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Global Political Violence

3 December 2019

Mental Health and Belonging: An Analysis of Syrian Refugees and the Trauma They Face in
Greek Refugee Camps

Refugees face innumerable types of violence as they flee their homeland to unfamiliar and often unsafe places in a search for stability and belonging. Though physical violence is frequently the most obvious form of violence inflicted upon refugees, there has been only, “limited literature published on migrant health,” which, “does not allow for a proper understanding of the actual burden,” of the journey refugees must take to escape extraordinary violence and the implications this has on their health (Souliotis et. al 2019). The suffering that refugees must undergo often remains unseen and unrecognized by an international eye, from the violence from which they are fleeing, to the xenophobia they may face upon arriving in a new country. Further, even less literature has been published on migrant mental health, which is less visible than physical injury but can result from the traumas of fleeing and settling into a new environment, creating another burden for refugees. Traumas that refugees face are systemic, cultural, and continuous, suggesting that mental health emergencies can develop at any stage of the refugee process, which creates a challenge in addressing how to relieve the suffering being experienced. In order to effectively address the mental suffering refugees face, it is essential to first examine how this trauma affects the experience of the refugee. One group who has felt the implications of these traumas on a large scale are the Syrian refugees who have fled their

homeland as a result of civil war. This essay aims to explain how the mental health crisis resulting from past and ongoing trauma and violence affect the ability of Syrian refugees in Greek refugee camps to create a secure space for the reconstruction of belonging.

After decades of political and social tensions, the Syrian Civil War began in March of 2011, resulting in a massive refugee crisis out of the country. President Bashar al-Assad created a duality in the country, pitting mostly Alawites against Sunnis, starting with authorizing lethal force against peaceful Sunni demonstrators in Dara'a, who were protesting police brutality (Hof and Simon 2013). This created a stark division between the Sunni Muslims and the Alawites, the two major groups who live in Syria. Sunni Muslims created a countermovement against Assad, an Alawite, citing that their main grievance, "was with a corrupt, incompetent, and brutal regime" (Hof and Simon 2013). The grievance received severe backlash from Assad's regime, and he began a police operation against the Sunni Muslims with the goal of terrorizing the Sunni population into submission, with unjust arrests, torture, and executions becoming common in Sunni-majority areas of the country. However, this violence was manipulated to make not only Sunnis fear Alawites, but Alawites fear extremist Sunnis reacting to the violence ordered by Assad (Hof and Simon 2013). As such, the country became increasingly radicalized with the vicious cycle of attacks and counterattacks becoming almost indiscernible (Hof and Simon, 2013). As this pattern continued, the violence in Syria became progressively more complicated and intimate, with civilians playing a main role in warfare. Refugees began fleeing the country at incredibly high rates because of regular attacks on civilians and their homes, which was the main influence in creating the highest global refugee population ever recorded, which, "by the end of 2016...stood at 22.5 million" (Bjertrup et. al 2018). Thus, the Syrian Civil War has stimulated the global refugee campus, sending millions of Syrians towards Europe, and especially Greece,

where traumas past and ongoing have created a type of mental health crisis that inhibits the refugees from achieving comfortable resettlement.

Despite escaping the traumas of civil war, Syrian refugees face the phenomena of continuous traumatic stress upon arrival at refugee camps in Greece, and this impacts the mental health of individuals within the group by denying them a sense of safety or security. The idea of continuous traumatic stress was developed around 1980, and it can be described as, “an ongoing danger in the present or future,” and is characterized by, “a) a state of permanent emergency, b) preoccupation with threats on present and future, c) absence of protective measures,” (Eleftherakos et. al 2018). The overwhelming number of refugees in Greek refugee camps, and Greece’s economic inability to support such an influx of refugees, leads to continuous traumatic stress being more severe for Syrian refugees who have arrived in these camps because they have been forced to move from one type of instability to another. Women typically travel together in groups out of fear of rape and assault, and many people in the camp are fearful to sleep at night because of the prevalence of fires and crime (Eleftherakos et. al 2018). The instability of the camps and the resulting mental health trauma can be seen in an analysis of the physical trauma that takes place in the camp, for nearly 20% of injuries among refugees occur within the camps, which “depicts an unsafe detention environment” (Souliotis et. al 2019). These findings suggest that even after escaping civil war, Syrian refugees face continuous trauma that affects their physical and mental wellbeing as at no point are they able to feel safe in or outside of the camps. Some of the most common symptoms resulting from continuous traumatic stress include self-harm, drug use, suicide attempts, cognitive impairments, and strong attempts to isolate oneself from greater society (Eleftherakos et. al 2018). Further, these mental health issues are often overlooked as less severe than physical trauma, perhaps because mental suffering is an expected

part of a stressful journey like that of a refugee. The continuous trauma that Syrian refugees face upon arriving in Greece impacts their ability to find stability and comfort in the new space, which limits their ability to form a sense of belonging. As a result, mental health issues may not only be rooted in the trauma of the past, but the continuation of this trauma into the present and the future.

Refugees also face institutional abuse within the context of refugee camps that negatively affects mental health and the ability to adjust to a new and unfamiliar environment. More specific than continuous traumatic stress, but surely a part of it, institutional abuse suggests that there are systems that marginalize or oppress groups of people, such as Syrian refugees by creating a social and political structure that places them at a disadvantage. Eleftherakos offers a definition of this type of abuse:

A general definition of systemic or institutional abuse could include the destruction of a person's self-esteem and his sense of safety by installing fear and not providing safety including proper living conditions, depriving people from information in order to make future decisions and by systematically insulting, humiliating and de-personalizing through the difference of power in the relationship (Eleftherakos et al 2018).

Examples of institutional abuse within Greek refugee camps include an absence or reluctance of security maintenance, the common use of riot police, massive fires, dramatic overpopulation, and significant underfunding to maintain decent living conditions within refugee camps (Eleftherakos et. al 2018). These types of violent, systemic abuse strip refugees of their humanity and place them in an even further disadvantaged position than they may hold only as displaced persons. The structural deficiencies to care for refugees places them at a higher risk for mental health

emergencies and emotional suffering. With such marginalization and disregard for refugees' humanity comes the inability for refugees to escape violence; though they may have fled the violence of civil war, Syrian refugees now face the violence of unfair and unequal systems that deny them the ability to find belonging. Rather, they are forced to continue navigating a tumultuous existence filled with trauma and anguish. In brief, systemic and institutional abuse are one type of continuous trauma that refugees experience; it may lead to mental suffering that inhibits refugees' abilities to maneuver a new space effectively and safely.

Further, continuous cultural tensions within the camps lead to insecurity, fear, and a state of constant vulnerability. Many Syrians were forced to flee their homeland due to violent cultural clashes during the Syrian Civil War between mainly Sunni Muslims and Alawites; however, similar tensions continue to exist in the refugee camps in which they seek safety and peace. Refugees from various backgrounds, countries, faiths, and ideologies are all settled in the same refugee camps, which often leads to increased violence, as the refugees are already in a state of instability and uncertainty. One observation of the current situation described that, "continuous tensions and fights inside the camps create a permanent state of emergency" (Eleftherakos et. al 2018). Additionally, interviews with refugees have revealed this constant state of emergency, with two different refugees saying, "I have seen 5 fires and 5 funerals," and, "We didn't have a single day of calmness. My clothes, they are still in the bags since 1 year," (Eleftherakos et. al 2018). The descriptions of life in the camp suggest that it is, in many ways, similar to that of life in war. Though there is not an equal militarized threat, refugees must always be ready to flee, thus creating a space of constant stress, which can lead to debilitating mental health effects. One reason for these cultural tensions and subsequent violence is social suffering, which, "is recognized as the product of political, social, and cultural context," of a space such as a refugee

camp, but also the need to maintain one's identity in a space of uncertainty (Bjertrup et. al 2018). A refugee camp allows for social suffering and violence to permeate because, "one's own ethnicity becomes more important when it is seen in contrast to someone else's," especially when these distinctions may allow someone to identify where they may be able to belong (Perez 2019). Social suffering from displacement may therefore strengthen divisions within the refugee camps as refugees seek to create a community with those with whom they can identify. In brief, cultural clashes within refugee camps create a warlike atmosphere that worsen the social suffering within the camps and make secure settlement impossible, creating a space in which a mental health crisis can quickly grow.

Beyond the continuous traumatic stress, institutional abuse, and cultural tensions within the refugee camps, refugees must also navigate finding belonging in a new country, such as Greece, or even beyond in their country of destination. One major challenge for Syrian refugees in Greece is handling their loss of social networks. Many Syrians, "had little interaction with the surrounding Greek communities," which leads to social and emotional isolation (Bjertrup et. al 2018). Moreover, refugees would express their concerns of xenophobia and racism if they ever left the refugee camp to try and familiarize themselves with Greece, which was the new home of many of the refugees. One woman shared, "here we do not feel welcomed by the Greeks.... They would give us dirty looks. We could see they did not like us at all" (Bjertrup et. al 2018). Because of this, Syrians often feel socially excluded both within and outside of the refugee camps; cultural tensions exist in both places, making a sense of belonging increasingly evasive. One factor worsening the experienced Greek social exclusion is Greece's current political, economic, and social crisis; in short, though Greece is a main transit point, it is also, "among the least economically equipped to deal with this challenge" (Perez 2019). Thus, two cultures

experiencing instability are coming together, with the assumption that acculturation must take place for Syrians to belong in Greece. This assumption is dangerous, however, for, “evidently it fails to describe the possibility of reciprocal enrichment by the coming together of two cultures” (Voulgaridou et. al 2006). Perhaps the coming together of Syrian and Greek cultures would create fewer tensions if either group existed in a space of greater stability, but this is not the current case, impeding refugees’ abilities to settle comfortably. Overall, the tumultuous nature of both the life of a refugee and the current climate in Greece has failed to create a space in which Syrians might be able to find belonging, and this prolongs the traumas of fleeing their homeland in the search of a new home.

Ultimately, Syrian refugees face numerous forms of violence and types of trauma that not only obstruct their ability to create a sense of belonging but also generate mental illness that takes the form of depression, anxiety, PTSD, self-harm, substance abuse, suicide attempts, and isolation from society and others. These symptoms have been witnessed across genders and ages of Syrian refugees in Greek refugee camps, and they may be a result of past, current, and future traumas refugees face, such as institutional abuse and cultural dissonance. They deny refugees the ability to securely resettle in Greece or beyond, as they are illnesses often overlooked or given less attention than physical traumas of war. Greater awareness of the issue of refugee mental health and more carefully implemented policy could alleviate some of the suffering refugees endure in their transition from one life and one culture to another. However, the experience of Syrian refugees is unique and multifaceted; it cannot be reduced to a psychological model or theory (Voulgaridou et. al 2006). Moreover, it is essential to note that, “different cultures have different perceptions of what mental health care is about” (Eleftherakos et. al 2018). Thus, in order to effectively help refugees resettle, one must first understand how Syrian

refugees view mental health and mental health care. Perceptions of these ideas are not universal, so approaches to improving mental strife cannot be universal, either. Further, it is critical for the global community to understand the multidimensionality of the Syrian refugee crisis; the solution is not only in providing immediate monetary aid to refugee camps. Rather, it is essential to analyze the larger issue and work to solve the past, present, and future sources of trauma that create such mental health crises and deny millions of people a sense of belonging.

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