Papadopoulos, R.K. (2022). Therapeutic Complexity. *In* Maloney, C., Nelki, J. and Summers, A. (Eds.) *Seeking Asylum and Mental Health*. Cambridge: Cambridge University Press.

Chapter 14, Pp. 275-286.

Therapeutic Complexity

Renos K. Papadopoulos

ABSTRACT

The story of Abed, a young Afghan man, provides context for considering the importance of attending to complexity. Abed, referred because he was 'traumatised', identified his problem as needing asylum. His story illustrates that 'the first casualty of adversity is complexity' and that the 'overwhelmingness' of severe forms of adversity can lead to oversimplification and polarised perceptions where refugees are seen as 'traumatised' or 'resilient', 'dangerous' or 'vulnerable' and those working with them as 'omnipotent' or 'impotent'. 'Discerning complexity' means appreciation that reality includes both polarised positions and much more. Abed recognised how he and the agencies he had encountered had co-constructed a 'trauma narrative', an oversimplified picture of himself as damaged and vulnerable. His trauma story had become his identity story, a 'narrative passport'. In therapy he became aware of important events and experiences excluded from this story and of how he had been able to retain many previous strengths as well as developing new ones, examples of 'adversity-activated development'. The 'Adversity Grid' is outlined as a framework for grasping the wider consequences of exposure to adversity, and 'synergic therapeutic complexity' *as a* therapeutic perspective that enables caregivers to connect their own strengths synergically with those of their beneficiaries.

KEYWORDS

Complexity; discerning complexity; oversimplification; trauma narrative; identity story; polarisation; narrative passport; adversity-activated development; adversity grid; synergic therapeutic complexity.

*'I will not be able to survive if they do not give me asylum here. I had enough. Now, after all I have gone through, this is my only problem. If I can stay here, then all will be fine. But if they refuse me, that will be the end of my life. I do not have any strength left in me to carry on fighting'.*This is what Abed told me very emphatically, ensuring that I understood the meaning of every single word he was saying. Abed made this clear to me during our first session. He was an Afghan young man in his mid 20s. He had arrived in the UK several months earlier, he approached a humanitarian organisation for assistance,

and they referred him to me for therapeutic support because they were worried that he was ‘very traumatised’ by his past experiences and he was also going through the ‘trauma’ of applying for asylum.

Abed had ‘miraculously’ survived numerous critically dangerous situations in his country and had witnessed endless acts of violence and raw brutalisation, during which his own life was severely threatened. He came from a reasonably stable family who succeeded for a long time in navigating unscathed through the predictably and unpredictably turbulent upheavals in their region. Tragically, on one occasion, their survival skills proved to be not sufficient, and he lost members of his family. It was then that it was decided by his extended family that he should flee to Europe to save his own life and then support the remaining members of the family.

Escaping to the UK from Afghanistan was an unimaginably perilous odyssey in its own right but, finally, he succeeded. When we first met, he was living in a small apartment with a distant relative’s large family under difficult conditions. Due to his legal status in the UK, he was unable to work and, thus, he was experiencing his daily life as ‘drifting aimlessly’. His main preoccupation was his asylum application, which was overwhelming him.

Valuing education, his family in Afghanistan had supported him to learn English, and that had enabled him to work as an interpreter with humanitarian organisations in his region. That gave him a lot of satisfaction, financial security and social status. He was held in high esteem, especially by his extended family, whom he was able to help financially and in other ways, despite his young age. Speaking fairly good English was later of immense help to him in the UK, although it was also a source of frustration as he was not able to use his language facility to secure any gainful employment.

The problem with ‘the problem’

Abed was a gentle, intelligent, perceptive, and insightful person who was also very anxious and restless, suspicious of all authority and of all unknown persons. He was leading a fairly restricted life, reluctant to mix with others and feeling guilty whenever he enjoyed anything.

‘Yes, I have “survivor’s guilt”’, he admitted sternly, early in our work together, without this declaration changing anything in his demeanour or diverting away from his exclusive focus on his asylum application.

His aim in agreeing to come to see me was, according to him, merely, to learn how to ‘prepare’ himself ‘psychologically’ in order to succeed in gaining asylum. That was his only problem, he kept saying.

Needless to say, nobody would disagree that legitimising his residential and employment status in the UK was of paramount importance. All his efforts, and the efforts of all those who were supporting him, were geared towards

achieving this goal. This was his clearly identified ‘problem’. Yet, no human being is just a ‘problem’; everyone is much more than their problems.

Pausing to reflect on the idea of ‘the problem’, it should not be forgotten that the original meaning of the word *problem* (according to its etymology in ancient Greek) refers to ‘anything thrown forward or projecting’. The prefix ‘pro-’ denotes something that is in front, before, ahead of, and therefore, according to its original connotation, the problem is that which is placed in front, serving as ‘a hindrance, an obstacle’ but also as a ‘defence, bulwark, barrier’; for example, in ancient Greek, another word for the various forms of body armour was also ‘body *problems*’. Moreover, considering its shielding position and function, the problem also referred to ‘anything put forward as an excuse’ (Liddell and Scott, 1940).

My claim here is not that Abed was using the asylum process as an excuse or as an obstacle, in a crude sense. However, reflecting on these etymological considerations, it is important to explore the various *functions* that this particular ‘problem’ served for him and for others.

In getting to know him, as our work progressed and deepened, it became apparent that he was struggling on multiple and diverse fronts. These included: addressing the complexities of everyday life in a totally new environment, with new people, under vastly different conditions, whilst also struggling to keep abreast of the developments back home (with his remaining family, community and wider political situation in his country); ruminating over his past, concentrating on his present, imagining and planning for his future; straining to grasp the impact all these changes in his life had on himself, and to comprehend their meaning; questioning everything about himself, his traditional beliefs and ways of being; and dealing with all this confusion and disorientation, whilst absorbed in the complications of his asylum application.

All these concerns were not enumerated by Abed as a cerebrally constructed catalogue of preoccupations, but emerged in the course of our therapeutic interaction whilst exploring the sources of pressures on him. My task was to therapeutically communicate my understanding of what he was struggling with, without interpretation or theorisation. By this, I mean conveying to him my understanding of the multifaceted pressures that he was experiencing, and doing so at the appropriate time, using appropriate language (Papadopoulos, 2021a, 2021b). This was possible because my approach was not fixated on, and limited to, ‘treating’ him, and not understood as aiming to cure his ‘problem’ or his ‘trauma’. Instead, my endeavour was to connect (as meaningfully as possible) with his complexity, uniqueness and totality in a way that was felt by him, that made a difference to him, and made him feel less alone in his perplexing predicament.

It is extremely difficult, if not impossible, for people to bear this amount of crushing pressures and multifarious complexity, especially during critical times in their lives. People tend to resort to compressing all their experience into one specific and tangible ‘problem’, which also has coherence and is comprehensible by most people. Evidently, for Abed, the asylum problem

served this function perfectly. This does not mean that the asylum process was not problematic in its own right, and did not generate legitimate and unsettling concerns for him. Equally, for others who cared for him, delineating one particular problem as Abed's single source of his current 'trauma', provided them with a clear sense that they had a solid understanding of his difficulties, enabling them to focus their attempts to help him in one specific direction, i.e. supporting him with his asylum process.

'Confusing' and 'discerning' complexity

Severe forms of adversity, both at an individual but also at a collective level, create a powerful cluster of phenomena that have an *overwhelming* effect on everyone in society, not only the directly afflicted individuals. The relentless uncertainty, painful unfamiliarity, unbearable powerlessness from this overwhelmingness, all contribute to the formation of a particularly noxious state of disorientation, the effect of which I characterised as 'polymorphous helplessness' (Papadopoulos, 2021a). This disorientation is highly *emotionally charged* and, added to the multiplicity of the *pressing needs* and the *emerging demands* to cope with the new situations people face in such circumstances, contributes to increasing the *overwhelmingness* of the whole experience.

One of the most harmful implications of being overwhelmed is that it prevents individuals and groups from appropriately *processing* their *perceptions* of the adversity (its nature, scope, and objective effects), as well as the ways they *experience* that adversity, and the way the adversity impacts each person, given the specificities of the circumstances, and the uniqueness of each individual. In turn, this impairment of processing intensifies the *overwhelmingness* of the adversity. This vicious circularity impinges on almost every aspect of a person.

'Processing' here refers not just to a cognitive analysis, conscious reasoning and evaluation of events and of the experiences of those events, but also to the ways one emotionally apprehends them, as well as existentially experiences them. The deteriorating ability to process adequately during severe forms of adversity impacts not only one's daily life, functioning and relationships but also one's very *identity*, that is, the way people experience themselves as individuals. In short, the impairment of one's ability to process the adversity events satisfactorily, and the ways these events are thus experienced, affects (directly or indirectly) every facet of one's being.

Yet, human beings have a compelling need to understand and grasp what is happening around them, and in themselves, and under such adverse circumstances this need intensifies, leading them to impulsively assemble any patchy glimpses of reality that appear reasonable, and to mould them together into some form of working understanding that, inevitably, will not be particularly correct or reliable. Instead, most likely, this form of partial understanding is going to be an *oversimplification* of the external and inner complexities. This occurs because complexity is experienced as *confusing* and as worsening the overwhelm of the adversity. Insofar as complexity is

experienced in this detrimental manner, affected individuals are going to impetuously do anything they can to eliminate it.

It is for this reason that, rhetorically, I have been saying that 'the first casualty of adversity is complexity' (Papadopoulos, 2002, 2021a, 2021b, Papadopoulos & Gionakis, 2018). This means that when people are overwhelmed and unable to adequately process events and experiences, they find it almost impossible to hold onto complexity, resulting in the tendency to oversimplify things. Such oversimplification gives them some deceptive sense of mastery over the adversity. The most common form of oversimplification is *polarisation,* and this is why all phenomena related to severe forms of adversity are riddled with polarised perceptions, opinions, judgements, actions, etc. Refugees, for example, are perceived as either 'traumatised' or 'resilient', as 'dangerous' or 'vulnerable', as 'welcome' or 'unwelcome'; those who work with them are equally perceived in sharply polarised ways, as being either 'for' refugees or 'against' them; moreover, they even perceive themselves as either 'omnipotent' (i.e. able to help refugees with everything) or 'impotent' (i.e. unable to help them with anything).

This means that the overwhelmingness from the severe forms of adversity which leads to the inability to adequately process events and experiences does not only affect those seeking asylum, but also those who work with them in any capacity, as well as the wider public who are also engaged in participating in this drama from their own perspectives. The wider societal discourses about refugees are highly polarised, often degenerating into 'political football', consisting of grossly oversimplified slogans, lacking serious consideration of complexity. Even the professional discourses tend to be polarised, such as positive psychology emphasising the growthful potentialities of the adversity ('strengths-based' approaches) as opposed to 'trauma-informed' practices focusing on the pathological dimensions of human experiences in the refugee contexts. In turn, all this polarisation affects directly and indirectly every person who works with people who are seeking asylum, not only those in mental health settings, as well as every asylum seeking individual themself.

How then can it be possible for one to address the fundamental challenges that adversities introduce in relation to asylum seeking when one's very *processing function*, one's ways of conceptualising these phenomena are deleteriously compromised? *Confusing complexity* leads to the loss of what I refer to as 'epistemological agility' (Papadopoulos, 2005, 2020, 2021a). Such an agility enables one to experience complexity not as 'confusing' but as 'discerning'. *Discerning complexity* facilitates people in appreciating that reality includes both polarised positions, and much more. In the specific context of asylum-seeking people, it helps us grasp that what is 'problematic' is not just the asylum process itself but also how each human being experiences the totality of that situation, which includes their past history, their idiosyncrasies, their strengths and weaknesses, their hopes and fears, their bodily realities as well as their spiritual beliefs, amongst other things – in other words, the unique way the totality of that individual interacts with the totality of their environment (human, physical, legal, political, cultural, spiritual, etc).

Abed's 'trauma' and 'problem'

Initially, Abed was talking mainly about his 'problem', understood by him and those who were helping him, as his asylum process. As our work together was deepening, he became aware of many more 'problematical' areas that were troubling him. In short, the realisation started dawning on him that his excessive absorption on his asylum application was blocking out other important and painful facets of his life. Gradually, these other facets acquired increasing prominence. Our therapeutic work brought up, and we explored (not in any specific order but as they were emerging) events and experiences related to his childhood and adolescence, his school years, his family dynamics, his community engagement, his religious involvement and doubts, his friendships with peers and romantic relationships, his studies and employment as an interpreter, his political envelopment and scepticism, his exposure to violence and brutalisation, his joys and disappointments, and many others.

This exploration included not just the recounting of events and experiences but also the examination of his subsequent re-constructions of them, as well as the way these re-constructions were affected by indirect input from others, by the circumstances and upheavals in his country, and by wider societal discourses. These processes led to the emergence of several themes that ran across these spheres such as trust, intimacy, intrapsychic and interpersonal conflicts, and the striving to establish his own identity in the context of all this turmoil, amongst others.

This wider and deeper exploration made Abed substantially revise his comprehension of his own 'trauma'. Initially, he maintained a clear and standard 'trauma narrative', which was virtually identical to the 'case notes' used by the humanitarian organisation that referred him to me. That story was imperceptibly co-constructed over time by him and the various authorities, services, and organisations that he had been successively coming into contact with and interacting with in Afghanistan, in the countries along his escape route and, finally in the UK. As such, 'his' story, for all intents and purposes, represented a co-construction that primarily included information that was of relevance to each of those organisations, in line with their own remit. This does not mean that it included any lies; instead, it was an *oversimplified* narrative, selectively emphasising certain areas whilst de-emphasising others. It accentuated, and even exaggerated, specific parts of his life (such as exposure to danger, losses and dysfunctionality) whilst downplaying, and even blotting out completely, other facets of his life (such as personal dilemmas, nuances of feelings and beliefs, complexities of family dynamics, intrapsychic and interpersonal conflicts, and his own strengths). This meant that this story offered an *oversimplified* and *polarised* picture of Abed, over-emphasising his 'damagedness' and 'vulnerability', foregrounding the need to offer him maximum possible assistance.

Inevitably, with time, his ‘trauma story’ became his identity story. Sequentially and gradually, through his engagement with the various institutions, his ‘personal’ story was unnoticeably trimmed, embellished, shaped and packaged to fit into the genre of ‘trauma stories’ that have acceptable currency with the various organisations, and tallying with the wider ‘societal discourse on trauma’. This discourse is the unwritten and unspecified sum total of what society understands by ‘trauma’, framed in an oversimplified, linear and causal-reductive formula, according to which adversity ‘causes’ ‘trauma’, regardless of any mediating factors such as individual differences, personal histories, coping mechanisms, support systems, gender, race, age, time duration, spiritual dimensions, historical considerations, and a plethora of other contributing factors that affect the way one experiences external events (Papadopoulos, 2001a, 2002, 2020, 2021a, 2021c).

In this way, over time, and through repetitions and adjustments, Abed’s co-constructed ‘trauma story’ acquired the status of what I call a ‘narrative-passport’, as it serves the function of the main identity document of a person. Like a passport, his ‘trauma story’ became a commodity that was used in facilitating transactions with various societal organisations and other individuals. In a circular way, Abed had (co)constructed his ‘trauma story’ with others, to fit it within the mould of the ‘societal discourse on trauma’, and then that very story, in turn, started constructing him and his identity as well as contracting and constricting him.

Abed’s three new insights

In the early phases of our therapeutic work, Abed was relating only material within the confines of his ‘trauma story’, presenting only his vulnerability, his helplessness, his losses, all in the specific ways that his ‘narrative-passport’ dictated. With the deepening of our work, three interrelated realisations emerged.

Firstly, he became aware that his typified ’trauma story’ was restrictive. Gradually, he recognised that there were many experiences that were not included in it, and yet they also had a ‘traumatising’ effect on him. These excluded experiences can be better understood if considered using the framework of the six phases of refugee experiences that I have developed to address the wide spectrum of typical refugee situations (Papadopoulos, 2001a, 2001b, 2021a).

(a) The first phase covers the experiences during the times before the main forms of adversity begins. Although, ordinarily in most situations, these are peaceful times when people lead ordinary lives with ordinary joys and hardships, in Abed’s case, the region in which they lived was always in political and military turmoil since the Soviet invasion, i.e. when his own father was still a child. This means that his family did not enjoy any lengthy period of peace without violent conflicts. During our work, Abed started feeling the pain related to the various forms of family disruption

that he experienced during this phase, and which were not included in his packaged ‘narrative-passport’.

(b) The second phase, that of ‘Anticipation’, addresses all the fears, agony and dilemmas that people experience whilst expecting to become targets of violent attacks. Invariably, they plan various strategies to avoid or minimise the devastating effects of the anticipated acts of violence. With immense sorrow and anguish, Abed reconnected with many ‘forgotten’ experiences that had occurred during this phase, especially his parents’ desperate attempts to save him and his siblings.

(c) The third phase refers to the ‘Devastating Events’ and covers the period when people experience violence and destructiveness and there is serious threat to life. This is the phase that is privileged, almost exclusively, by the ‘trauma story’ because the events here have an objective reality and are easily comprehensible to others. This is what one expects to hear from a ‘trauma story’, i.e. that people lost loved ones, their property was destroyed, they were subjected to torture, rape, humiliation, etc.

(d) The fourth phase, that of ‘Survival’, includes all the experiences when there is no longer threat to life, although survivors are still fearful of further violence and still feeling dazed by all they had endured. Typically, this phase addresses the early experiences of dislocation in makeshift but protected refugee locations. Abed did not go to a refugee camp. Instead, he fled alone to safety to other parts of his country and then embarked on his long, hazardous and death-defying journey to Europe and then to the UK. In our work, he reconnected with many incredibly painful experiences of his flight for survival, most of them not included in his pre-packaged ‘trauma story’.

(e) The fifth phase is that of ‘Adjustment’, when involuntarily dislocated people begin to adjust to their new lives, away from their home spaces. Abed did not enjoy a smooth transition to this phase. Following his dangerous escape away from his country, he experienced immense difficulty in ‘adjusting’ to his new reality in the UK. One of the main difficulties was the fact that he had set his arrival in the UK as the end of his struggles and, instead, he was faced with the reality that his arrival was only marking the beginning of a new struggle, that of gaining asylum.

(f) The final phase refers to the period when people begin to resume their lives in their new countries whilst attempting to make sense of everything that they had experienced, all the radical changes and transformations that had taken place. Abed had not yet entered this phase, still remaining very much engaged in the fifth phase.

To sum up, Abed’s first new insight, which he developed as a result of our work, was that his own standard ‘trauma story’ was, in fact, not accurate insofar as it included only selected parts of his overall traumatising experiences and, as such, it was distorting his own sense of reality as well as his perception of external facts.

Gradually, he realised that his ‘trauma’ was not only due mainly to the events of the third phase (that of ‘Devastating Events’) but also to many more other

events and experiences that occurred in all the first five phases. This realisation enabled him to develop a better grasp of the complexity, uniqueness and totality of his own specific reality as opposed to seeing himself exclusively in the light of the typified 'trauma story', which was fashioned according to the societal discourses of trauma and refugees.

The second significant new insight that Abed developed was that the important and consequential events and experiences in his life were not limited to the negative ones, namely his losses, distress, fears and suffering. In the course of our therapeutic work, he became aware that, despite his exposure to various severe forms of adversity, he was able to retain many of his previously developed strengths. These included his loyalty to his family, his religious faith, his resourcefulness, his persistence in seeing through an undertaking despite all obstacles, his capacity to appreciate life, his ability to form meaningful relationships, his physical health and stamina, and more. In effect, these strengths proved to be *resilient* in the face of the acute and protracted dangerous hardships he had to endure.

Moreover, he became aware of new strengths that he acquired as a direct result of his very exposure to the adversities that he had survived. I have called these new strengths '*Adversity-Activated Development*' (Papadopoulos, 2004, 2007, 2018a, 2018b, 2021a). Abed was able to discern many such strengths, including his markedly increased ability to empathise with the suffering of other human beings, his vivid appreciation of life, through not taking things for granted (such as his survival, health, and education), his ability to become more reflective, and his capacity to understand better the complexity of human conflicts.

In short, his second new insight consisted in appreciating that his ordeal did not simply lead to his 'traumatisation' but had a much broader impact, which included many *resilient* functions and characteristics as well as forms of *Adversity-Activated Development*, with his awareness of retained strengths as well as of new strengths.

Thirdly, Abed also realised that his persistent focus on his sole 'problem', as initially understood by him to be his 'asylum process', was, in fact, counterproductive. Without underestimating its importance, he realised that such excessive preoccupation, bordering on obsession, prevented him from accessing the complexity, uniqueness and totality of himself, which included not only his distress and disorientation, his losses and fears, but also his retained and new strengths. This realisation corrected his previous distortion of reality, and by having a better grip on reality, he was able to address his situation more effectively, not only with his asylum but with his life in general.

The Adversity Grid

In order to grasp the wide range of consequences of being exposed to adversity, and their potential interactions, I developed the 'Adversity Grid' (Papadopoulos, 2005, 2007, 2015, 2019, 2021a), which has been used

widely, and which provides a framework to keep in mind that adversity does not only cause ‘trauma’, but also results in other negative consequences of varying severity, as well as activating positive responses, i.e. *Adversity-Activated Development*. Moreover, it also reminds one that adversity affects not only individuals but also families and communities, as well as the wider society/culture - and each one of these ‘levels’ of effect interrelates with the others.

Adversity Grid Range of consequences of exposure to adversity						
Levels	Negative			Unchanged		Positive
	Psychiatric Disorders (e.g. PTSD)	Distressful Psychological Reactions	Ordinary Human Suffering	Negative	Positive (Resilience)	Adversity-Activated Development
Individual						
Family						
Community						
Society/culture						

Whenever one considers refugees and those still seeking asylum, usually the first association one has is to ‘trauma’. At the outset, it is essential to differentiate between an event, and the ways that an event is experienced by people. Although this appears to be an obvious distinction, it is not always made, as is testified to by the fact that often ‘trauma’ is incorrectly used to refer both to an event as well as to the way that event is experienced. Yet, I have always maintained, trauma refers to how a person is affected by events; trauma refers to an intrapsychic state and not to the nature of an event. Primarily, trauma refers to an effect and not to the cause of that effect.

No one would deny that exposure to adversity has various types of negative consequences. However, not everyone who is exposed to adversity develops a ‘trauma’. It is imperative to clarify what one means by ‘trauma’, in the first place and, unfortunately, this rarely happens. Ordinarily, trauma is used to refer to anything, from any mild form of distress to the most severe form of mental disorder. The most significant confusion occurs when no distinction is made between the generic term ‘trauma’ and the specific psychiatric disorder of ‘Post-Traumatic Stress Disorder’ (PTSD). For this reason the ‘Adversity Grid’ distinguishes three degrees of severity of the negative responses to adversity: The most severe is the category of psychiatric disorders (the most commonly diagnosed of these being PTSD); the less severe category (which I call ‘distressful psychological reactions’) includes various types of psychological symptoms that do not amount to a diagnosable form of a psychiatric disorder. The least severe category of the negative responses to adversity I call ‘ordinary human suffering’, as a reminder that that there are many tragedies in life which cause distress and suffering which are neither of a psychiatric pathological nature nor carrying psychological symptoms.

In reality, regardless of how critically a person has been affected by adversity, not every single aspect of that person is negatively affected. Always some aspects of that individual, family, community, society remain unchanged. These include not only existing strengths but also retained negative characteristics. In effect, all the retained strengths (such as characteristics, functions, and relationships) which do not change as a result of the exposure to an adversity, prove to be *resilient* to that particular adversity. My argument is that the concept of resilience as a state is very seductive, luring one to search for idealised states of perfection and strength. Instead, resilient (as an adjective) refers to those specific characteristics, functions, qualities, and relationships of a person, family, community or society that were retained, despite the exposure to adversity.

Everyone who survives any form of adversity, in addition to all the other negative changes and unchanged characteristics, also experiences various types of positive changes. By survival here, I simply mean being alive. The wisdom behind the universal saying that ‘whatever does not kill you makes you stronger’ is based on the reality of human experience. Everyone who remains alive after being exposed to any adversity, also benefits, in some degree, from some form of life transformation. This is what I termed *Adversity-Activated Development* (AAD), referring to the new strengths that did not exist before the exposure to adversity and were acquired precisely because of the exposure to that particular adversity.

The Adversity Grid provides a working framework to conceptualise the wide range of consequences of being exposed to adversity, thus, counterbalancing the tendency to oversimplify, or polarise, which is the result of ‘confused complexity’. In this sense, it restores ‘discerning complexity’ and, therefore, it reinstates the capacity for processing, which is impaired by the ‘overwhelmingness’ that exposure to adversity creates.

Reflections and poetry

Strengthened by the richness of his insights and all the avenues these opened up for him, Abed earnestly engaged in exploring further the multiple facets of his real history and the complexities of his being. Our therapeutic work, not distracted by his excruciatingly painful experiences (whilst deeply respecting them and attending to them) nor dazzled by the exotic nature of his story, enabled him to substantially enrich his ‘narrative-passport’, his typified ‘trauma story’, and to place his ‘problem’ into a more appropriate perspective. Not paradoxically, these shifts connected him deeper with his pain, as well as further widening the scope of his life. His processing function, as its impairment was lessening, reduced his manner of operating from a position of ‘confused complexity’ (which was leading to oversimplifying and polarising his perceptions and experiences) and, instead, increased his employing of ‘discerning complexity’. This led him to appreciate more discrete forms of his losses and suffering, as well as his strengths and resourcefulness.

Developing an ever increasing inclination for reflection, Abed started jotting down notes at home following our sessions, registering his various reflections, thoughts and ideas. Initially, he wrote them in point form. Gradually, he started writing them in short sentences, then that developed into a narrative diary and, finally, into a reflective journal. After the end of our therapeutic work, during one of our follow up reconnections, he told me that he had actually given his journal a name, Bahara (not the actual name he used). Bahara was a child (in her early teens) whom he had encountered only once during one of his life-threatening adversities as a young adult. He had spoken a lot about his admiration for Bahara during our work, but he did not tell me, then, that he named his journal after her. For him she represented a most inspiring example of unpretentiousness, bravery and integrity. Based on that, I coined the term 'Bahara spirit' and I used it often during our work, eventually identifying a 'Bahara spirit' in him. During our follow up reconnections, he told me how much this had meant to him.

With my encouragement, he used his journal ('Bahara') in a very flexible way. I did not impose any conditions but instead supported him in using it as he felt appropriate. Sometimes he would read passages to me, other times he would email his entire entries in between our sessions. Not long after he started writing down his reflections, his notes began to include expressions that were neither bullet points nor flowing prose. In effect, they were poetic sketches expressed in poetic phrases. As always, I encouraged him to continue exploring what he was initiating, and soon those sketches started taking the form of actual poetry. Abed had never written poetry in his life before, and neither did he read or even know much about poetry, apart from religious verses. He found the poetry format extremely liberating insofar as he did not feel compelled to complete his reflections in any explicit sequence, and felt under no pressure to follow any logical organisation. Soon after, most of his journal entries included at least one poem or poetic sketches.

His journal reflections and poetry became an integral part of our therapeutic work and they enabled us to speed up, deepen and enrich our exploration of his history, of his experiences and of himself as a person. Gradually, a three-dimensional human being was emerging out of the mono-dimensional caricature of a 'traumatised refugee' that his original 'trauma story' was portraying him as being. What was emerging was a person who, (a) in addition to his suffering and various painful occasional symptoms (such as his flashbacks of horrific events and experiences, irritability, and sleep difficulties) realised that he was a human being who (b) retained many strengths (*resilient* functions) as well as having (c) developed many *AAD* responses (ability to reflect, compose poetry, have compassion for others, and the like). One of the most significant facets of his *AAD* gains was his new realisation that, having come so close to death and having sustained so many losses, he was now able to appreciate every day of his life as a new gift, and try to make the best of the new opportunities that life provided, despite the difficulties he was still encountering in the UK. This renewed awareness of his being, accompanied by new priorities in life gave him a tangible sense of substantial transformation.

From this balanced and more realistic position, he was able to address his asylum process from a more ‘level-headed’ perspective, being more aware of his resourcefulness and fortitude. Not surprisingly, he succeeded in dealing with the asylum system’s demands more constructively and, eventually, he was granted refugee status. This, of course, does not suggest that asylum is dependent on applicants receiving therapeutic care.

Synergic Therapeutic Complexity

Using the *Adversity Grid* as a working framework (and not as an assessment tool or a psychotherapy technique) one appreciates the complexity, uniqueness and totality of individuals, families and other human groups who are exposed to adversity. Such exposure to adversity creates overwhelmingness, which in turn produces the ill effects of diminished capacity to process appropriately perceptions and experiences; this leads to ‘confusing complexity’ that results in oversimplification and polarisation of all the conceptualisations of the relevant phenomena. The *Adversity Grid* provides an effective antidote, restoring the capacity for ‘discerning complexity’ by differentiating the adversity consequences: in addition to the negative responses, there are unchanged and retained strengths (*resilient* functions), and also new strengths that were activated by the very adversity (*AAD*). In the context of this holistic and more appropriate grasp of reality, it is then possible to focus and address more effectively the negative effects of adversity.

Moreover, by identifying retained and new strengths in someone seeking asylum, it is possible for the caregivers to ‘synergically’ collaborate with those strengths, thus accelerating the healing process. The identification of strengths is not an abstract academic exercise or a professional task that simply registers these strengths in specialists’ reports nor is it a denial of the negative effects of adversity. The intention is, then, to find creative ways of making use of those strengths in action.

In Abed’s case, I suggested that he put his newly discovered passion for poetry into good use and, after a brief exploratory investigation, he started volunteering in a community centre, offering children poetry experiences. This active engagement with one of his (new) strengths (AAD) contributed substantially to the radical altering of his sense of his own identity from that of a ‘damaged’, ‘vulnerable’ and ‘traumatised’ refugee to that of a person who, certainly, had sustained real losses and had been suffering a great deal as a result, *but also* had many resources and strengths (retained and new) and who also possessed many abilities. This is a real, pragmatic and effective form of *empowerment*. Not ‘empowerment’ that is verbally ‘graciously granted’ by professionals. Instead, this is *empowerment* that emerges from the individuals who seek asylum themselves, generated by their direct experience of their own strengths. Strengths that were masked (or thwarted from developing) by the ‘trauma story’ that professionals contribute to co-construct and then use as the identification document in their inter-organisational transactions about the human beings they work with.

These are the reasons that led me to term this approach ‘Synergic Therapeutic Complexity’ (Papadopoulos, 2021a, 2021b). The *complexity* is a key ingredient of this *therapeutic* perspective that enables caregivers to connect *synergically* their own strengths with those of their beneficiaries. This is very different from approaches where caregivers, as experts, impose on their beneficiaries their own theories and their own plans of what they think is good for them.

Postscript

I am not unaware that this account is very dissimilar from the traditional genre of ‘trauma stories’ in the field, which tend to emphasise vivid details (a) of the incredibly destructive events that people have been exposed to, and (b) of the painful damaging effects that these had upon them. Moreover, these ‘trauma stories’ tend to be produced in a manner that accentuates the exotic nature of events and experiences. Such practices promote forms of what has been termed ‘distant suffering’, ‘spectatorship of suffering’, or the ‘politics of pity’ (Boltanski, 1999; Chouliaraki, 2006, 2010), which involve narratives that are based on voyeurism and on evoking pity instead of human dignity. Human beings are not objects for exhibition, their dignity should not be compromised under the pretext of ‘scientific investigation’, and details of their intimate suffering need to be respected.

References

Boltanski, L. (1999). *Distant Suffering: Morality, Media and Politics*. Cambridge: Cambridge University Press (2004).
Chouliaraki, L. (2006). *The Spectatorship of Suffering*. London: Sage.
Chouliaraki, L. (2010). Post-humanitarianism: Humanitarian communication beyond a politics of pity. *International Journal of Cultural Studies*, 13(2), 107–126.
Liddell, H.G. and Scott, R. (1940). *A Greek-English Lexicon*. Oxford: Clarendon Press.
Papadopoulos, R. K. (2001a). Refugee families: issues of systemic supervision. *Journal of Family Therapy*, 23 (4), 405-422.
Papadopoulos, R.K. (2001b) Refugees, therapists and trauma: systemic reflections. *Context; the magazine of the Association for Family Therapy*, No. 54, April, pp. 5-8. Special issue on Refugees; edited by G. Gorell Barnes and R. K. Papadopoulos.
Papadopoulos, R. K. (2002). Refugees, home and trauma. In Papadopoulos, R. K. (Ed.) *Therapeutic Care for Refugees. No Place Like Home*. London & New York: Routledge.
Papadopoulos, R. K. (2005). Political violence, trauma and mental health interventions. In Kalmanowitz, D. & Lloyd, B. (Eds.) *Art Therapy and Political Violence. With Art, Without Illusion.* London: Brunner-Routledge.

Papadopoulos, R.K. (2007). Refugees, Trauma and Adversity-Activated Development. *European Journal of Psychotherapy and Counselling*, 9 (3), 301-312.
Papadopoulos, R.K (2015) Refugees and psychological trauma. In *Psychoanalysis, Collective Traumas and Memory Places*, edited by G. Leo. Lecce, Italy: Frenis Zero. pp. 225-246.
Papadopoulos, R.K. (2018a). Trauma and Umwelt. An Archetypal Framework for Humanitarian Interventions. In *'Cultural Clinical Psychology and PTSD'*, edited by Andreas Maercker, Eva Heim, & Laurence J. Kirmayer. Göttingen: Hogrefe.
Papadopoulos R.K. (2018b). Home: Paradoxes, complexities, and vital dynamism. In Bahun, S., & Petrić, B. (Eds.) *Thinking Home: Interdisciplinary Dialogues*. London: Bloomsbury.
Papadopoulos, R. K. (2019). Terrorism and Psychological Trauma: Psychological Perspectives. In Kanwar, Neeru and Sonpar, Shobna (Eds.) *Surviving on the Edge: Psychosocial Perspectives on Violence and Prejudice in India*. Sage Publications, India.
Papadopoulos R.K. (Ed.) (2020). *Moral Injury and Beyond: Understanding Human Anguish and Healing Traumatic Wounds.* London & New York: Routledge.
Papadopoulos R.K. (2021a). *Involuntary Dislocation: Home, Trauma, Resilience and Adversity-Activated Development.* London & New York: Routledge.
Papadopoulos R.K. (2021b). The approach of Synergic Therapeutic Complexity with Involuntarily Dislocated people. *Systemic Thinking & Psychotherapy.* Issue 18; April.
Papadopoulos R.K. (2021c). Families migrating together. In Bhugra, D. (Ed.) *The Oxford Textbook of Migrant Psychiatry*. Oxford: Oxford University Press.
Papadopoulos, R. K., & Gionakis, N. (2018). The neglected complexities of refugee fathers. *Psychotherapy and Politics International,* 16(1).