaptation and development by providing stability and normalcy and thus assists youth in re-establishing some routine and reconstructing their lives (Brownlees & Finch, 2010; Fazel, 2015).

Elaha described her initial period in her host country as a difficult period, but added that things went better when she started school, "We enrolled in the local school and that's how our lives began here". Likewise, **Salih** said, "In the beginning, I didn't want to stay here. . . . But then, Olga [the shelter's social worker] took me to the school which I attend regularly now." Admission to school is the point when refugee youth's turbulent lives begin to have some normalcy as school is considered a means of socialisation and integration within the host society (Montgomery & Foldspang, 2008). In this sense, integration programmes at schools have proved to be beneficial. Many participants reported that school had facilitated the acquisition of the new language and their adaptation to society. School had also provided them with emotional warmth and opportunities for meaningful relationships with peers and the adult personnel:

> "At school, we were put in an integration course. The teachers were
>
> trying their best to make us feel at home and make new friends. They
>
> used to help us more than the Greek kids so as we could read and write
>
> and reach the level of the other kids."
>
> **Elaha**
>
> "After a year, I started going to school. At the beginning, it was hard. But
>
> after a while, I started picking up the language. I remember the first time
>
> a girl at school approached me and tried to communicate with me in
>
> mime. We became friends and she helped me learn the language."

Mariam

Some of the participants highly appreciated the special support they had been offered at school. The feeling of being provided for contributed to their well-being.

"Because I have emotional problems and English is not my first

language . . . the school supported me, the teachers were really helpful,

they were all fantastic. I used to attend an afterschool club and on Fridays,

my teacher gave me one-to-one support after school. They also gave me

extra time in my exams. They were super helpful."

Ajmal

"But the teachers helped me a lot. They used to stay with me in class

after all the other kids had gone and explain everything to me. I could see

that they were trying to help us in any way they could. And I was trying

to show them that I was worth their help! If it hadn't been for their help, I

wouldn't be standing here today. "

Yara

Refugee youth may often over-invest in school as school becomes the decisive means of progress and success in life and of making their dreams come true (Sleijpen et al., 2015). They feel that a better future may compensate for their injured past. Cyrulnik (2009) has written that for these kids, "getting qualifications becomes the balm that can heal all their wounds." (p. 9)

Even **Aref**, who appeared isolated, helpless and uninterested in most activities, found some purpose in life by going to school and trying to be a good student. Getting good marks seemed to improve his self-esteem as he implied, "I go to school and I really like it! School means a lot to me! I'm a good student. My grades are good, considering I learn everything in a foreign language."

Similarly, **Mehdi** invested in school in order to develop himself and become useful to his homeland. Academic achievement seemed to raise his self-esteem too:

" I'm good at school. Teachers say that I'm good. They gave me an award for being a good student. . . . I want to get a good education so I can be a good man when I go back home."

Encouragement at school can develop youngsters' sense of competence and instil drive and ambition in them:

"The school here really believed in me, they told me that although I was not like the other kids here, in that I wasn't born in the UK, I had good potential. They believed in me and they encouraged me. And now, I'm studying to become a pharmacist. . . . This made me more motivated, more interested, I was craving for education."

Ajmal

Unfortunately, negative experiences at school, such as isolation, racism, or bullying (Fazel, Doll, & Stein, 2009) as well as lack of integration programmes and inadequate support for refugee students, can prove disastrous for youngsters' integration into the host country (Doyle & McCorriston, 2008; Brownlees & Finch, 2010). Some participants reported such negative experiences:

"When I first came here, I didn't receive any special help at school or anything. I tried to fit in all by myself."

Hussein

"When I first came here, it was really bad because I was bullied. At school, I experienced a lot of bullying actually because I couldn't speak English, etc."

Ajmal

"They all kept their distance from me and I couldn't understand why.

They didn't want me. . . . It was all so very distressing that I wanted to

quit school."

Salih

Similarities and differences between homelands and host countries. Some of
the youth presented that the similarities or differences between their homelands and
their countries of asylum in terms of the way of life were among the determinants of
their adaptation. **Khaled** laid particular emphasis on the similarities he had
discovered, which hypothetically facilitated his adaptation, "Greece is very much like
Syria; the people, the weather, everything here is like Syria. I like Greece."

Likewise, **Aref**'s positive stance regarding his settlement in Greece was based
on the perceived similarities as he acknowledged, "I would like to live here in Greece.
Life here is much like life in Afghanistan."

On the other hand, some youth made complaints about the lack of places of
worship in Greece, which prevented them from practising their religious activities.
They even complained about not having much choice when it comes to buying their
traditional attire. **Elaha** underlined that Greece should make an effort to meet some of
refugees' basic needs:

"There is no place of worship for us. A mosque where we will be able to

hold our religious celebrations and teach our children the basics of Islam,

our customs and such like. And I wish there were decent shops where we

could buy our clothes, hijabs, etc."

Participants also described how the differences in culture, routines, food, or
even the climate and landscape had hampered their adaptation to the new
environments. Refugees' difficulty in adjusting to the new country is intensified when

their previous roles, culture and lifestyle are quite distinct from the ones that are predominant in the host society. Even climatic differences were deemed one of the main determinants of adaptation:

> "Obviously, I was struggling in the beginning. The food was different from my country's food. Here we have to go to the supermarket, but back home, there are no markets; you just go and grab things. The life I used to know before coming here was so different from here. . . . I [also] remember people back home saying that in the UK it is cold. But, wow, I had never imagined that it could be so cold!"
>
> **Asha**
>
> "I struggled, though because I had to cope with a different culture. I came from a tiny village . . . to a massive city like London, for which I wasn't prepared at all. It was a massive shock for me, different cultures, different backgrounds, things I was used to seeing were no longer here."
>
> **Ajmal**
>
> "Oh, the weather was a massive thing in the beginning! We could never imagine that the weather would be so cold! . . . I could not get used to it! For some reason, this felt really important to me."
>
> **Mosi**

Eddie highlighted that even the different skin colour could make life in the new country difficult, "It was hard at first because I was not in my country, it was another country. Here people are white, in my country black."

The wider sociopolitical context. The interviews also confirmed that the political and socioeconomic contexts influence refugees' experience of their host countries. For instance, a failing economy can dramatically impact refugees' lives by

imposing deplorable living conditions that lead to anxiety and despair over the future (Doctors of the World, 2016). Some participants talked about the adverse consequences that refugees in Greece suffer due to the country's progressive financial meltdown or even the bureaucratic difficulties, complexities and shortcomings of the Greek asylum system (UNHCR, 2009):

> "In Greece, refugees don't receive much support as in other countries. I know that Greece faces many problems with the financial situation. This is difficult not only for me or other refugees, but also for the Greek people. . . . The problem is that there are no jobs here."

> **Hamidullah**

> "I didn't want to stay here. Because I was thinking about all those things they used to tell me about Greece. That things would be difficult, that you can't find a job, that they won't give you papers. . . . It's very difficult to live here nowadays."

> **Salih**

Nevertheless, **Eddie** emphasised that his love for the country and its people make up for the serious repercussions of the financial crisis:

> "I like Greece and I like the Greeks. For me, Greece is the first country in Europe. Out of all the countries, Greece is the best for me. I like Greece very much and I want to stay here . . . I don't care when they say that there is a crisis here, that Greece has nothing. Because I like life in Greece and I like the people that live here."

Although Greece has until recently been a transit country and not their destination like other wealthier European countries (Bosworth & Fili, 2016), several participants expressed their wish to seek asylum and settle down in Greece. Greek

people's positive attitude, portrayed in several interviews, has presumably influenced their decision to remain in the country. The looming question of whether they will be accepted in other countries may also have played a role as a large number of refugees are trapped in Greece due to the implementation of more restrictive refugee policies by the EU (Gill, 2016).

Predominant societal discourses. Predominant discourses on refugees can also impact refugees' well-being as they can determine locals' attitude towards them and their own sense of self-identity and self-esteem. In view of the mass influx of refugees in Europe, the strain becomes greater. Societal discourses may become more negative. Migrants and refugees are made the scapegoats for the financial difficulties, crime and social order, unemployment and various other problems in the host countries; thus xenophobic and racist stances are likely to increase (Chazzan & Hope, 2016; Finney & Robinson, 2008; Rowe & O'Brien, 2014). Some participants spoke of the locals' negative or racist attitudes both in Greece and the UK:

> "Your skin is different, you are black. I have come across people who say
>
> things behind your back."
>
> **Asha**
>
> "Because, you know, whenever there is a robbery or something, they will
>
> almost always say on television that the robber is probably an Afghan
>
> and not a local guy!"
>
> **Elaha**
>
> "Some people don't even like refugees. No one wants foreigners coming
>
> to their country. Being a refugee gives me negative thoughts that damage
>
> my sense of identity. I feel that people don't want me here. No one wants

refugees and I am a refugee. I feel unwanted. I feel sad sometimes. This

affects my self-esteem."

Hussein

Mosi stressed that the discourses on refugees in his host country present a

distorted reality that arouses a deep sense of injustice in him, "The way people talk

about refugees now, the way the media and government talks about refugees, I don't

like it. I'm a refugee and I know that I don't do the things they say that refugees do.

This feels unfair."

Actual Conditions and Circumstances

Needless to say, refugees' reactions depend upon the actual negative

conditions they have been experiencing throughout refugeedom and the

circumstances in their host countries. Various reviews have indicated that refugees'

psychosocial well-being is aggravated or alleviated by different contexts of forced

migration and resettlement (Fazel, Reed, Panter-Brick, & Stein, 2011; Tyrer & Fazel,

2015).

I have already presented the stressors, negative events and experiences as

conceptualised by the young participants during all the phases of their refugee

experience. Although refugeedom is negative for all, the actual conditions were

harsher for some (Miller & Rasmussen, 2016). As several participants spoke about

the impact of the duration and arduousness of their journey to their countries of

asylum, I will present here some of the findings.

Various factors are held responsible for the degrees of difficulty that

accompany their flight to the host country. Adequate time and resources to organise

this journey can guarantee a smoother transition. Assistance during their flight can be

either endorsed by the government of the receiving country or illicitly facilitated by

smugglers and agents who wish to make a profit (van Liempt & Doomernik, 2006). Government-assisted displacement is often the safest channel for refugees, including pre-arrival planning, support during displacement and initial reception arrangements (Jamroz & Tyler, 2016). In the case of illegal entry, refugees' socioeconomic positions are the main factors that determine the safety and comfort of the journey (van Liempt & Doomernik, 2006).

Unlike the majority of asylum seekers who illegally enter their country of asylum, often risking their lives at the hands of smugglers, **Mehdi** and his father flew directly from Afghanistan to London apparently assisted by the British Army. They were obviously able to use legal entry schemes. Refugees do not often enjoy such privileges including resettlement programmes, etc., as legal channels are few and far between, especially in the wake of the recently tightened control of migration flows (Strang, Baillo & Mignaed, 2017).

> "It wasn't safe for us to stay back home. . . . My dad was working as an
> interpreter with the British Army in Afghanistan. In 2014, the British
> Army left our country. My dad was offered a job as an interpreter here in
> the UK. . . . The journey was good, it wasn't risky. We travelled by plane
> to London and from there to Colchester."

Mehdi

Similarly, two siblings from Congo, did not encounter severe adversities during their transition to the new country. For them, the journey was not a negative experience, least of all a traumatic one, as the predominant discourse on refugeedom suggests:

> "The journey was not too bad. It was the first time I had got on an
> aeroplane and it was quite surprising and great! I will never forget how

long we had been waiting for, praying to God to help us move to a safe

place. And finally, this opportunity arose!"

Mosi

"To get here was easy because our parents had found people who helped

us come here. When we found out that we would be coming to the UK,

we were excited. And it was my first time I had got on an aeroplane.

Wow, it was an amazing experience."

Asha

For them, the move to the UK was the opportunity they had long been waiting

for. They were excited about flying for the first time and the prospect of a better life.

Without suggesting that those youngsters had not encountered any sort of adversities

prior to or after their journey, I can safely say that the journey *per se* was not a

traumatic experience. Rather the opposite in fact.

Refugees who can afford the soaring cost are often able to arrange a safer

journey with the help of smugglers. Those who are low on funds often follow longer

and more dangerous routes, have few options of choosing their destination and lack

sustenance along the way (van Hear, 2004; van Liempt & Doomernik, 2006). The

majority of the study's participants confirmed so.

The existence of useful contacts during the journey and social networks in the

new country can also facilitate transition and adaptation to the host society (van

Liempt & Doomernik, 2006). Some participants reported that random people had

helped them en route. Some others had benefited from contacting people of the same

ethno-cultural background. For instance, when **Reza** was separated from his family,

he would turn to other Afghans he had met on the way for help, "Whenever I came

across another Afghan, I would ask for help. . . . Those who were kind-hearted would

give me some. . . . It was from my compatriots that I found the phone number of another smuggler that sent me to Turkey."

Eddie, a boy from New Guinea, narrated how he had found a young African by chance who kindly offered him shelter and assistance in Turkey, "A kid saw me and understood that I was African. . . . I told him I don't have anybody . . . and he took me to his home. I lived with him for a few months." These selfless acts of humanity are highly appreciated by refugees. When asked what had helped him survive and adapt, **Eddie** gave this kind of help priority over others, "I found help everywhere. One of the most important ones was when that kid from Africa helped me so much in Turkey. He gave me stuff and took me to his home although he had no reason to do so."

Interestingly, the participants also presented that some of the people involved in smuggling had been sensitive enough to assist them to some extent. **Salih** had met a person in the smuggling business who appeared to take pity on him; he had helped him cross the sea to Italy, although **Salih** did not have enough money, "he was touched and told me that although my money wasn't enough, he would find a place for me on a boat." **Reza** could share a similar story about a smuggler, "That one was a good man; I told him my story, I gave him what little money I had and he sent me to Turkey."

Having other family members already settled in other countries can also be a crucial factor determining the refugee experience as family reunification is among the easiest and safest legal ways for eligible refugees. **Abed** had managed to resettle from Greece in the UK and be reunited with his sister, who had already been living there.

I should conclude that a vast array of intrapersonal, interpersonal and sociopolitical variables mediates between contextual conditions and the way they are

experienced and perceived. Refugee individuals interrelate with their environments and the wider sociopolitical contexts as well as with other dimensions within which they are defined. This broad and complex interaction determines the specific meaning refugees bestow on their adversities and the ways they respond at multiple levels, as the study's findings have indicated. It is incorrect therefore to assume that refugees produce only a direct response to the external adversities they are exposed to.

In addition to all the factors examined, which are applicable to refugees of all ages, adolescent refugees are susceptible to another set of factors which is specifically related to their unique developmental stage. This is what the next section will attempt to shed light on: the impact that adolescence has on the study participants.

Adolescence-specific Factors

Adolescence-specific characteristics and developmental processes. I have to stress that refugee teenagers are forced to respond to their refugee experiences while undergoing the developmental stage of adolescence with all its attendant tasks, such as the identity formation and the multiple changes. **Obaida** spoke about some changes she had been going through, which are typical of adolescence:

> "Now that I'm in adolescence, my behaviour is different; and my way of
> thinking is different. I'm more mature now. I can better relate to what my
> mum's been through and how she has dealt with it. But this also makes
> me feel sadder. I now seem to be doing very well, but there are times that
> I feel down. I know that this is adolescence stuff. You know, you grow
> up and you change, even your body changes. And you have to deal with
> all these ups and downs."

In her own words, **Obaida** described some of the physiological, behavioural, cognitive and emotional changes during adolescence. Her cognitive maturation led

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her to some negative realisations that made her feel sad or uncomfortable as in the case of the changes in her body. She also attributed her ups and downs to the developmental stage she was in.

Indeed, the bulk of literature argues that adolescents usually manifest exaggerated emotional reactivity and volatility (e.g., Hare et al., 2009; Walker et al., 2004). In the theoretical context of this study, various explanations for this emotional upheaval and volatility have been presented, based on biological, psychoanalytic and other approaches (A. Freud, 1958; S. Freud, 1949; Hare et al., 2009; Kohlberg & Gilligan, 1971).

I have to stress that the characteristics of the developmental phase of adolescence should also be taken into account when exploring adolescents' reactions to refugeedom. **Abed** talked about his uncontrollable irritation that often led him to violent or self-harming acts, especially during the first period after he had arrived in Greece, which was a transit country for him:

"I was extremely uptight when I was in Greece. I used to break things, windows, etc.; I was very angry and I could become violent. I could even hurt myself."

This irritation could be seen as an acute response to the extreme refugee experiences he had endured or even as a sign of psychopathology. But his response could also have been exacerbated by the developmental characteristics of his specific age stage. Impulse regulation difficulties are encountered in adolescence during which, as already presented, the brain structures that are responsible for controlling impulses and regulating emotions are still immature (Casey et al., 2008; White, 2009)

The developmental processes and specific characteristics of youth and the effects of refugee experiences interact to synthesise the specificity of the position of

the refugee adolescent. Adolescents may have some age-related, protective influences, strengths and positive characteristics that help them cope with life changes and severe adversities in different ways than adults (Trowell, 2002). On the other hand, adolescents may present age-specific vulnerabilities that interact with the refugee adversities, negatively affecting their well-being (Fantino & Colak, 2001).

        The confluence of adolescence-related and refugee-related transitions. Adolescent refugees must go through multiple transitions at the same time so as to come to terms with their new adolescent identities and roles as well as their new refugee identity. These transitions can be confusing experiences that place great demands on them as they wander through unfamiliar territories. To make matters worse, refugee adolescents must also come to terms with the effects of previous adversities and current stressors in the process of recovering from them and restoring a meaning that is essential to their well-being and adaptation (Pastoor, 2014).

        Some participants referred to these multiple changes, which had occasionally been hard to cope:

> "I have changed so much. This is normal because I'm growing up and everything changes in me. But what I have experienced [as a refugee] has also made me to change."

> **Asha**

> "Of course, I'm changing because I'm growing up. And I have to think and do so many things, like deciding what to do in the future, studying at school, making new friends, etc."

> **Mehdi**

> "I had to cope with sweeping changes because everything was completely new to me. And yes, I was growing up too, so I had to cope

with the changes in me as well. I'm not a child anymore, I'm growing up

and I have to build a new, different self."

Hussein

We can hypothesise that the developmental transitions in adolescents and their

personal transformation, as a result of the growing-up process, can be more complex

for the refugee youth as they coincide with the psychosocial transitions of the refugee

experience during which these youth have to cope with the stressors they described

(Berman, 2001; Vervliet et al., 2013). There is research evidence arguing that the

stressors which coincide with major life changes can negatively affect adolescents

and jeopardise their coping capabilities (Coleman, 2011; Goossens, 2006; Simmons

et al., 1987). But if someone deals with one prominent issue at a time, they can

gradually manage their adaptation process more easily. This condition cannot usually

occur in the case of refugee youth.

However, there is also evidence that although they may struggle, refugee

youth gradually cope well with major changes and manage to bridge these

developmental and sociocultural gaps between their pre- and post-adolescence and

migration selves (Fantino & Colak, 2001). This is in line with what **Ajmal** described,

"Many changes at the same time were overwhelming, they were really too much. . . .

This was really a lot for me, lot of pressure, a lot of things involving. But eventually

this became easier."

Shortening of childhood. Some adolescents also reported how in the wake of

losses, hardships and multiple changes, they were forced to grow up before their time.

Although some of them considered their early maturation a potentially positive thing,

many of them believed that they had not fully enjoyed their childhood:

> "I had to grow up too soon. This is both a good and a bad thing. I don't
>
> really know what childhood feels like, how normal life is."

Hussein

> "I have changed owing to the hardships I have experienced. I grew up
>
> abruptly and violently."

Khaled

The loss of a happy childhood is exacerbated by the refutation of other basic assumptions, including the belief that parents will always be there for them (Garbarino, 2008). Refugee youth are often abruptly forced to realise their parents' vulnerability and thus their ideas of parents' omnipotence are shattered (Nilsen, 2005). This can be a narcissistic blow to them. **Obaida** commented on how she had been deprived of a normal childhood due to family problems and the difficulties faced in the new country:

> "From a very young age, I was forced to grow up. I saw and heard things
>
> I shouldn't have; things I didn't like at all. All those fights at home, my
>
> dad's behaviour, the talks about money, the difficulties my parents had to
>
> go through when they first came here."

Refugee adolescents' identity building. Furthermore, refugee challenges may sometimes inhibit the processes that are at work during adolescents' passage into adulthood (Phinney, et al., 2001). The basic process of identity formation can be challenged in the case of refugee teenagers. This process is usually accomplished by meaningfully integrating past lives and identities into present life conditions and future aims (Phinney, et al., 2001). This task can be particularly demanding for refugees, whose previous lives had been brutally shattered and present life circumstances have been insensitively imposed.

Role confusions and discontinuities, triggered by both developmental and refugee-related changes, may coincide, making the development of a coherent and meaningful identity more perplexing. For instance, the ability to identify with peers, which is beneficial for teenagers, can be more complex for refugee teens:

"In some respects, being a refugee makes it difficult to build an identity. I may have a good time with my Greek friends. But I feel the differences between them and me. Feeling different is hard. I would like to be one of them."

Hamidullah

"I'm growing up and I have to build a new, different self. This process is not easy, especially if you are not in your country where things are more familiar to you."

Hussein

For **Hussein**, building his new adult self is more difficult in a foreign country where things are not familiar. The sense of belonging to one's family and sociocultural network are identity pillars (Walter & Bala, 2004); the loss of these pillars due to refugeedom makes minors' identity building more difficult in their new and unfamiliar environments.

However, the fact that adolescents are developmentally inclined to challenging previous identities and roles and adopt new ones (Erikson, 1968; Papadopoulos, 1987) can sometimes have a positive influence on the refugee youth. Refugee minors may more easily embrace discontinuity in their roles, identities, values, etc. imposed by refugeedom, perhaps due to the normative inclination to exploration and change during this phase (Hart, 2008). In this sense, teenagers may adapt more easily. Several participants stressed that they had more easily adapted to the new society

compared with their parents. Hypothetically, adolescents' inclination to change may have contributed to their smoother adjustment:

"Adaptation to the new conditions was difficult for my parents, though. I think that it was easier for me. My parents . . . couldn't adapt easily."

Mosi

Unless the uncertainty in terms of their identity is overwhelming, adolescents can experiment with new roles and identities and leave behind the previous ones (Marcia, 1991). We should, however, bear in mind that under extreme conditions, the combined uncertainty caused by both refugeedom and the growing-up process can block adolescents' identity exploration and formation. Marcia (1996) calls this condition 'identity diffusion', occurring when youngsters cease to be interested in establishing a clear identity and leave their identity issues unresolved. In this condition, adolescents may appear to be withdrawn and isolated.

Jaheem appeared to have quit certain activities he used to enjoy without replacing them with new ones. We can infer that this lack of interest may be a sign of depressive mood and withdrawal in the aftermath of severe adversities and losses. But in line with Marcia's theory, this may also be a state in which **Jaheem** is unclear about his roles, interests, etc. and unable to establish new ones because of his blocked identity formation: "In the past, I liked to play football; I don't any more; I can't. I don't want to. . . . I used to like many things that I can't do now; I used to be different"

Refugee adolescents' life-plan formulation. Concerning the developmental process of life-plan formulation, refugee youth lack the social fabric and cohesiveness that would help them in this process. They also lack the sociocultural signposts that the basic structures and institutions of their communities offer (Eaton & Harrison,

2000; Hart, 2008). **Mosi** corroborated by explaining how living as a refugee in a foreign country had complicated his plan-making, "If I were an English native, it would be a bit easier for me to make plans for my future. . . . In my country I would have a sense of familiarity and I would more easily build my future."

The participants also referred to the loss of parental and societal support due to refugeedom, which had made the formation of their future selves and goals more complicated. This absence of help has reduced their chances of success.

> "Now that I don't have my dad with me, I'll have to make it on my
> own. . . . But because this is not my country, I need people . . . that will
> help make my dreams come true."

Eddie

> "When I was younger, I wanted to study to become a doctor. But I know
> that I cannot do it anymore. I would have become a doctor if
> circumstances had been different, but it's impossible now. I'm sure that I
> won't make it. I cannot make it. I'm in a foreign country and there is no
> one to help me. I do not have my parents here."

Aref

Insecure conditions in their daily lives also make plan-making more difficult for the refugee youth:

> "As a refugee, you don't know whether you'll survive or not; as refugees,
> we don't know what's gonna happen next. This makes it even more
> difficult for me to make plans for my future just like other teenagers do."

Asha

Aref expressed his feelings of helplessness and hopelessness in relation to his inability to envision himself in the future: "Nothing. Nobody has helped me. . . . I do

not have any dreams or goals for the future. I cannot make any plans. I do not know if good times will come, I cannot be sure that things will be better in the future."

Aref presented some negative, even depressive, cognitions, which could be in line with the argument that the demanding process of life-plan formulation may challenge young refugees, predisposing some of them to developing psychopathology (Eaton & Harrison, 2000). The combined stressors of refugeedom and adolescence can affect minors' psychological development and can even lead to anxiety, depressive symptoms and acting-out behaviours (Reed et al., 2012; Wilson, 2004).

On the other hand, **Ajmal**, although he acknowledged the difficulty refugees have in future planning, asserted that his determination and the support he had been offered could facilitate the process of goal setting and building a positive future:

"Shaping my future in a foreign country, I admit, is not easy. But, don't forget, there is a lot of support out there for refugees; it is always difficult for young people who are in care, but you have support. If you are willing, if you are determined, if you want to become something for yourself, to be better for the society you live in as well as the rest of the world, you can make it. I have been offered support and opportunities, so I have to improve myself. "

Similarly, **Hamidullah** emphasised that refugeedom could not undermine his ability to make plans; his determination could deal with any difficulty coming his way in the foreign land:

"I don't believe that it is harder for me to make plans for my future just because I live in a foreign country. If someone wants to build his future, he can do it in every country, in every situation! It doesn't only depend

on where he lives; it has to do with who he is and how much he wants to

do that. And me, I'm determined to build my life."

It is worth mentioning at this point that one of the positive transformational

outcomes of refugeedom has appeared to be the emergence of new opportunities and

goals. Especially for refugee teenagers, the developmental inclination to set future

goals can facilitate this potentially positive outcome.

Refugee adolescents' individuation. As already presented, the psychosocial

stage of adolescence aims for individuation from parents and independent identity

building (Blos, 1979; Erikson, 1963; Spear, 2000). Given that the process of

individuation is among the predominant tasks of adolescence and independence, self-

direction and competence are highly valued by these minors, the refugee condition

can have a positive influence on this task. Refugee teenagers are often forced to

become independent and able to cope with their refugee adversities on their own or

with little assistance from adult loved ones. This can generate a sense of competence

in them and contribute to their individuation.

> "I feel older than other kids my age. What I have been through so far has
>
> forced me to grow up. All these difficulties acted as the stepping stone to
>
> my growing up. That's why I have already set my goals; I started making
>
> decisions for my life 2 or 3 years ago. I have chosen what goals I have to
>
> pursue in life and I know what I have to do to realise them."

Hamidullah

Although these teenagers have become independent by force of circumstance,

which constitutes a negative condition, they may think of their competence to face

their refugee adversities on their own as a psychological weaning from their parents,

which is a necessary step in their growing-up process. Through her refugee

experiences, **Asha** realised that their parents could not do everything for them and, thus, they de-idealised them:

> "When I was little, I expected my parents to do everything for me, protect me, give me everything I want. But now this has changed; I have learnt that my parents cannot always be there for me and protect me."

Asha

Teenagers attempt to emotionally disengage from their parents, let go of parental protection, assume adult responsibilities, develop their individuality and acquire autonomy and self-direction (Crockett & Crouter, 1995; Steinberg & Silverberg, 1986). Refugee minors often embrace the new responsibilities they have to assume due to refugeedom (Hart, 2008):

> "Back home, I had a big family and I wasn't doing anything, just sleeping, sometimes going to school and playing cricket. But now, I do a lot of things, I'm the only person who can support my family, my dad. I can study and be more independent. I know that I was forced to grow up suddenly. But I have become a man through that."

Mehdi

> "Yes, being separated from my family . . . made me rely on myself. My journey from Sudan to the UK made me independent because I was forced to face the fact that my parents were no longer there to protect me, so I learned to stand on my own two feet, to take on responsibilities, to save myself. It helped me become independent, but it also made me look at things from different angles. If I had my parents with me, I would definitely rely on them just because they would be there. But once you

have nothing and look for everything, you need to figure out how to keep

going."

Ajmal

Thus, separation and individuation are difficult yet necessary tasks for

teenagers. The anxiety-provoking individuation though can be conceptualised as

desirable by them.

Refugee adolescents' self-esteem. Among the age-specific characteristics

that appeared to coincide with negative refugee experiences in the participants were

their increased interest in their self-image and their vulnerability to its perceived

negativity. There is an abundance of studies on adolescents' heightened self-

preoccupation, sensitivity to criticism and special needs for reassurance and

acceptance (Coleman, 1990; Elkind, 1967; Offer & Offer, 1975). I can infer that the

negative valence of the refugee identity and the numerous refugee-related experiences

of marginalisation, racism and discrimination by the host society (Fantino & Colak,

2001; Phinney et al., 2001) can further destabilise adolescents, jeopardising their self-

confidence and making it harder for them to form a positive sense of identity.

Stressing the locals' dislike of refugees, **Hussein** described what it felt like to be a

refugee adolescent:

"Being a refugee gives me negative thoughts that damage my sense of

identity. I feel that people don't want me here. No one wants refugees

and I am a refugee. I feel unwanted. I feel sad sometimes. This affects

my self-esteem. . . . Yes, being a teenager and a refugee is difficult. . . .

Adolescence is also anxiety-provoking, you know! Self-image is an

important thing for teenagers at my age. . . . I'm integrating myself into

the new society, but I still know that I am different. Feeling like this is

even more difficult for a teenager, you know."

Hussein implied that his refugee-related circumstances and the negative

valence of the refugee identity interfered with some of the typical adolescence-related

characteristics in him, including his need for belongingness, increased interest in self-

image, emotional upheaval, etc. Adolescents' egocentricity and need for being unique

cannot always be accommodated in the case of refugees. It has been supported that

this 'injured' uniqueness can function as a precipitating factor for depressive

symptomatology in adolescents (Aalsma, Lapsley, & Flannery, 2006).

Predominant negative societal discourses on refugees have also affected

Mosi's self-image; the refugee identity is undesirable: "I feel that something about

being a refugee has been affecting my self-image. . . . I would feel better if I didn't

feel like a refugee."

Mehdi, too, talked about the negative valence of the refugee identity on

his self-esteem, but he also expressed his appreciation for the safety of his new

country, "I don't like being a refugee. People hold negative opinions about

refugees. But my life is safe, so this is the most important."

Jaheem, who had survived dehumanising experiences, including prolonged

sexual abuse, had a negative self-perception too, "I don't feel good about myself".

Studies support that children who are victims of diverse types of abuse often have

feelings of guilt and shame that are incorporated into their developing self-image and

self-worth (e.g., Mundorf, 2013).

On the other hand, **Asha** argued that refugeedom had positively affected her

image and self-esteem. Although she acknowledged some adolescence-related

characteristics in her, such as her low spirits and insecurities, she stressed that her

refugee experiences helped her acquire the strength that produced the positive image of herself. The refugee identity did not seem to be predominant in her, because her British boyfriend and friends had made her feel more integrated into the new society:

> "I don't think that the refugee identity has negatively affected my self-esteem and image because I see it like an experience that has given me more strength to deal with whatever I come up against. There are times that I feel low or insecure; but I think that every girl my age may sometimes feel the same. I don't believe that this has to do with the fact that I came here as a refugee. I don't feel that I'm different from other kids my age who live here. I have many British friends. And my boyfriend is British, too."

It is worth mentioning again that the psychoanalytic literature suggests that re-awakened infantile anxieties, ambivalence and negative emotions in adolescence can lead either to low self-esteem or infantile megalomania; this megalomania is adopted as an over-compensatory defence mechanism against negative emotions (Blos, 1979).

Adolescents' hardiness, omnipotence and narcissism. Adolescents' hardiness is believed to be another typical characteristic of this stage. Indeed, some of the participants appeared to have experienced their refugee adversities with a sense of control over them, using them as challenges for growth and development (Cicchetti & Cohen, 1995; Crane & Clements, 2005; Shepperd & Kashani, 1991). **Abdul** appeared quite tough; a survivor relying on no one but himself. He had come to believe that everything was doable and took great pride in his achievements, "And yes, I did survive. I'm the lucky one. I've become a survivor. I have learnt how to survive alone. This has taught me that nothing is impossible. Everything is possible! . . . I'm proud of myself."

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Likewise, **Ajmal** had come to believe that he was very special, having survived hardships that other youngsters his age could not even have imagined, "I think I'm unique because of my experiences. If you look at my school statistics, I am probably the only boy who has experienced such hardship. So, this makes me unique in a way."

As already seen, adolescents often experience a sense of strength, uniqueness and subjective omnipotence (Winnicott, 1965). Adolescents are often egocentric and try to impress others around them (Elkind, 1967). During this developmental phase, teenagers often hold an inflated sense of self, which is, however, a normal, healthy and creative defence mechanism during their adolescent transitions. This stance could also be beneficial to the refugee youth.

This overevaluation of their self-image, in particular, can help refugee minors maintain their self-esteem and direct their ambitions towards self-advancement (Raskin, Novacek, & Hogan, 1991). It has been documented that the refugee-related frustration, vulnerability, insecurity and other negative emotions are counterbalanced by this normative protective narcissism (Hepper, Gramzow, & Sedikides, 2010; Smith, 2016).

This narcissism is therefore a beneficial coping mechanism in the face of turbulence and change, buffering refugee teenagers against feeling vulnerable, inadequate, inferior and insecure as well as strengthening their sense of competence and development in the new country (Aalsma, et al., 2006; Barry & Malkin, 2010; Goossens, et al., 2002; Sedikides Rudich, Gregg, Kumashiro, & Rusbult, 2004).

Hussein, for instance, appeared overconfident and overly optimistic. At times, he was a show-off, bragging about his accomplishments, exhibiting adolescence-related patterns of behaviour:

"I have two plans; both of them are big. I want to be either a cricket

player or a doctor. . . . When I grow up, I'll earn money, I know it. I

know we'll be ok when I grow up. . . . I'm a strong boy. I don't like to

talk about myself, but I'm strong [he laughs]."

Refugee adolescents' high aspirations. Despite the challenges encountered,

refugee minors frequently harbour high aspirations, drive and ambition for their

future (Earnest et al., 2015), which can be seen as age-specific protective traits.

Teenagers usually appear to be firmly committed to succeeding in life, despite the

obstacles put in their way, as well as having a strong desire for personal satisfaction

and belongingness (Iqbal et al., 2012). These can be decisive factors for their

psychological well-being and adaptation (Eide & Hjern, 2013; Montgomery, 2011).

Refugee youth have the 'luxury' to dream of a better future. They have

suffered and come out stronger. Their dreams and hopes act as a stepping stone to

better things, as in the case of **Mehdi** who said, "My dreams help me because I have a

goal to reach."

Many of the interviewees appeared to dream big and be overly optimistic

about the success of their future plans:

"I want to become a civil engineer. I would like to build beautiful

buildings. . . . I will become a civil engineer, like, 99%".

Abdul

"To design cars. Hopefully, I'll make it. I have an iron will. I want

someone to drive the car that has my name on it!"

Mosi

 "I will be a doctor, I know it. I'm sure I'll make it. . . . I also want to be a good cricket player. My dream is to play for the national team one day. I try my best to make my dreams come true."

Mehdi

"When I become a mechanic, I will have a very good life because I want everything to be good and I want a good life. . . . Everything will be easier because they have to. . . . For me, life is now and I want to be good at it. . . . I'll do just fine and be happy."

Eddie

Teenagers usually have high aspirations. Refugee teenagers have even higher as they have risked life and limb to have the opportunity to dream. Having suffered so much, **Eddie** was determined to make the most of his life, "I want to do so many things in my life. . . . I have goals, so I need to move forward."

It should be mentioned at this point that one of the positive transformational outcomes of refugeedom has proved to be the emergence of new opportunities and outlook. Especially for refugee teenagers, who are developmentally inclined to setting goals, the association between the refugee experience and the discovery of new roles and identities can be more intense.

The fragile side of adolescent omnipotence. As already seen, several participants appeared to be overly competent, optimistic and confident of themselves. This adolescence-normative sense of subjective omnipotence emerged in **Khaled**'s interview too.

Khaled tried to come out as optimistic and invulnerable throughout his interview. He often boasted about his skills, trying perhaps to fish for compliments. This behaviour can be considered typical of his age. Interestingly, he also presented

himself as a superhero, "Yes, I'm strong. I may be a Superman! [he laughs] I'm very strong, you know."

This sense of superiority may have a protective function for him. Youth who have come so close to death and have triumphed over it may conceptualise themselves as superhuman beings (Cyrulnik, 2009). Just like Superman was an ordinary human being in real life, but could turn into a mighty one who could beat all evil, refugee teenagers may feel that by fighting the refugee-related hardships, they transform themselves into superheroes who can win great victories against their misfortunes.

However, what some participants presented as positivity and strength, as well as their need to impress me, in my eyes was their yearning to preserve an idealised image of themselves in their efforts to protect this image both to others and themselves. Some of them must have had a vulnerable side underneath the hard shell. Abed admitted this well hidden vulnerability: "I may seem strong, but that's because I keep everything inside. I wouldn't seem strong if I let it all out."

By the same token, this narcissism is often fragile and can easily be challenged in the wake of failures and challenges. As aforementioned, it can result in adolescents' sense of worthlessness and low self-esteem (Blos, 1979; Morf & Rhodewalt, 2001; Smith, 2016). When highly desirable and often inflated expectations cannot be met, as is often the case with refugeedom, refugee youth may experience a deeply distressing sense of narcissistic vulnerability (Notsu, 2015). They may feel frustrated, angry, disillusioned and a deep sense of injustice in them that can negatively affect their psychological well-being (Grubbs & Exline, 2016).

Thus, perceived inferiority and disillusionment, which can be seen as narcissistic wounds, are particularly challenging for refugee teenagers. As these

wounds are associated with high levels of distress (Gleason, Powers, & Oltmanns, 2012), refugee adolescents may appear more vulnerable to refugee-related ambiguities, losses and failures as well as to the negative evaluation by others in comparison with other age groups (Thomaes, Brummelman, Reijntjes, & Bushman, 2013).

The devised uniqueness and omnipotence, what Elkind (1967) called the adolescents' personal fable, can be yet another source of anguish for the refugee youth when their sense of invulnerability and their 'megalomanic' ambitions are brutally shattered by the harsh reality of refugeedom. This can constitute a risk factor for the manifestation of depression and anxiety symptoms in some refugee adolescents (Aalsma et al., 2006; Barry, Frick, Adler, & Grafeman, 2007).

Adolescents' refugee experience as an initiatory process. I have already presented the theory of initiation, which suggests that adolescents may engage in some kind of symbolic rituals that mark their psychological transformation into their adult selves (Frankel, 1998). These rituals may facilitate their transition to their mature selves, contain potential wounds and attach meaning to new experiences and roles (Frankel, 1998). Thus, teenagers may search for extreme experiences that can facilitate this transformation.

The hypothesis was that refugeedom could be seen as an initiatory process, a chance for refugee youth, who have to open up to a new life and way of seeing themselves, to ease the way to their adult selves. Through this lens, refugeedom, although particularly hard for teenagers, can facilitate the passage to their maturation, independence and self-realisation, namely the developmentally normative task of self-initiation.

Some participants presented their refugee experience as a life-transforming experience that had contributed to their growing-up process into adulthood:

"I feel like a grown-up now. And all this I've been through have changed me. I'm changed. Everything's changed."

Eddie

"I have learnt how to live without my parents. . . . I have learnt to take responsibility for myself. I have learnt to get by in a foreign country on my own. . . . I was a simple young boy. . . . I had never believed that I would be able to manage such big things."

Abed

"Through all this, I feel I have become a man; that I have become a better person and a stronger man. I've been through a lot of hardships and I survived. If it had been for another kid my age, he wouldn't have been able to endure all this."

Reza

"I know that I was forced to grow up suddenly. But I have become a man through that."

Mehdi

"I feel older than other kids my age. What I have been through so far has forced me to grow up."

Hamidullah

It is interesting that some of the participants chose to use the word 'man' despite their young age. **Reza**, for instance, was only 14 and yet he called himself a man. Refugeedom can be seen as an experience that discloses this existential transformation. However, this transformation is not painless as it entails the loss of

part of an identity and self. But this loss also mobilises refugee adolescents for the acquisition of a new identity and meaning.

Refugee adolescents' adaptation to the new conditions. The age at which individuals are forced to leave their countries and migrate to new ones is considered a factor that affects their post-adaptation. Minors are thought to have more opportunities for adjustment as they are more open to new stimuli and have a greater potential for plasticity (Fantino & Colak, 2001). They have a structured routine activity, mainly because they are included in the school system, which offers them a source of normalcy (Worden, 2009).

Some interviewees supported that adaptation is easier when uprooting occurs early in life. **Abed**, who had settled in his host country as an adolescent, argued that adjustment would have been easier if it had taken place in early childhood:

"If I had come here, say, when I was 5, it would have been easier for me

to start school, continue to university and make it in life. Now, I'm too

old to start from scratch. Every day that goes by makes things more

difficult for me. If I were younger, I'd have more opportunities."

Apart from facilitating adjustment in the host country, early childhood imposes some extra issues because very young children are unable to cope on their own, as **Mosi** said. Adolescents are stronger and more mature than younger children and can adjust more easily than grown-ups:

"If I had come here when I was younger, things would have been a bit

easier because it would have been easier for me to adjust. But, then again,

I wouldn't have been so strong because of my young age. On the other

hand, if I were older, life would have been so much harder; it would have

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been far more difficult to figure out how to get into education, work, etc."

Some of the participants stressed that young populations more easily challenge previous identities and ways of living and become acculturated to their new societies:

"If I were older, it would be more difficult for me to change my ways and adapt."

Hussein

"Because I was young, I was 13 when we came, I adapted to the UK easily. I was able to be in a group with other kids my age because, although I couldn't speak English, I knew that we could do things we enjoyed together."

Asha

"To be honest, I think I learned Greek in less than 3-4 months because I was very young and I made good friends and so I adjusted easily thanks to the kids. They taught me the language while playing games."

Yara

These findings confirm previous literature suggesting that refugee youth become fluent in the new language and adapt more easily as they join the ranks of various socialisation systems, including school and peer groups (Birman & Trickett, 2001; Earnest et al., 2015; Trowell, 2002). This can have positive effects on their psychological well-being. Nilsen (2005) has also supported that although young populations suffer the effects of severe losses and adversities, they find ways to experience joy and normalcy even in hard times. This was evident in all the

interviews; besides the difficult parts of their stories, some minors shared some happy moments, made jokes and laughed.

   Elaha supported that refugee adversities may look like adventures in refugee children's eyes as very young refugees tend to look more at the bright side of life and thus adapt more easily:

> "It was positive that I was young. If I hadn't been so young, it would have been more difficult to make friends, learn the language, get used to living here, familiarise myself with the new surroundings. When you're young, you think everything is a game and get used to it in no time. Guess what? My mum has still not learnt the language, she still has no close friends. . . . She didn't go to school, how could she make friends? . . . She won't put her trust in any Greek woman; you won't see her calling someone to share her secrets or talk about her children or whatever"

   Adult refugees often have more fixed ethnic and cultural identities while youngsters can more easily identify with the new cultures and ways of living (Liebkind, 2001). **Elaha** confirmed that school frequently plays a predominant role in supporting their cultural and psychosocial adaptation and socialisation with locals. Children are also offered more opportunities for future success because of their inclusion in education. She also added that acceptance is easier in young populations as adults are more critical, regarding others, especially those who look like strangers, with suspicion:

> "If I'd been older, I wouldn't even have decided to study. I would've had many problems. Look, the older you get, the more critical you become of other people; you divide into groups and do not accept new members

easily. Whereas it's different with children; you get accepted more

easily. . . . We were children and children don't discriminate; we made

friends with other young children immediately. "

In general, the ease with which refugee minors make friends and share

interests with peers in their new countries is conceptualised as a protective factor for

their adaptation:

"But my adaptation was easy because I easily made friends here. Having

friends has helped me a lot."

Mosi

"I think that I have settled in the UK, I feel integrated. I'm all the time

with boys who were born here, but we like the same things, we play the

same games . . . you know, we share the same interests and do the same

things. I feel integrated here."

Ajmal

To conclude, this section explored how developmental processes and certain

adolescence-normative strengths and weaknesses have affected the participants'

reactions. These developmentally normative processes and characteristics appeared to

create both negative and positive conditions that buffered some of the participants

against the negative effects of refugeedom and resulted in deeper vulnerability for

others, respectively.

The Sound of Silence

Following the elaboration of the findings that emerged from the interviews

with the young participants, I would like to shed some light on their silences too.

Although most adolescents appeared willing to discuss their stories, some were

neither willing nor able to speak of past atrocities. Silence and mistrust were central

themes for some of the interviewees. At first glance, this attitude can be a challenge to approaching young refugees' stories. However, it can also emerge as a meaningful point in their narratives, adding to the understanding of their responses to refugeedom. In order to explore the participants' responses, I tried to listen to both what was said and what remained unsaid. This silence, what does not yet have words, can be saturated with meaning and emotions. Trying to present this eloquence of silence, Ericsson and Simonsen (2016) indicated how strong memories of painful experiences can be "coded in emotions felt, rather than words spoken" (p. 211).

There is evidence that refugee children may appear wary, terse or silent with regard to their previous lives (Kohli, 2006). These minors may be seen as closed books (Beek & Schofield, 2004). They often appear concerned about whether it is safe to speak to others. What they have suffered has probably made them conceal their thoughts and feelings. They may have lost confidence in others (Kohli, 2006).

A few young participants refused to talk about certain aspects of their stories. Others seemed hesitant in the beginning, but opened up in the process. **Hussein** was very reserved and wary at first. He repeatedly asked me whether I was interested in his own experience as a refugee or in young refugees' experiences in general, revealing his suspicion:

> "Why are you doing this research? Do you want to know something
> about me or to explore how people of my age in general react to these
> experiences? . . . You told me that it has nothing to do with my case,
> right?"

He also wanted to know if he would have to get into personal detail and made clear that he did not intend to reveal any, especially his address, "Do I have to give you any personal details? Because I don't give such details; I cannot tell you my

home address."

I assured him that I would not ask him to reveal anything about himself or parts of his story that he did not want to, nor would I use any personal details that could identify him in my study. We agreed upon his signing the Consent Form with a different name. In the process, he began to reveal even some difficult parts of his story.

Other youngsters also turned out to be enigmatic, unveiling only fragments of their previous lives. **Aref** explained that he does not speak to anyone about his past experiences, "I cannot tell you more . . . I do not speak to anyone about these issues. Life in Afghanistan was very difficult, but I cannot speak about it, I do not speak to anyone about it."

Aref was not only reluctant to talk about past adversities, but he also seemed unwilling to share his current difficulties, "I'm still facing difficulties. But I cannot speak about them. I don't want to talk about it."

Hussein, who arrived in the UK alone, also refused bluntly to talk about his parents when I asked him about them, "I don't want to answer that". Perhaps, he was afraid that any identifying information might put them at risk; or he might even have been instructed by his parents themselves or other adults not to reveal anything about them. Young refugees may think that revealing details about their stories can put themselves or their loved ones in danger; thus, they strictly keep certain parts of their stories secret (Kohli, 2006). By keeping these secrets, young refugees may also feel that they show loyalty to their families.

Hussein's refusal to talk about his parents may also be viewed through a different lens. It may be too painful for him to talk about his parents from whom he had been separated. Young refugees may remain silent because they are unable to

cope with such painful losses and separations. A complicated grief cannot be easily processed and disclosed. Silence can accompany it and it is usually a worrying sign of the grief process (Kohli, 2006).

Lack of trust was also apparent in other interviewees' reluctance to reveal their stories. **Hamidullah** spoke of some of the reasons behind this inability to trust others that account for his silence:

> "I don't talk to other people about my difficulties. . . . I cannot always trust them. . . . I used to tell my problems to dogs, cats, other animals, and trees. But not to people. People change, they do not always stay the same. Today, one guy may be your best friend and tomorrow or in 5 months, he may change. . . . What I have experienced has made me not to trust others. When I was in Turkey, I met somebody who was one of the few guys I trusted. But, [he pauses for a few moments] he did something bad."

Young refugees may become suspicious of revealing information about their lives when the basic assumptions that the world is safe and people are benevolent and trustworthy have been violently shattered by severe hardships (Janoff-Bulman, 1992). When individuals cannot find any meaning in the man-made atrocities they have been exposed to, interpersonal relationships can be perceived as dangerous and anxiety-provoking (Sanderson, 2013). Survivors of atrocities inflicted by other human beings often encounter difficulties confiding in others and prefer to be alone in order to feel safe.

Reza spoke of his difficulty in finding friends he could trust and to whom he could disclose his inner thoughts, "I don't speak to anyone about my thoughts. I don't feel I have a true friend that I can trust and share my problems with."

Suspicion and distrust were also apparent in some youngsters' refusal to receive the financial incentive of the study as well as in their refusal to give consent for the recording of their interviews. **Aref** refused to take the money and appeared confused, "We are just speaking. Why accept money?"

Apart from the fact that he was too proud to accept the money, as his social worker had revealed to me, **Aref** appeared to be distrustful of people offering him money. He also refused consent to be audio-recorded and agreed upon my taking notes of what he said during the interview. Interviews' audio-recording was an issue for other participants too.

Jacobson and Landau (2003) speak about refugees' reluctance to trust researchers. This mistrust may be protective of surviving in the insecure, often hostile, environment of the new country. Young refugees may also discern suspicion in the locals' attitude. They may sense that they are distrusted because their host communities feel threatened. Hence, young refugees may remain silent and withdrawn as a reaction to social circumstances (Kohli, 2006). Afuape (2011) goes even further by conceptualising refugees' withdrawal as a sign of their resistance to abuse and oppression in the world.

Conversely, when adolescents are in a stable, protective environment and perceive others as accepting, supportive and available, they often disclose more about themselves (Blodgett Salafia, Gondoli, & Grundy, 2009; Tilton-Weaver, 2014). Relationship dynamics can therefore have a great effect on refugees' openness about their lives. Therefore, the attitudes of other people and the different experiences in their host societies can either facilitate or inhibit young refugees' disclosure of their lives (Tokić Milaković, Glatz, & Pećnik, 2017).

Moreover, refugees may avoid speaking about distressful memories. It takes time to approach traumatising experiences and people find words little by little. In this sense, refugees' refusal to talk about previous adversities may be a coping strategy that helps them suppress their thoughts and move on with their lives, as **Hussein** admitted, "When such thoughts pop up into my mind, I try to push them aside and move on."

Young people are expected to focus on current practicalities and future plans while setting aside past adversities. Unlike grown-ups, adolescents are more orientated towards their present and future (de Block, 2008). They may be preoccupied with adolescence-related issues and refuse to reflect on negative past experiences. The past is left behind; they have chosen to look to the future. Living in insecure conditions, young refugees may also feel too unsettled to approach the past, for they have to cope with current challenges in order to move on with their lives.

Young refugees may also be bewildered or even shocked to 'touch' strong memories. Sharing memories of extreme adversities can be overwhelmingly upsetting for them (Van der Kolk, 2014). Conscious or unconscious avoidance of issues that are intolerable constitutes a defensive mechanism for these youth. For **Abed**, it may be too early to approach his past experiences. Talking about them seems re-traumatising, "I don't want to talk to anyone. What I lived was bad enough. When I speak about it, I feel like I'm re-living it."

Refugee experiences may have been indigestible for some participants and thus difficult to be accommodated in their psychological world. As a result, they refrain from talking about them. **Hamidullah** avoids talking about his problems, "I don't want to speak about [my past], this is too much for me. I couldn't."

In a similar vein, **Jaheem** refused to elaborate on his past experiences, for he had presumably experienced unspeakable atrocities. He just uttered, "What I've been subjected to is unimaginable."

Silences and hesitation often denote unbearable memories (Tannenbaum, 2015). According to the information provided by his social worker, **Jaheem** appears to be "lonely, socially withdrawn, and often emotionally disconnected." The social worker had spared no effort in becoming the only person **Jaheem** disclosed his devastatingly dehumanising experiences, which included slavery and rape, that corroborate the great difficulty he had in approaching past experiences.

Jaheem's avoidance of traumatic memories as well as his isolation and numbness, as described by his social worker, can be seen as PTSD symptomatology (Liberzon & Abelson, 2016). Feelings of insecurity, fear, deep sorrow, and even worthlessness, guilt, and shame for what they have experienced can impede refugees' narration of their stories. Shame in particular may invade and poison intimate relationships and prevent individuals from opening up to others.

Although the cycle of intrusion and avoidance has been considered as a sign of post-traumatic psychopathology, it can also be conceptualised as an inborn self-healing process and adaptive mechanism that leads to psychological recovery (Briere, 2002). Melzak (1992) also speaks of children's silence in the aftermath of war-related experiences as a way of coping with deep disturbance and unbearable losses. These youngsters may use mechanisms like avoidance, suppression, and distraction in order to endure intense reactions activated by negative memories (Sanderson, 2013). Suppressing or avoiding these memories may function as a defence mechanism, keeping intolerable issues at bay.

Papadopoulos (2002) attempts another conceptualisation of the silence in refugees, which incorporates both vulnerable and resilient aspects. According to his theory, refugees' deliberate silence may facilitate their healing process. Having experienced extreme shock, refugees may appear stunned, disorientated and emotionally disconnected. This frozen condition is not necessarily pathological; it can actually be a temporary, learnt, and protective state during which the normal human reactions and functions cease (Papadopoulos, 1999).

In this state of affairs, refugees can conserve energy and mobilise self-healing; they can also more easily explore the new environment and prepare themselves for getting on with their lives (Papadopoulos, 2002). This temporary reaction of adaptive refusal and withdrawal is usually followed by a period of 'thawing' when people bounce back to normalcy (Papadopoulos, 2001). This condition seems to be the continuation of a previous adaptive strategy in the wake of severe adversities. During the atrocities committed in their homelands and during their risky journeys, refugees may need to be silent and invisible in order to survive.

On evolutionary grounds, the weakest members of the human race, who had been unable to react by adopting a fight or flight response when facing imminent dangers, used to freeze in order to survive (Garbarino, 2008). Assuming that the youngest members of the human race "are wired that way" (Garbarino, 2008, p. 18), freezing may be their adaptive response to extreme experiences.

Apart from feeling numb, people may sometimes even appear unable to recover memories of traumatic content. When there is no escape from devastating memories, thoughts, and feelings, some people can actually forget them as a coping strategy (Melzak, 1992). Such painful material can be pushed out of consciousness and be literally forgotten. **Jaheem** referred to his inability to remember part of his

story, "The journey was extremely hard. I can't, I don't remember anything else. I cannot remember most of it."

By temporarily using these defence mechanisms, individuals may better adapt to their new lives, concentrate on present issues, and set future goals (Cyrulnik, 2010). Refugees often need to use these coping strategies to soothe their distress and suffering and cope with current challenges until they are able to reflect on and work through their traumatic histories (Sleijpen, Boeijec, Kleber, & Mooren, 2015). The process of blocking distressing memories from coming to the fore can, at least initially, be protective and associated with positive development, facilitating youngsters' adaptation to the host communities. However, in the long run, these strategies can intensify the distressful memories and feelings as they remain emotionally and cognitively unprocessed and unintegrated and thus more frightening and uncontrollable (Sanderson, 2013; Wright, Crawford, & Sebastian, 2007). It is worth noting that this unintegrated material is more likely to give rise to flashbacks, triggered by external stimuli, sensory cues or internal sensations.

Prolonged avoidance of painful memories and silence about past lives can also lead to social isolation, what Sanderson (2013) describes as traumatic loneliness. There is great cost in keeping past adversities secret. Cyrulnik (2010) supports that silence does not protect, but cripples the personality of the one who buries the trauma. Secrets are like barriers between people and those who hide their traumas may appear lonely and psychologically numb. They may even lose interest in life. Maintaining silence can also preserve negative feelings, including guilt for what has happened and low self-esteem.

However, I should underline that keeping secrets is common practice for adolescents (Corsano, Musetti, Caricati, & Magnani, 2017). Although most studies

explore how refugee experiences can silence children and adolescents, there have been studies which argue that refugee minors' secrecy can also be seen as a developmentally normative aspect of adolescence that facilitates individuation and autonomy-seeking (van Manen & Levering, 1996; Finkenauer, Engels, & Meeus, 2002). It is at this age that privacy is of great importance. Teenagers' choice of concealing their thoughts and emotions may be part of their growing-up process (Kohli, 2006). Participants cannot only be seen as refugees, but also as adolescents who carry adolescence-related characteristics and have to accomplish developmental tasks. **Yara**'s secrecy can be considered typical of her age, as were her efforts to preserve emotional autonomy, and may have nothing to do with her reaction to refugee experiences, "I keep a diary. Whatever I think, whatever I feel, I write it all in there. There are thoughts you keep to yourself; there is no need to share them with others."

Other participants may have not spoken about their adversities as a way of protecting others around them. They may sense that the societies they live in are unable to take in the atrocities that happen in the world. Trying not to upset others by narrating appalling events, these minors remain silent or cover their feelings:

"I don't usually speak about my problems with people who are always around me. I don't want to upset them, to make them sad."

Hamidullah

"I always cry in silence. But I try to hide this from my social worker; I try to show her that I'm happy."

Reza

Moreover, by not sharing painful stories, adolescents may aim to conceal their suffering. They may not want to give the impression of being weak and vulnerable,

which can inflict a narcissistic wound on them. Most participants' stories were stories of survival; adolescence-related hardiness, sense of uniqueness and omnipotence (Elkind, 1967; Smith, 2016; Winnicott, 1965) may account for their attempts to present an inflated conceptualisation of their lives.

Lastly, young refugees may also be unable to narrate their stories due to their young age. They may simply be too young to remember or fully comprehend what has actually happened to them. **Yara** explained that she could not remember the whole story as she was too young at the time, "I was too young to remember. I only remember what has happened since we arrived in Turkey."

Taking all this into consideration, I can safely assume that refugee minors' silence can reveal significant aspects of their reactions to refugeedom. Their silence can have both positive and negative effects on their journey of adaptation to their new environment and their eventual bounce-back to a normal life. The silence of painful memories cannot be exclusively seen as a pathological reaction to traumatic or disorientating experiences or an alarming symptom of grief. Withholding information about past experiences can have very diverse explanations. It can be an organising feature of the adaptation strategy, a part of the healing process, an effective defence mechanism for coping with painful, destabilising aspects of life, which can nevertheless turn out to be unhealthy; it can be an initial, deliberate, meaningful and often sophisticated way of survival in the new country, a reaction to external circumstances of mistrust, suspicion, lack of safety, or even abuse; it can be the result of relationship dynamics, or even a developmentally appropriate behaviour facilitating minors' process of individuation. As each refugee's life is unique and complex, so is refugee adolescents' attitudes towards providing or withholding information about painful experiences and strong feelings: a process rich in meaning

and complexities.

I have to stress here that it was anticipated that the interviewees would be reluctant to speak about sensitive topics to a stranger. Given the nature of my brief contact with those young refugees, it might not have been occasionally feasible to create an appropriate climate of trust, commitment, acceptance and rapport so as they could genuinely relate to and share their intimate and often painful memories with me. All individuals open up to others in their own time and this should be respected. Certain experiences can only be shared in silence and this should also be respected. Reluctance to even scratch the surface of sensitive issues can be a normal response to every interviewing process of similar nature.

Chapter 8: Conclusion

In this chapter, I shall present some conclusions that emerged from the findings of this study in the light of the literature that was examined in detail in Chapter 3.

Variability of Stressors and Responses to them

The findings of this study demonstrated the immense variability of the types and levels of exposure to stressful situations prior, during and following the refugee flight. Moreover, they showed that although some of the participants encountered comparable types of adversity, the ways they responded to them were different. This indicates that each refugee experience is unique and it is therefore imperative that the whole process be conceptualised as such and not as the outcome of standard theoretical formulations. This means that we cannot assume homogeneity and impose stereotypical characteristics and reactions to all refugees as that would lead to their depersonalisation. Each individual experience needs to be appreciated in its own right.

Phases of Refugee Adversities

Various adversities, as seen and remembered by the adolescent participants, were presented in the narratives of their refugee stories. Though not all refugee youth were subjected to the same conditions, the challenges they had faced concerned all the different phases of their refugee experience.

During the pre-flight period, they survived adversities that entailed high risk of death, sudden and violent losses, maltreatment, oppression and various other human rights abuses. During the flight, their adversities included long, exhausting and dangerous journeys, near-death experiences, lack of the bare necessities and complete lack of control over their lives. In the host countries, they had to deal with various challenges, involving adjustment and acculturation difficulties, changes in status, identity and roles, financial strain and destitution, racial discrimination as well as their struggle with the negative valence of the refugee identity and all sorts of negative experiences stemming from sociopolitical pressures in the host countries. Adolescents' responses also appeared to be deeply affected by their parents' negative responses to their own adversities and the changes in their functionality and well-being.

Diverse, Complex and Unique Reactions to Adversities

The research participants described several events experienced by them, which they had negatively conceptualised and processed. However, the refugee-related external events were not deemed to have been the sole factor influencing their responses. Each individual was unique and therefore responded to adversity in a unique way. The participants' subjective reactions to their adversities and their adaptation to their new environments were explored. These reactions were not only

determined by the actual conditions of their lives, but also by a number of contributing factors, which were explored.

Refugee-related adversities led to all the different trajectories, described by the Adversity Grid (Papadopoulos, 2004, 2007, 2015), which were by no means mutually exclusive.

I. Negative responses. Most participants appeared to have experienced pain and suffering, as a normal response to their adversities. Many of them were anguished and scared, manifesting acute stress reactions to refugee atrocities as well as numbness and disorientation, especially during the first period in exile. There were also those who grieved for their multiple losses, nostalgically yearned for their previous lives, and felt helpless and frustrated by current challenges.

Some of the refugee adolescents manifested more severe psychological reactions. They showed signs of psychological difficulties, including loss of interest and pleasure, restricted activity, withdrawal, introversion, distrust, an incapacitating feeling of being futureless and various other signs of distress and dysfunctionality that do not add up to a diagnosable psychiatric disorder nonetheless.

There were a couple of participants who manifested psychiatric disorders, including PTSD and depressive symptomatology, in response to severe refugee adversities. This is in line with previous studies indicating that the prevalence of psychiatric disorders, including PTSD, in adversity survivors is not more than 10% of the population (e.g., Arnberg, 2013; Jakobsen, Demott, & Heir, 2014).

II. Responses revealing that people change neither positively nor negatively. Corroborating the second category of the Grid (Papadopoulos, 2007, 2016), most participants appeared to have neither positively nor negatively changed in some respects. Several adolescents had managed to endure adversities and exhibit

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resilience, bouncing back to their previous normalcy and functionality from an acute negative reaction, which was their first response to the abnormal conditions they had lived. They were able to retain positive qualities, stances, worldviews and skills as well as interests and hobbies. Most of them had also managed to easily adapt to the new conditions in their host countries.

There were also participants who had retained some of their previous negative characteristics ~~too~~. In this sense, some vulnerabilities presented in them seemed to be the continuation of their previous negative personality traits, habits, etc. and not the consequences of the refugee predicament.

III. Adversity-activated development. The third category of reactions according to the Adversity Grid (Papadopoulos, 2007, 2016) was corroborated in the study findings. These findings indicated that most refugee adolescents had developed some new strengths and positive qualities that had been non-existent prior to adversities but emerged because of the very exposure to them. Moreover – and certainly not as opposed to the other two categories of potential responses – most refugee adolescents appeared to have had some gains.

Despite the negative effects of severe adversities on them, the majority of the young participants produced some positive transformational outcomes in the aftermath of those adversities. The positive changes, illuminated in the study, were traced in seven main areas:

1. Gain of a great deal of wisdom and a new sense of knowledge,

2. Development of a new sense of competence and inner strength,

3. Development of new positive traits, skills and ways of coping,

4. Emergence of pro-social behaviours, greater concern and compassion for others and better interpersonal relationships,

5. Upsurge in creativity,

6. Fuller appreciation of life, reconsidered priorities, ideals and values and a new philosophy and meaning of life,

7. Emergence of new opportunities and objectives.

I can conclude that the majority of the participants were vulnerable, wounded, or even broken in some respects and remarkably resilient in others. Although they had suffered adversity of various levels of severity, the majority of them was not fixated on the painful past. They had nevertheless managed to retain some of the characteristics, skills and interests they used to have prior to refugeedom and exhibited some positive transformational effects. However, their journey to positive development has been long and arduous.

The Challenge of Tracing Positive and Resilient Responses

It is well worth mentioning at this point that most of the participants were more willing to share their stories of suffering in response to their adversities than their stories of resilience and AAD. I tried to discover nonetheless if they had gained anything from their experiences but still some of them were unable to find any aspects of resilience.

A hypothesis suggesting that some people cannot detect any positive side stems from the fact they are so overwhelmed by their misfortunes that they are unable to be rid of their pain. They may even feel that the mere thought of anything positive is unacceptable and selfish and not dare admit that unspeakable atrocities may have a positive outcome. As Papadopoulos (2007) put it, people can be trapped in the unspeakable adversities they have sustained, which may have undermined their resilience to a great extent. External conditions can also hinder them in their efforts to develop their resilience and adaptation.

Another hypothesis suggests that refugees often adopt the victim identity as victims are shown sympathy because others feel sorry for their misfortunes (Cyrulnik, 2009). Even unconsciously, refugees may use their pain and suffering to attract support as appearing resilient or triumphant over adversity can be regarded with suspicion or as totally unacceptable.

When, for any reason, refugees are incapable of detecting even the slightest positive aspect in them, it does not necessarily mean that there is not any; there are always traces of resilience and the potential for development even in times of hardship. If they see their experiences from a different perspective, refugees can more easily work miracles despite the pain.

Meaning-making

The study findings also demonstrated the participants' ability to make sense of their adverse experiences as finding or reconstructing a meaning determined their adaptation. Re-appraising adversities with a view to discovering some positive aspects in negative experiences was also an essential determinant of their response to those experiences.

Wilson (2006) referred to this positive reinterpretation as the benefit-finding aspect of meaning-making as discovering the salutogenic effects of adversities and the positive meaning attached to them can lead to more positive responses. Conversely, inability to organise refugee experiences in a meaningful way and accept some positive aspects can lead to more negative responses. Lack of meaning can also prevent or block people from finding pathways to healing.

Therefore, we can infer that when individuals actually manage to identify some positive aspects in extreme events and bestow a meaning on them in a way that makes their suffering more understandable or even worthwhile, the experience of

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these events will most likely produce more positive responses.

Factors Contributing to Different Responses

The study also revealed a wide range of factors that affected the refugee adolescents.

a) **Intrapersonal factors.** Personal characteristics, inherent strengths and vulnerabilities had affected the participants' responses to their adversities. The sense of retaining control, the existence of hope, positivity and humour, the ability to easily attract others and turn to them for comfort and support as well as strong motivation or devotion to a cause were presented as protective factors in several participants.

Some teenagers had used coping strategies orientated towards adversities, i.e. engagement with past events in an effort to make sense of them and cope with their highly distressing emotional reactions, while others had adopted strategies orientated towards moving beyond their adversities. Different cultural, political, ideological and religious belief systems had also affected the participants' meaning-making and were central to the emergence of different responses.

b) **Interpersonal factors.** The young refugees also highlighted the parental presence, availability and functionality as well as other relationships with caring adults, compatriots, locals and peers, as important factors influencing their adaptation and well-being.

c) **Sociopolitical factors.** The sociopolitical context in exile, several contextual factors and conditions in each host country, which had either perpetuated or alleviated the wounds participants had suffered during the previous phases of their refugee experience, were identified, including different asylum policies, refugees' rights and benefits, access to support services and the experience of schooling, even the climate and physical surroundings.

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Similarities and differences between home and host countries were also presented as determinants of the participants' responses to their refugee experience. The structural difficulties of the host country's economy, bureaucratic inertia, anti-refugee climate, etc. as well as predominant societal discourses contributed to the participants' responses too.

I can conclude that the responses to refugee adversities vary widely and depended on how the actual situations are affected by the factors presented above. All these factors have forged the different responses of the young refugee participants and their complex and multi-systemic interactions, coming from the individual level to the proximal and distant social worlds have impacted their process of adaptation at multiple levels.

The Specificity of the Position of the Refugee Adolescent

I also examined how the developmental stage of adolescence has affected the participants' reactions. The participants were forced to respond to their refugee experiences while they were undergoing the developmental stage of adolescence and its attendant tasks, i.e. identity formation and multiple physiological, behavioural, cognitive, social and emotional changes.

The refugee adolescents had some age-related, protective influences, strengths and characteristics, but they also had some age-specific vulnerabilities that interacted with the refugee adversities, dictating their responses to them (Coleman, 2011; Trowell, 2002); both strengths and weaknesses were taken into account when exploring their reactions to severe adversity.

The confluence of adolescence-related and refugee-related transitions.
The participants had to go through multiple transitions, developmental and psychosocial at the same time, so as to come to terms with their new adolescent and

refugee identities and roles. These transitions were confusing to some since they were roaming around unfamiliar territories.

This corroborates previous studies demonstrating that stressors and major life changes that coincide can adversely affect adolescents, jeopardising their coping capacities, whereas dealing with one prominent issue at a time can be more manageable (Coleman, 2011; Goossens, 2006; Simmons et al., 1987).

However, although some participants struggled to accommodate the multiple changes, most of them gradually coped well with them, managing to bridge the developmental and sociocultural gaps between their pre-adolescence, pre-migration and post-adolescence, post-migration selves.

Refugee adolescents' identity building. By the same token, the development of a coherent and meaningful identity that constitutes one of the fundamental processes of adolescence seemed to be more perplexing for some refugee teenagers as the role confusions and discontinuities, triggered by both developmental transitions and refugee-related changes, coincided. Some argued that building their new adult self was more problematic in a foreign country where everything was unfamiliar. This corroborates studies suggesting that the sense of belonging to one's family and sociocultural network are identity pillars (Walter & Bala, 2004), whose loss owing to refugeedom makes adolescents' identity building more difficult in their new environments.

In few cases, the uncertainty caused by both refugeedom and the growing-up process had blocked adolescents' identity exploration and formation. This condition can be seen as what Marcia (1996) calls identity diffusion, in which adolescents cease to be interested in establishing a clear identity and leave their identity issues

unresolved. They also appear withdrawn and unclear about their roles and interests and unable to establish new ones.

However, the fact that the participants were developmentally inclined to challenge previous identities and experiment with and adopt new roles (Erikson, 1968; Marcia, 1991; Papadopoulos, 1987) seemed to have had a positive influence on them. Several participants were able to embrace discontinuity in their roles, identities, values, etc. imposed by refugeedom, perhaps due to the normative inclination to exploration and change during this phase (Hart, 2008). Despite the extra burden imposed by the multiple transitions, their adolescent inclination to change may have contributed to an easier adaptation to the new conditions for most of them.

Refugee adolescents' life-plan formulation. As regards the developmental process of life-plan formulation, several refugee youth claimed that the lack of the social fabric and cohesiveness that help in this process as well as the sociocultural signposts offered by the basic structures and institutions of their communities (Eaton & Harrison, 2000; Hart, 2008) had made the developmentally appropriate formation of their future self more complicated.

The lack of the essential parental and societal support and the insecure conditions of their lives also complicated plan-making for this refugee youth. Research evidence posits that the demanding process of life-plan formulation challenges young refugees and even predisposes some of them to manifest psychopathology (e.g., Eaton & Harrison, 2000). The combined stressors of refugeedom and adolescence affect teenagers' psychological development to the point where they can develop anxiety and depressive symptoms and acting-out behaviours (Reed et al., 2012; Wilson, 2004).

Despite the difficulty refugee teenagers have planning for their future, some participants asserted that their dogged determination, coupled with the support they had been offered, facilitated the process of goal setting and creating a positive future.

Refugee adolescents' individuation. Another task of the psychosocial stage of adolescence concerns the individuation from parents and independent identity building (Blos, 1979; Erikson, 1963; Spear, 2000). The study findings indicated that refugeedom can sometimes have a positive effect on this task. Most participants were forced to become autonomous and capable of coping with their adversities on their own or with little assistance from adult loved ones. That appeared to have generated a sense of competence in them and to have contributed to their individuation.

Although violently forced individuation constitutes a negative condition, some adolescents conceptualise their competence to face their refugee adversities on their own as a psychological weaning off their parents, which is necessary and desirable as much as anxiety-provoking. Adolescents, as a general rule, try to emotionally disengage from their parents, let go of parental protection, assume adult responsibilities, develop their individuality and acquire autonomy and self-direction (Crockett & Crouter, 1995; Steinberg & Silverberg, 1986). In this sense, refugee minors often embrace the new responsibilities they have to assume because of their new conditions as refugees (Hart, 2008).

Refugee identity and adolescents' self-esteem. This study also demonstrated that the negative valence of the refugee identity and minority status as well as the refugee-related marginalisation, discrimination and racism experienced in the host societies decreased some participants' self-esteem, making the formation of a positive sense of identity even harder.

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Some of the adolescent participants presented an increased interest in their self-image, heightened self-preoccupation and egocentrism as well as sensitivity to criticism; they also appeared to have special needs for reassurance and acceptance. Their egocentrism and need to be unique could not always be accommodated in their refugee condition. This wounded personal uniqueness adversely could affect their well-being (Aalsma, Lapsley, & Flannery, 2006).

There was, however, a participant who argued that refugeedom had positively impacted her self-esteem as she conceptualised it as an empowering experience that had led to personal strengths and therefore to a more positive self-image. The fact that this girl was fully integrated into the new society may have compensated for the negative effects of the refugee status.

Adolescents' hardiness, omnipotence and narcissism. It also appeared that some youth had conceptualised themselves as survivors of adversity. They presented themselves as hardy, unique, superior and determined to succeed. A Syrian teenager even described himself as a superhero who had fought against and triumphed over his refugee-related hardships.

This sense of uniqueness and subjective omnipotence is a characteristic of adolescence (Winnicott, 1965). Teenagers often hold an inflated sense of self and display a sense of narcissism, which is nevertheless a normal, healthy and creative defence mechanism during adolescence transitions. This attitude can benefit the refugee youth, buffering them against feeling vulnerable, inferior and insecure as well as strengthening their sense of competence, positive development and adaptation in the new countries (Aalsma, et al., 2006; Barry & Malkin, 2010; Goossens, et al., 2002; Sedikides et al., 2004).

Adolescents' high aspirations and ambitions. Most participants also presented high aspirations and ambitions, as is often the case with adolescents (Earnest et al., 2015). Dreaming big and directing their ambitions towards self-advancement is a protective, developmentally normative influence of their age and a decisive factor for their psychological well-being and adaptation (Eide & Hjern, 2013; Montgomery, 2011).

The fragile side of adolescent omnipotence and exaggerated optimism. As seen, several participants exhibited optimism, a sense of competence and an over-evaluation of their self, what is seen as an adolescence-normative sense of subjective omnipotence. This has had protective function for them. However, some of them also had a vulnerable side hidden under their projected and idealised super-strong self.

I have to stress that despite the positive effects of adolescent narcissism, this narcissism is often fragile and easily challenged in the wake of failures, resulting in a sense of worthlessness and low self-esteem (Blos, 1979; Smith, 2016). When highly desirable and often inflated expectations could not be met, as is often the case with refugee adolescents, they experience a painful sense of narcissistic vulnerability (Notsu, 2015). They become frustrated, angry and disillusioned and their psychological well-being is badly affected (Grubbs & Exline, 2016).

For some participants, refugee-related perceived failures and frustrations functioned as narcissistic wounds, associated with high levels of distress. These wounds may be deeper for teenagers, who are more vulnerable to ambiguities, failures and negative evaluations in comparison with other age groups (Thomaes et al., 2013).

Refugee adolescents' adaptation. The refugee minors appeared to have had many opportunities for adjustment and to have been open to new stimuli as they had a

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structured routine activity, particularly due to their inclusion in the school system and peer groups. Most of them had easily picked up the new language, a fact that improved their adaptation, well-being and sense of competence. Moreover, it was evident throughout the interviewing process that several participants were able to find ways of experiencing some joy and normalcy even in hard times (Nilsen, 2005). At the same time, despite their smoother adaptation to the host country, their young age imposed some further vulnerabilities on them as minors have specific needs for care and protection.

Adolescents' refugee experience as an initiatory process. The study findings were also examined under the theory of initiation, which posits that adolescents may engage in some kind of symbolic rituals that mark their psychological transformation to their adult selves (Frankel, 1998). These rituals involve challenges and potential wounds that can assist adolescents with attaching meaning to their new experiences and roles (Frankel, 1998).

Some participants appeared to have been searching through their refugee adversities for extreme experiences that could facilitate this transformation; these experiences could be seen as an initiatory process, a chance of facilitating their passage to their adult selves. Through this lens, refugeedom can be seen as a passage which, although hard for the minors concerned, can be used creatively towards their independence, maturation and self-realisation, namely the developmentally normative task of self-initiation.

Implications for Future Practice and Research

This study stressed that it is imperative that the future research and practice with refugees appreciate the totality and uniqueness of the refugee individual and the complexity of the refugee condition, and not focus exclusively on one facet, be it negative or positive.

It also highlighted that the Adversity Grid, and the wide interactional matrix of reciprocal influences that lead to the different responses, can function as a helpful framework for approaching the variant refugee experience as adequately as possible and grasp the complexity, uniqueness and totality of individuals' responses to it. The Grid recognises the potential for positive effects out of severe adversities, but it also enables practitioners working with refugees to better focus on the negative responses if necessary.

I should, however, emphasise that even when refugeedom does not impose a psychopathological condition on refugees, requiring an army of specialists to treat them, refugees should be entitled to psychosocial support. Not because they are traumatised, but because they have suffered adversities, oppression and human rights violations.

It is also worth mentioning that even when some refugees appear extremely vulnerable, they should be regarded as passing through a temporarily vulnerable phase and thus they should not be imposed fixed, vulnerable identities. Their vulnerabilities and signs of pathology should be appropriately addressed, of course, but they should be seen as transient responses, not signs of psychic weakness and irreparable damage. People working with refugees should bear in mind that refugees can simultaneously be one of the most vulnerable and resilient populations (Papadopoulos, 2010).

Therefore, we should make room for the emergence of resilience and AAD in our conceptualisation of refugeedom as well as in our theories and interventions. There is an urgent need for designing interventions which attempt to illuminate the whole range of responses to refugee adversities and take account of the variables that appear to influence these responses. In this light, we can discern the limitations of the approaches that focus exclusively on the negative responses.

People working with refugees should not fall into the trap of a narrow trauma discourse by regarding refugees as damaged victims instead of survivors challenged to reconstruct meaningful lives despite the atrocities they have endured. If practitioners lay emphasis on refugees' deficits, they will probably lock out their resilience and generate dependent victims (Mollica, 2006).

People working with refugees also take it for granted that refugees require exclusive material and psychological help whereas not all refugees indeed require it. Some of them have different needs, religious or cultural, and these needs have to be met. Different individuals should be supported in different and unique ways so as to develop their own ways of coping with adversity.

However, it is understandable that the pressure felt when working with refugees who have suffered all sorts of atrocities, may make practitioners oversimplify the situation and treat refugees as victimised and traumatised individuals. When practitioners succumb to such pressure, they neglect all other actual or potential responses refugees exhibit in the aftermath of hardship and thus block their emergence in refugees themselves (Papadopoulos, 2011).

When this happens, practitioners should explore the reasons for their own inability to detect any positive aspects in refugees' stories so as to see if it meets their own needs to be of assistance and feel good about themselves (Blackwell, 2005).

Trapped in the unbearable nature of atrocities, therapists cannot conceptualise refugees' stories as survival stories. They see refugees as helpless victims and take the rescuer's role, which is quite attractive (Papadopoulos, 2015).

I can conclude that it is important to acknowledge the suffering and vulnerability of refugees as well as their resilience and potential for development. People working with refugees should detect and draw on refugees' strengths in order to boost their self-esteem and mobilise their coping strategies and self-healing processes while they work on their difficulties. In this way, they encourage and support refugees' abilities. Papadopoulos (2002) argued that "by containing both potentialities implied by the dual definition of trauma (as wound and as an opportunity for a fresh start in life), we can empower the survivors to facilitate their own healing. If we fail to do this, inevitably we will lock the refugees in pathological positions with dire consequences" (p. 17).

People working with refugees should also look for factors in both the intrapersonal realm and their interpersonal environment and cultural and sociopolitical contexts, which can act as sources of resilience or springboards for positive transformation. Practitioners should map refugees' strengths by exploring their stories and coping mechanisms as well as their familial and community support. In this way, they can normalise refugees' experiences, supporting refugees in the transformation of their painful scars into stepping stones to creation and development.

In the case of refugee minors, age-specific factors should also be taken into account. Developmental processes, characteristics of youth and the impact of refugeedom interact to synthesise the specificity of the position of the refugee adolescent.

I have to underline that, although the process of interviewing the young refugee participants was by no means a therapeutic intervention, the fact that I purposefully explored the wider facets of their functioning and range of responses, coupled with my genuine interest in discovering the potential gains they might have acquired and the characteristics, capabilities, relationships, etc. that had helped them in the wake of adversities, seemed to have an effect on them.

Although I did not directly encourage those young people to view their experiences through a different lens, my way of approaching their stories might have indirectly assisted them in reconnecting with their remaining positive qualities so as to utilise them for bouncing back to their previous functionality. At every opportunity, I placed emphasis on their existing or emerging strengths, skills and positive qualities I could see in them, highlighting even the smallest steps they had already made towards their positive transformation.

My approach seemed to give a much-needed boost to the self-esteem, positivity and perseverance of some of those young refugees. I also noticed that the majority of them gradually developed a more balanced perspective of themselves as far as their circumstances, abilities and strengths were concerned. Even their whole presentation changed in the process as the prism through which they viewed their adversities changed. Their tone of voice became more assertive and they appeared more hopeful and self-confident. Those encounters, albeit brief, showed that this approach, which respects the Adversity Grid, could create a genuine sense of empowerment in the individuals concerned

I need to stress once again that I managed to reveal the positive and resilient aspects of some of the young participants, not all. Two of them, as aforementioned, were unable or refused to think about a more positive prism. Their severe pain and

suffering could have blocked the positive facets and thus the emergence of positivity and hopefulness in them. Being overwhelmed by both the extreme adversities of the past and the current stressors, as illustrated in their narratives, they could not discern any strength or positive development emerging from their very exposure to hardship, thwarting in this way their self-healing processes. Those two youngsters appeared to have been weighed down by all their cares far more than others and consequently retained a bleaker outlook throughout their interviews despite the occasional glimmer of hope.

Strengths and Limitations

This study constitutes a unique contribution to the field of refugee care as it provides an empirical verification of a therapeutic approach that is guided by the framework of the Adversity Grid (Papadopoulos, 2004, 2007, 2015). It contributes to the advancement of the field by opening up new ways of conceptualizing the unique predicament of refugees and working with them. This enables professionals to highlight their resourcefulness and positive aspects activated by adversity, whilst also addressing their pain and suffering as well as other severe dysfunctionalities.

This study is also important because, more specifically, the framework of the Adversity Grid is applied to adolescent refugees, thus identifying the particular subtleties of the totality of their experience. One of the study's main strengths is that this is the first time that the Grid has been applied to adolescents, making a significant contribution to the existing body of literature. Adolescent refugees undergo multiple transitions – developmental, psychosocial, geographical, etc. – and present age-related vulnerabilities but also strengths. A contribution of this research is that it identifies empirically the strengths of adolescent refugees in the context of the problematic difficulties that they also face.

Moreover, the study investigates the potential variables that should be taken into account in order to deepen our understanding of what makes refugee teenagers suffer and/or thrive in the wake of adversities. Given that refugees' reactions are heavily influenced by the sociopolitical factors in the country of exile, it is significant that the current study has gained an insight into how young refugees conceptualise the different factors which have determined their experiences in the two countries. The kind of support refugees receive in each country, the national asylum policies, natives' resentment towards or compassion for them and scores of other factors can influence refugees' reactions.

However, the study is limited by the small number of its participants and the short duration of the sessions with them. Moreover, the majority of the participants were adolescents who had been selected on the basis of the ease of access to the refugee centres in which they were accommodated. This may imply that most of them were receiving or had received some kind of support from shelters, charities and other organisations and thus the issue of generalisability may have been affected.

By including refugee minors living in different places, with or without family members, under various conditions and circumstances, I expected the findings to be diverse. However, data obtained solely from minors who have received some kind of support cannot be representative of the youth who have not received any particular assistance.

Furthermore, when selecting the young beneficiaries at the different aid agencies, I had to be extremely careful not to include any young refugees who would have reacted with excessive distress as a result of taking part in this research. After obtaining permission, I contacted their carers and discussed with them the risks involved in them participating in the interviewing process. As a result, those who had

been diagnosed with severe mental illnesses or to whom speaking about their refugee experience would be re-traumatising, upsetting or destabilising were excluded. Hence, the study's conclusions cannot be representative of people who suffer from severe forms of psychiatric disorders, as a result of their refugee predicament. The two participants, who had psychiatric history, participated voluntarily in the research following their therapists' assurance that the process was not going to have any detrimental effects on them.

In addition, seeking to safeguard the young participants' interests and respect ethical obligations, I advised them not to speak about parts of their stories that could make them feel uncomfortable. Although ethically necessary, the fact that I asked them to avoid any upsetting information or sensitive issues could be critiqued as not allowing the participants' stories to be fully communicated. However, I must note that when I sensed that the young participants were keen to speak about some hard aspects of their stories and that this could be liberating for them, I let them do so. With great care and respect, I listened to them, but at the same time, I tried to demarcate their narratives so as our interviews would not become psychotherapeutic. Due to practical and ethical limitations and, of course, due to the nature of our contact that was to serve research purposes and not therapeutic ones, I had to be careful not to touch wounds that would not heal. This might have inevitably restricted the range of what could be discussed during the interviews.

In essence, having obtained assurance from their carers (and therapist, where applicable), I had to make a sensitive differentiation between seriously detrimental effects and upsetting themes. Being a mental health professional myself and with considerable experience in working in this field, I had to rely on my professional judgement about the fine line between these two. I am satisfied that throughout this

research I did not encounter any situation where the safe boundary was transgressed.

Moreover, the study's conclusions are based on how various factors affect refugees' responses to adversities in a specific period. The study has not examined how the different combinations and the interplay of these variables influence each refugee in an individualised way or across their lifespan.

It goes without saying that the findings cannot be generalised to the entire population as the study is a time-restricted qualitative research with a small number of participants. Nevertheless, its aim was to offer a comprehensive insight into that specific refugee group only. The concern about generalisation therefore is not pertinent to this study. Socially desirable answers are, of course, no exception to this study. Reflecting on how the role, position, assumptions and even the cultural perspectives of the researcher may have affected the participants' responses is also indispensable.

The future researchers should try to address all the aforementioned limitations. Research including a substantially bigger, more diverse and representative of the population sample could allow for stronger conclusions to be made. A fuller exploration of gender issues, i.e. exploration of the different responses among male and female adolescents and the potential gender-specific mediating factors, as well as the differences in the responses of individuals coming from diverse ethnocultural backgrounds can also provide a rich opportunity for future research.

Future research could also examine whether there are adolescence-specific responses to severe adversities, like refugeedom. A comparison between adolescents' responses and younger children or adults' responses would be of great interest. Another future research aim could be to explore whether these adolescent participants' reactions would change longitudinally.

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A relevant research could raise the question of whether the adolescence-specific characteristics and protective influences that appear to shield these youth against some of the negative effects of the refugee experience would change with time. For instance, it willbe interesting to examine whether optimism, which is deemed an adolescence-related characteristic and a protective factor for them, diminishes when their teenage dreams and goals cannot be realised when they become adults. Similarly, the adolescence-specific vulnerabilities that are believed to negatively predispose these refugee teenagers and their effects could be examined longitudinally.

Lastly, in order to enhance the methodological soundness of the study, the same data should be acquired from different sources and through different methods (Trotter, 2012). For instance, information on adolescent' reactions to their experiences should also be collected from their parents or carers. Exploring how the people around these minors view their reactions and the factors contributing to them can paint a richer picture. Focus groups in addition to one-to-one interviews should also be conducted so as to explore the same data through different methods. The existence of more researchers in the interviewing, coding, analysis and interpretation of the data could also provide a counterbalance to any inferential biases (Hannes, 2011).

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Appendices

Appendix A: Participant Information Sheet and Consent Statement

Appendix B: Schedule of the semi-structured interview questions

Appendix C: Ethical Approval Form

Appendix D: Themes & Sub-themes

Appendix E: Procedure of independent coding and details about the coders

Appendix F: Sample of the research data that led to the emerging themes

Appendix A: Participant Information Sheet and Consent Statement

Participant Information Sheet

You are invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why this research is being undertaken and what it will involve. Please read the following information carefully.

What is the purpose of this research project?

This project will explore the meaning young refugees living in Greece and the UK attach to their experiences and the diverse ways they respond to them as well as the factors that contribute to their responses towards their adversities.

Who can participate in this research project?

Young refugees between 14 and 19 years of age who have been living in Greece or the UK for at least two years and are able to communicate in Greek or English respectively.

Do I have to take part?

No. Participating in this research project is not compulsory. Before deciding whether to participate or not, you can also have an opportunity to discuss all the details with the researcher. Once you decide to take part, you will be asked to sign it at the bottom and you will be given this information sheet to keep. Be assured that you will be free to withdraw at any time and without giving any reason.

What participating will involve?

Participating will involve discussing in private with the researcher, for not longer that an hour, (with appropriate breaks, if needed) about various facets of your own personal experiences as a refugee in this country. Individual interviews will be audio-recorded.

What will I gain from participating?

a. In appreciation for your participation in this study, you will be offered £20 in cash or an equivalent voucher.

b. You will also have the chance to reflect on your own situation that will lead to a better understanding of the various gains and losses involved in your experience of becoming a refugee. At the end of the research, you are welcome to discuss the research finding with the researcher in order to understand better your contribution to as well as the overall outcome of this research study.

c. Your participation will contribute to the improvement of the understanding of the conditions of the overall experiences young refugees face; this will have an impact on future research and practice, informing the field in ways that would lead to better conditions for young refugees/torture survivors.

d. Finally, you will be invited to join a recreational event to mark the end of the project that will bring together all the participants.

What are the possible risks involved in participating?

Although the overall procedure is carefully planed not to upset you, inevitably some sensitive topics will be explored that may create some discomfort in you, reminding you of difficult events and situations. In any case, if your response to this research procedure requires further assistance, rest assured that this will be provided.

Will my information in this study be kept confidential?

All information collected will be kept strictly confidential by using pseudonyms for each participant. Although participants will be asked to sign the Consent Form, using their full names, unique ID number will be assigned to each participant, and the consent form, containing their personal data, will be stored separately from the research data.

Who is organizing the research?

Fani Chondrou is conducting this research as part of her PhD programme at the University of Essex. This research is supervised by Professor Renos Papadopoulos, director of the Centre for Trauma, Asylum and Refugees at the University of Essex. The project has the approval of the Ethics Research Committee of the University of Essex.

Thank you very much for taking the time to read this information.

CONSENT STATEMENT

I have read very carefully the Information Sheet above, I am fully aware of what my participation will involve and I understand that:

1. My participation is voluntary and I may withdraw from the research at any time, without giving any reason.

2. Both the interview and the group discussion will be audio-recorded.

3. My data and audio- recordings are to be kept confidentially and only the researcher and the supervisor of this project will have access to them.

4. The overall research findings may be submitted for publication in a scientific journal or presented at scientific conferences, always without any details that could identify individual research participants.

On the basis of this understanding, I am giving my consent to participate in this research project.

Participant's name and surname:

Participant's signature:

PARENT/GUARDIAN CONSENT STATEMENT

I, the undersigned, have read and understood the Information Sheet and I give my consent for the above named participant to take part in this research project on the basis of the outlined purposes.

Parent or guardian's name and surname:

Parent or guardian's signature:

Relation to Participant:

Researcher's name and surname:

Researcher's signature

Place:

Date:

THIS FORM IS PRODUCED IN DUPLICATE, SIGNED AND KEPT SEPERATELY BY BOTH THE PARTICIPANT AND THE RESEARCHER.

Appendix B: Schedule of the semi-structured interview questions

Schedule of the semi-structured interview questions

The questions of the semi-structured interview will be adjusted to the participants' answers and language competence, expression ability, specific characteristics and personal experiences. If a question sounds complicated to the participant, clarifications and examples will be given so as to better understand them.

Below you can find an outline of possible questions:

(Q1) Would you like to tell me your story in a few words? What has happened since you decided to leave your country, during your flight and after your arrival in the new country?

What did you leave behind? What did you lose when you left?

How has your life changed since you left your country?

(Q2) How have these experiences impacted on you? (e.g. how have they affected your daily life, your mood, your interests, the way you enjoy things, your behaviour, your relationships with others, your school performance, your physical and mental health, etc.?)

(Q3a) How have you managed to deal with the adverse experiences you have gone through? How have you been coping with the adverse experiences and their negative effects?

(Q3b) Can you think of any skills, qualities, beliefs, parts of yourself, etc. you had before experiencing these adversities, which you have managed to retain? In which aspects have you remained the same despite the adversities you have experienced?

(Q4) Have you acquired any new skills, abilities, characteristics, etc. because of the

adversities you have experienced?

Have some of your beliefs, priorities, etc. changed?

(Q5) Have you ever tried to give an explanation for what has happened? Have you tried to attach some meaning to your adversities?

(Q6) What has influenced your responses to your adversities? (e.g. personal characteristics, coping strategies, important relationships, social services, motivation and goals, etc.)

How has your host country helped you? What would you like to be different in this country?

(Q7) You are an adolescent now; has adolescence brought any changes to your life? How do you feel about that?

How has adolescence influenced the way you experience and respond to your refugee adversities?

If you had been through all these experiences when you were younger (a child) or older (an adult), do you feel that things would have been different for you?

Appendix C: Ethical Approval Form

■■
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■■■ University of Essex
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Application for Ethical Approval of Research Involving Human Participants

This application form must be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and foetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research must not commence until written approval has been received (from Departmental Research Director/Ethics Officer, Faculty Ethics Sub-Committee (ESC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project. Ethical approval cannot be granted retrospectively and failure to obtain ethical approval prior to data collection will mean that these data cannot be used.

Applications must be made on this form, and submitted electronically, to your Departmental Research Director/Ethics Officer. A signed copy of the form should also be submitted. Applications will be assessed by the Research Director/Ethics Officer in the first instance, and may then passed to the ESC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1. | Title of project:
The Effects of Refugee Experience on Adolescents in the UK and Greece: A psychosocial investigation.

2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
Do you object to the title of your project being published?   Yes ☐ / No ☒

3. This Project is: ☐   Staff Research Project   ☒   Student Project

4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Fani Chondrou	PhD Student/ Centre for Psychoanalytic Studies
Professor Renos Papadopoulos	Centre for Psychoanalytic Studies

5. | **Proposed start date:** 01/10/2015
6. | **Probable duration:** 24 months

University of Essex

7.   Will this project be externally funded?   Decision Pending Yes ☐ / No ☐

        If Yes,

8.   What is the source of the funding?

9.   If external approval for this research has been given, then only this cover sheet needs to be submitted
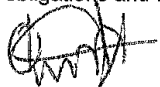
        External ethics approval obtained (attach evidence of approval)   Yes ☐ / No ☒

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

Signature(s):
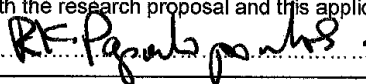
Name(s) in block capitals: FANI CHONDROU

Date: 30/07/2015

Supervisor's recommendation (Student Projects only):

I have read and approved both the research proposal and this application.

Supervisor's signature: ....

Outcome:

The Departmental Director of Research (DoR) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

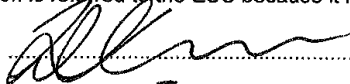This application falls under Annex B and is approved on behalf of the ESC ☑

This application is referred to the ESC because it does not fall under Annex B ☐

This application is referred to the ESC because it requires independent scrutiny ☐

Signature(s): ....

Name(s) in block capitals: JOCHEN WILLEMSEN

Department: PSYCHOANALYTIC STUDIES

Date: 25 SEPTEMBER 2015

The application has been approved by the ESC ☐

The application has not been approved by the ESC ☐

The application is referred to the University Ethics Committee ☐

Signature(s): ....

Name(s) in block capitals: ....

Faculty: ....

Date: ....

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Details of the Project

1.	**Brief outline of project** (This should include the purpose or objectives of the research, brief justification, and a summary of methods. It should be approx. 150 words in everyday language that is free from jargon).

This project will explore how refugee adolescents living in Greece and the UK react to their experiences and the potential factors that contribute to their negative or resilient and positive responses, in order to create an understanding of what makes young refugees suffer or on the contrary, endure but also thrive in the face of their adversities in the two countries.

Given the large number of youngsters who flee their country in order to seek asylum as well as the relative effectiveness of preventative and therapeutic interventions at this early stage, it is a matter of urgency that the factors that influence how young populations perceive and respond to adverse refugee experiences, are explored. Moreover, the shift of focus from the refugee pathology to the refugee resilience and capacity for development can have crucial implications in relevant programs with refugees.

I will use semi-structured interviews and focus groups consisting of small groups of participants invited to discuss together their experiences.

Participant Details

2. Will the research involve human participants? (indicate as appropriate)

Yes ☒   No ☐

3.	Who are they and how will they be recruited? (If any recruiting materials are to be used, e.g. advertisement or letter of invitation, please provide copies).

Participants should be refugees aged from 15 to 18; they should have been living in Greece or the UK for at least two years; and they should be able to communicate in Greek and English respectively. The data will be collected from refugee adolescents from "ARSIS" Refugee Shelter in Greece and the Refugee Council in the United Kingdom. Permission granted by these refugee services, young refugees who meet the eligibility requirements will be asked to voluntarily participate in the research. We aim to interview two samples of 20 participants in the UK and Greece respectively.

A copy of the letter of invitation is attached to this application.

Will participants be paid or reimbursed?

In appreciation for their collaboration, participants will be offered £20 each either in cash or in an appropriate voucher.

4. Could participants be considered:

(a) to be vulnerable (e.g. children, mentally-ill)?   Yes ☒/ No ☐

(b) to feel obliged to take part in the research?   Yes ☐/ No ☒

If the answer to either of these is yes, please explain how the participants could be considered vulnerable and why vulnerable participants are necessary for the research.

Given that the research study will include young people under the age of 16, the research participants can be considered vulnerable human subjects. It is inevitable to recruit participants from this young population as the research project aims to explore the diverse ways young refugee adolescents (aged from 15-18) react to their adversities.

Nevertheless, it is important to emphasize that refugee adolescents will be excluded from participation in the research project if they have been diagnosed with any psychiatric disorder and/or are in a psychiatric or psychological treatment.

Informed Consent

5.   Will the participant's consent be obtained for involvement in the research orally or in writing?[1]
      (If in writing, please attach an example of written consent for approval):

Yes ☒   No ☐

How will consent be obtained and recorded? Who will be giving consent? If consent is not possible, explain why.

Participants and their parents or guardians will sign a Consent Form prior to participation. When participants are under the age of 16, consent should be sought from parents or guardians who are legally responsible or appointed to give consent on behalf of them. In order to be legally covered in full, we will ask for consent from parents or carers of even older participants.
Given that the data will be collected verbally through audio recordings, verbal consent agreements will also be recorded together with the data.

An Information Sheet, written at the appropriate reading age for the potential participants, will be also used to give participants as much information about the research as is reasonably possible in order for them to provide valid consent. The participants should be adequately aware of the purposes and details of the study, the anticipated benefits and potential risks, and the discomfort the study may entail along with appropriate action in such circumstances and their right to abstain from participation or withdraw consent to participate at any time without reprisal. The Information Sheet also makes clear who the researchers are, why the participants selected are invited to take part, their right to choose if they want to take part or not, what they will be asked to do, how information about them will be used and managed and the level of anonymity and confidentiality researchers can guarantee.

Participants or their carers will consent to everything described in the text of the Information Sheet and Consent Form and confirm in this way their willingness to participate.

---

[1] If the participant is not capable of giving informed consent on their own behalf or is below the age of consent, then consent must be obtained from a carer, parent or guardian. However, in the case of incompetent adults, the law in the United Kindom does not recognize proxy consent by a relative. In addition, the University Ethics Committee is not able to provide ethical approval for such research. It needs to be approved by a Health Research Authority National Research Ethics Service Research Ethics Committee.

A copy of the Consent Form and the Information Sheet is attached to this application.

Please attach a participant information sheet where appropriate.

Confidentiality / Anonymity

6. If the research generates personal data, describe the arrangements for maintaining anonymity and confidentiality or the reasons for not doing so.

Confidentiality and anonymity will be ensured in the collection, storage and publication of research material through coding the qualitative data by using pseudonyms for each participant. However, participants will be asked to sign the Consent Form, using some contact details, namely their full names. So, it is inevitable that participants may be identifiable in this way.

Additionally, keeping some contact details is also useful in order to contact the participants in case that any queries arise or in the case of noticing signs that endanger participants well-being that will oblige the researchers to contact the participants and refer them for assistance, even at the expense of confidentiality.

For this reason, unique ID number will be assigned to each participant, and the consent form, containing their personal data, will be stored separately from the research data which will be coded with pseudonyms.

Data Access, Storage and Security

7. Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project. Please provide details of those who will have access to the data.

The research data will be kept in a portable hard drive with a back up, in secure conditions, safe from unauthorized processing, or accidental loss, damage or destruction. Moreover, personal data will not be retained for longer than necessary for the research purposes; after the fulfillment of the research project, the data will be destroyed.

Only the researchers working directly on this research project will have access to personal information. The participants will be informed that the coded data may also be shared to other competent researchers, in accordance with the requirements of some scientific journals and organizations. However, the identifying details will not be shared with anyone and will be strictly confidential.

It is a requirement of the Data Protection Act 1998 to ensure individuals are aware of how information about them will be managed. Please tick the box to confirm that participants will be informed of the data access, storage and security arrangements described above. If relevant, it is appropriate for this to be done via the participant information sheet ☒

Further guidance about the collection of personal data for research purposes and compliance with the Data Protection Act can be accessed at the following weblink. Please tick the box to confirm that you have read this guidance (http://www.essex.ac.uk/records_management/policies/data_protection_and_research.aspx) ☒

Risk and Risk Management[2]

8. Are there any potential risks (e.g. physical, psychological, social, legal or economic) to participants or subjects associated with the proposed research?

Yes ☒   No ☐

If Yes,

Please provide full details of the potential risks and explain what risk management procedures will be put in place to minimise the risks:
Sensitive topics about refugee-related adversities will be explored during the course of this research project. Therefore, unavoidably, research participants are likely to be exposed to a degree of emotional pressure. Accordingly, we will be monitoring each research participant very closely and if required, he/she will be referred to an appropriate mental health professional, who will be alerted in advance and will be on standby to attend to any participant that we would refer to her/him.

9. Are there any potential risks to researchers as a consequence of undertaking this proposal that are greater than those encountered in normal day-to-day life?

Yes ☒   No ☐

If Yes,

Please provide full details and explain what risk management procedures will be put in place to minimise the risks:
The research design is such that it is not likely to stir up any alarmingly distressful responses in the researchers. Nevertheless, similar to the above, in order to cover for every eventuality and insofar sensitive material will be explored, a mental health professional will be alerted in advance and will be on standby to attend to the researchers if this will be warranted.

10. Will the research involve individuals below the age of 18 or individuals of 18 years and over with a limited capacity to give informed consent?

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[2] Advice on risk assessment is available from the University's Health and Safety Advisers (email safety@essex.ac.uk; tel 2944) and on the University's website at www.essex.ac.uk/ohsas/risk_assessment.

Yes ☒   No ☐

If Yes, a Disclosure and Barring Service disclosure (DBS check) may be required.[3]

11.   Are there any other ethical issues that have not been addressed which you would wish to bring
       to the attention of the Faculty Ethics Sub-Committee and/or University Ethics Committee.

Appendix D: Themes & Sub-themes

1. Adversities young refugees have faced	
1.1. During the pre-flight period	1.1.1. Risks for their lives
	1.1.2. Losses of loved ones
	1.1.3. Maltreatment and human rights abuses
	1.1.4. Adverse living conditions
1.2. During the flight	1.2.1. Long, exhausting and dangerous journeys
	1.2.2. Lack of control
	1.2.3. Lack of life's necessities
	1.2.4. Experiences of ill-treatment
	1.2.5. Near-death experiences
1.3. In the host country	1.3.1. Adjustment difficulties
	· Adaptation to a foreign country where the way of living is totally new - various acculturative stressors
	· Loss of onto-ecological settledness
	· Language issues
	1.3.2. Changes in status, identity, roles, etc.
	1.3.3. The negative valence of the refugee identity
	· The sense of undesirability
	1.3.4. Experiences of racism and discrimination
	1.3.5. Difficulties at school
	1.3.6. Financial strain and destitution
	1.3.7.Detainment, degradation and misery

1.3.8. The negative impact of the sociopolitical factors of the host country

- The bureaucratic inertia

- Host country's financial situation etc.

- The dispersal of refugees across the country

1.3.9. Parents' negative responses

- Parents' responses towards adversities

- Parents' adjustment

- Parental roles and functionality

- Parents' physical and mental health

1.3.10. Suffering losses of all kinds

- Separation from loved-ones

- Unclear losses

- Loss of home, 'homeness', stability, familiarity and ease

- Loss of culture

- Loss of 'onto-ecological settledness'

- Loss of identity

2. Negative responses	
2.1. During the phase of refugee atrocities	2.1.1. Anguish, fear and suffering
	2.1.2. Acute stress reactions
	2.2.1. Ordinary human suffering
2.2. After settling in the host country	· Pain and Suffering
	· Helplessness and frustration
	· Pessimism for the future

- Grief for their losses

- Nostalgic disorientation

- Emotional numbness

2.2.2. Distressful psychological reactions

- Depressive mood, loss of interest and pleasure

  and restricted activity

- Social withdrawal, introversion and lack of trust

- Signs of psychological difficulties

2.2.3. Signs of psychiatric disorders

3. Responses revealing that people change neither positively nor negatively

3.1. Retaining positives

3.2. Enduring adversities and doing well under difficult conditions

3.3. Bouncing back to normalcy and adjusting to the new conditions

3.4. Retaining negatives

4. Adversity-activated development

4.1. Acquiring experience and new knowledge

4.2. Gain of life lessons

4.3. Development of a new sense of strength and competence

4.4. Development of new positive qualities

4.5. Caring for others

4.6. Cementing relationships

4.7. An upsurge in personal creativity

4.8. Re-appreciation of their lives

4.9. Seizing the new opportunities

4.10. Setting new goals

Appendix E: Procedure of independent coding and details about the coders

Coder 1	Male, psychologist & researcher with previous experience on research with the refugee population. He identified codes and themes in two of the transcribed interviews, following the steps outlined by Braun and Clarke (2006). He also provided debriefing on the list of themes and subthemes I had produced.
Coder 2	Female, social scientist & researcher without any previous experience on research on the refugee population. She identified codes and themes in two of the transcribed interviews, following the steps outlined by Braun and Clarke (2006).
Example of common themes /subthemes corroborating my findings	<u>Adversity-activated development</u> Development of new motivation e.g. progress at school. Setting new goals. Development of new positive qualities while managing the adversities and their effects. Being empowered through adversities. Making good use of the opportunities offered, e.g. services etc. Positive attitude, positive conceptualisation of the new country. Gaining knowledge and strength. Creating a new positive daily routine. Giving-up is not a choice. Reciprocating for the care they had received.

Appendix F: Sample of the research data that led to the emerging themes

Theme: Adversities young refugees have faced		
Mosi: "My family left Congo because of the civil war there . . . we were forced to leave because our lives were at risk. . . . I still remember the sound of bullets whizzing by." **Khaled:** "I remember bombs dropping non-stop; exploding on the streets, in our school, everywhere. We were constantly in fear of our life." **Ajmal:** "The militia just raided the village, took everything the people had, they killed, it was a nightmare, a living hell." **Eddie:** "I couldn't stay there because they would kill me. My dad was with the police and my mum into politics. And because my family had very big problems, I had to go and I came to Greece."	Risks for their lives	During the pre-flight period
Asha: "We lost our sister there, so we had to leave for our safety and have a better life." **Eddie:** "My bigger brother and my sister died in my country, they were killed. That's why I had to leave." **Abed:** "My eldest brother was in the military at the time. One day, we received a letter informing us	Losses of loved ones	During the pre-flight period

that he was dead. . . . I contacted my auntie that was living in Turkey and she arranged for me to go there. My uncles covered the expenses for my journey although they worried that it was risky. They had been reluctant at first, but I told them: the military will also draft me as they did with my brother. So, if I stay here, I will die".		
Hamidullah: "Life in Iran was difficult. The Iranians used to treat us badly. There was a lot of violence and racism toward Afghans." **Abdul:** "When I was 13, someone came to our door holding a gun. They took me away and held me captive in a place for 20 days; it was a kidnap. They forced me to sign a paper. I think it was something to do with my father's fortune". **Ajmal:** "Then the government raided our school, and I was at school at the time and I got kidnapped; well, not kidnapped, but I was taken to prison by them. . . . We were kept in a little confinement for I cannot remember how long because it was completely dark and horrible. It was really hard; I was just crying all the time, banging on the door and asking to see my mum and my dad, but nobody came. . . . Eventually, we were released and I went back to my family. . . . And it happened again in 2013; we	Maltreatment and human rights abuses	During the pre-flight period

were captured and taken to prison. But this time was slightly different; I was tortured. And they also burnt me here and here and somewhere there. We were beaten a lot. It was really bad. The worst thing was that we were forced to manual labour."		
Obaida: "Poverty was also a big problem for us. My family wanted to take me away from all this." **Mosi:** "Life back home was very hard, destitution, too much violence." **Asha:** "My parents wanted us to grow up in a better place and have better education. They couldn't provide either in our country because of the war. Before we left, we had quit our education for 5 years!"	Adverse living conditions	During the pre-flight period
Hussein: "The journey was difficult and risky. We had to walk for hours on end, cross borders, etc. We crossed different countries before reaching England. We risked life and limb and I was scared for my life." **Khaled:** "The journey from Turkey to the Greek island was horrible and too risky. The dinghy sank. I swam out immediately. I helped people out of the water." **Abed:** "We jumped off a cliff with fences. . . . We were 40 people in the dinghy without a captain. Smugglers had told some of the people how to steer the boat and that was that. Unfortunately, the dinghy	Long, exhausting and dangerous journeys	During the flight

broke down because it was overweight. We were stranded at sea halfway through our voyage. We had to call the Greek port authorities and ask for help. They arrived and rescued us. We left Turkey at midnight and we reached the Greek shores after 6 am." **Reza:** "I wandered the mountains without food or water for 3 days. . . . The boat was packed out and I was so scared. Water was coming in all the time, we would bail it out and move on. And all that time, I couldn't stop thinking that we would drown. I was terrified." **Salih:** "They have men there who transfer people from Turkey to Greece with a small boat, 30 people at a time, packed! You should have been there! It was tough, very, very tough. I was frightened to death! And so nauseous! From 2 after midnight until 10 in the morning. It was very dangerous! Somewhere in the middle of the sea, the water started coming in and the boat started sinking slowly. We all thought we would die there! But God is big and helped us through. We finally reached a island close to Samos." **Ajmal:** "[They] came and put us in a big lorry and told us to stay quiet and we would be safe. They carried pistols. I was so terrified! I thought they would shoot and kill me. They told us that if they		

found us, we weren't to make any noise, we had to stay put and shut up. We were put in that lorry and I didn't know where it was going again. Eventually, I don't know how long after it was, the lorry stopped and its doors opened. There were some goods, big boxes and stuff, and me. They pulled me out, slapped me, and pushed me on the floor. I was so confused, I didn't know where I was."		
Hamidullah: "What I feel is that my life is not in my hands, my life is out of my control. This affects me negatively; I feel sad because I'm unable to make decisions for my life." **Mosi:** "I will never forget that we were waiting for so long and we were always praying to God to help us go to a safe place."	Lack of control	During the flight
Abdul: "We would walk during the night. Other times, we would sleep in the woods. . . . We had no food. We were drinking rainwater. . . . In Istanbul, it was freezing cold. It was snowing." **Reza:** "I spent a couple of weeks by the sea without food, without anything. I would only eat biscuits."	Lack of life's necessities	During the flight
Abdul: "The journey was very difficult and dangerous. . . . It was a dead place. We were illegal. We arrived in Iran. I was afraid for my life. It was so dangerous. In Iran, they put us in a small car. Can you imagine 15 people in a car? Then, I remember us walking for days. At some point, I don't know where	Experiences of ill-treatment	During the flight

exactly we were, police saw us and fired in the air. We ran. . . . I was begging Afghans I met on the way to give me food. They told me that if I wanted food, I had to work. The other guy had contacts with smugglers. All those days, I had not slept with a roof over my head at all. There were guys that would beat me just because I was young. I never told them anything; I was quiet."

Abdul: "In Istanbul, it was freezing cold. It was snowing. I asked another smuggler to get me a jacket and he took my money, but never gave me a jacket. They were thieves. They were asking us money to give us food. But if they had known that I had money, they would have taken it all. . . . One day, somebody told me to follow him; that he would take me to Greece. I didn't know that he was a mafia guy, so I went with him. They took me to a mafia place. There were other people there too; Iranians, Bangladeshis, etc. They beat the hell out of me, they broke my nose; see here? They called my father and asked for money. They told him that they would kill me if he didn't send them money. My father sent the money. When they got it, they blindfolded me, they put me in a car and after some time, they opened the door and threw me out"

Salih: "I had no choice. . . . They forced me to go out and beg for money and food, just like the people you

see here in Omonoia or Syntagma square. And we had to give all the money we had collected to our teacher." **Hussein:** "During the journey, we put our trust in two men who had promised to take us somewhere, but they didn't. They took us somewhere else, to a place we didn't know. They kidnapped us, they put us in the back of a lorry and they took us elsewhere."		
Khaled: "The dinghy sank. I swam out immediately. I helped people out of the water. I carried a dead woman. This was a very traumatic experience; it defies description. I was watching people dying before my eyes. I was devastated." **Abed:** "At the border, there were people with guns that shot anyone who attempted to cross. We jumped off a cliff with fences. We lost two of the kids there. When I asked what had happened to them, they told me that they had both been shot dead while crossing." **Abdul:** "While we were walking, someone fell into the river and was almost drowned. . . . I will never ever forget that journey. Many people died during that journey. I saw the smuggler killing a man in front of my eyes because he was injured and couldn't walk."	Near-death experiences	During the flight