

# Our Relations to Refugees: Between Compassion and Dehumanization\*

Sverre Varvin, <sup>1</sup>✉

Email sverre.varvin@hioa.no

<sup>1</sup> Oslo University College, Pb. 4 St. Olavs plass, 0130 Oslo, Norway

## Abstract

After the so-called refugee crisis of 2015–2016 European reactions to foreigners had come to the fore and we are seeing xenophobic political and populist movements become increasingly mainstream. The massive rejection of refugees/asylum seekers taking place has made their conditions before, during and after flight, increasingly difficult and dangerous. This paper relates current xenophobia to historical attitudinal trends in Europe regarding Islam, and claims that a much more basic conflict is at work: the one between anti-modernism/traditionalism and modernism/globalization. Narratives on refugees often relate them to both the foreign (Islam) and to “trauma”. In an environment of insecurity and collective anxiety, refugees may represent something alien and frightening but also fascinating. I will argue that current concepts and theories about “trauma” or “the person with trauma” are insufficient to understand the complexity of the refugee predicament. Due to individual and collective countertransference reactions, the word “trauma” tends to lose its theoretical anchoring and becomes an object of projection for un-nameable anxieties. This disturbs relations to refugees at both societal and clinical levels and lays the groundwork for the poor conditions that they are currently experiencing. Historically, attitudes towards refugees fall somewhere along a continuum between compassion and rejection/dehumanization. At the moment, they seem much closer to the latter. I would argue that today’s xenophobia and/or xenoracism reflect the fact that, both for individuals and for society, refugees have come to represent the Freudian Uncanny/*das Unheimliche*.

## Keywords

refugees  
traumatization  
Islamism  
anti-modernism

Sverre Varvin, M.D. is an Training Analyst, Norwegian Psychoanalytic Association, Professor, Oslo Akershus University College of Applied Sciences.

Address Correspondence to: Professor Sverre Varvin, M.D., Pb. 4 St. Olavs plass, 0130 Oslo, Norway.

\*Paper presented at the European Psychoanalytic Federation Conference, The Hague, April 2017.

---

## INTRODUCTION

Europe is now in the throes of a wave of xenophobia fomented by a noisy right wing movement. When the pendulum swings back, what will stand out most in its aftermath however, will be the passivity and denial of responsible people who were unable to face their own powerlessness over it. They will be remembered as bystanders and witnesses who failed to help, and who allowed refugees to suffer under dehumanizing conditions while the raucous right carried out its xenophobic practices.

This failure of the bystander/witness is central to the post-traumatic condition as it confirms the experience of helpless abandonment during traumatization.

Refugees/asylum seekers have become the chosen strangers of the European political scene. They embody danger. They are perceived as carriers of “trauma” which, intrinsically and naively, is associated with a simplistic trope about violence: “yesterday’s victim may become tomorrow’s perpetrator”. The mere possibility of being destroyed and the nameless anxieties connected with the atrocities that many refugees have experienced, contribute to making the traumatized into frightening aliens ready to be cast in narratives about fundamentalist, fascinating, and frightening Islam.

This essay will discuss how this state of affairs has come to be; how these suffering people, all of whom have lost their homes and who seek peace and new possibilities, have come to represent such a medieval image of a frightening and disruptive other. Maybe they arrived at a convenient time when rising socio-

economic and psycho-social insecurities caused anxiety and created the need for an external object, an alien force, to encompass this anxiety and the violence connected with it.

On a grand scale, refugees now seem to represent an encounter with the “Uncanny”—an unfamiliar but nevertheless known entity, whose human characteristics are diminished or completely denied.

## REFUGEES

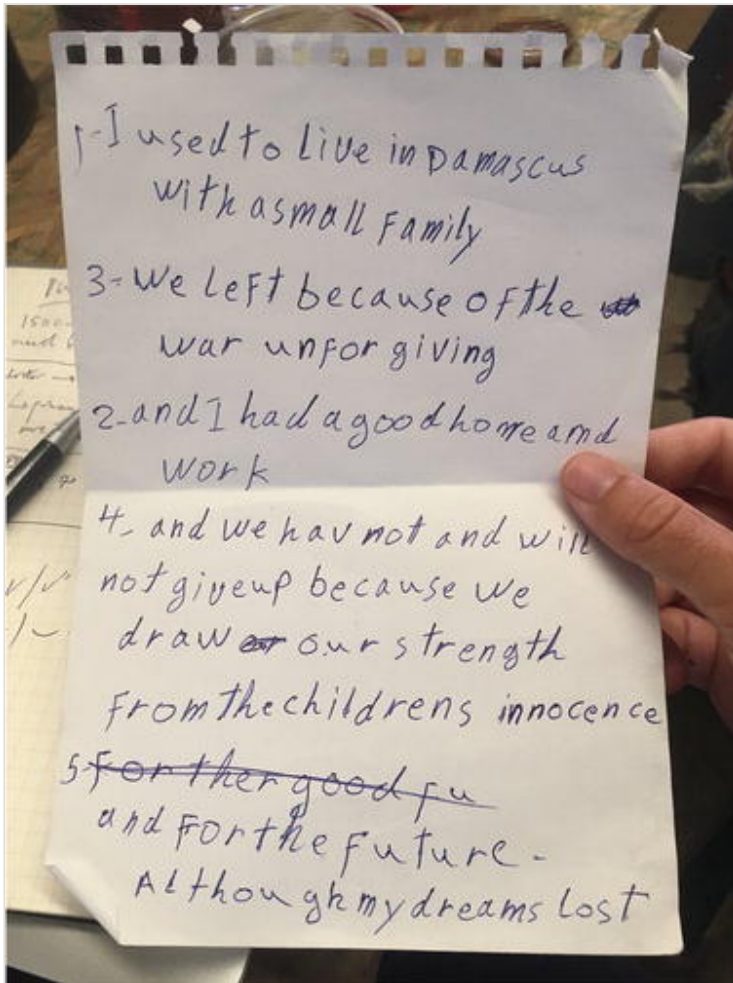
We now turn to a refugee family from Iran, stranded on the Island Nauru in the Pacific, after trying to enter Australia. Below is part of a letter the father wrote to United Nations Secretary-General Ban-Ki-Moon and Peter Thomson, president of the United Nations Summit on Refugees, held in New York on September 19, 2016:

We simply trusted what they told us. Yet over three years later we are still trapped in Nauru, like rare animals living in an Australian-made zoo.

After being brought to Nauru we spent almost 24 months in detention, before we were finally found to be genuine refugees. Since then I have not slept even one night without having recurring nightmares of those endless months living in a hot, mouldy tent. We became so alienated from our humanity, we were thoroughly transformed into a bunch of animals after years of living in the most appalling conditions possible (Herald, 2016).

Here is a letter from a mother, stranded in a refugee detention center in Greece:

1. I used to live in Damascus with a small family.
3. We left because of the war unforgiving.
2. and I had a good home and work.
4. and we have not and will not give up because we draw our strength from the children’s innocence and for the future.
5. Although my dreams lost” (Kingsley, 2016).



Another newly arrived refugee told me, “The worst part of our flight was when my wife and child, 1.5 years, did not get out of train somewhere in Europe. Suddenly the train left and they disappeared”. This Syrian man was head of a family with children, a grandmother, and siblings. They had managed to get out of Syria, and had lived in a refugee camp for a time before they ventured by boat across the Mediterranean. They tried three times before they succeeded passing the coast guard. The boat got lost and what should have been a half-day journey lasted 12 days. This was less terrifying than the extreme fear he experienced when trying to find his wife and child. She could neither speak English nor any foreign language. When the family at last was reunited, they continued, and by chance ended in Norway. “Then the worst was to come”, he told us. Endless waiting, inactivity, moving from one asylum center to another. Everybody in the family suffered, had anxiety, and slept badly. The grandmother was on the brink of breaking down. They didn’t dare tell her that her sister recently had been killed.

These are just a few of many refugee experiences. Although different, all are marked by experiences in their home-country, by the dangers during flight, and especially by how they were received when they finally reached a supposedly safe country.

Having to endure extreme dangers during flight and then receiving years of poor treatment in many European and other host countries in the West, can be illness-producing experiences for refugees. This can result from long-term exposure to attitudes of fear and exclusion, based on politically-motivated xenophobia, and can best be described as structural violence—a violence harmful to underprivileged groups through intolerable living conditions (Galtung, 1969).

In Europe, 2015 was a year of profound change regarding “strangers” or “foreigners”, especially refugees and asylum seekers. The prevailing narrative became that European culture and cohesion were suddenly being threatened by exposure to a massive influx of refugees<sup>2</sup> who were flooding the continent by boat, on the Mediterranean, and on foot through the Balkans.

While it is true that many refugees arrived in Europe in 2015 and 2016, the magnitude is not exceptional, historically. After WWII, for example, Germany took in roughly 14 million refugees. Several hundred thousand refugees fled into Europe during the Balkan Wars during the 1990s. What distinguishes 2015 and 2016 is the marked change in attitude towards refugees and in the intensity of actions taken to prevent them from entering Europe.

This is a multi-faceted and complicated issue. Some countries have been extremely generous, accepting many who are fleeing their homelands (e.g., Germany and Sweden) while others, because of their location at the borders of Europe, have managed to find compassionate and effective ways of caring for almost all who have come, by boat, by foot or other ways (e.g. Greece, Italy, Serbia).

Strong political and ideological forces have surfaced in almost all European countries characterized by tremendous anti-refugee sentiment in the form of enormous suspicion, conspiracy theories, and an outlook that devalues strangers. These expressions of traditional xenophobia lead to attitudes and practices that are blatantly dehumanizing.

On the other hand, many grassroots movements welcome refugees and represent an opposing compassionate, trend. It should also be underscored that when refugees are granted asylum, they often meet with enthusiastic, effective, and empathetic

employers and NGOs whose well-run community integration programs offer them local employment. In spite of xenophobic propaganda, such integration methods work very well in many local contexts.

On the whole, however, refugees now encounter even greater difficulties during flight and upon arrival. They face malignant xenophobia, on a massive scale, by citizens whose governments increasingly condone or justify inhumane treatment of foreigners. And, they face severe deficiencies in health care, both physical and mental.

In my opinion, the treatment strategies for refugees, which have mainly been developed outside psychoanalysis, do so with an insufficient understanding of the plight of refugees and are, therefore, inadequate and problematic. Professionals, and to a large degree the public, identify the refugee's psychological suffering as problems that are "trauma related". But their concepts of "trauma" and traumatization are far too simplified and insufficient to fully comprehend or treat the problems that refugees face (Lesley & Varvin, 2016). As illustrated by the vignettes cited at the beginning, the refugee experience is complex and comprises much more than "trauma". "Trauma", in these contexts, tends to become less of a theoretical concept and more of an object containing the deepest of human fears and images of the most terrifying violence. "Trauma", thus, tends to become an uncanny object not only in political discourse but also, to a certain degree, in clinical discourse. I will return to this later.

## COMPASSION AND DEHUMANIZATION

The word "compassion" is Latin, and means "co-suffering." More than simple empathy, compassion commonly gives rise to an active desire to alleviate another's suffering. It is a concept developed mainly in religious contexts and seldom used in psychoanalysis, except in self-psychology and by some relational psychoanalysts (see Orange, 2006; Rubin, 1993).

Dehumanization is a process that is simultaneously socio-political and psychological, in which fundamental human characteristics are disavowed in other people, such that others are perceived as less than human or non-human.

Consequently, actions resulting from dehumanization can threaten the basic rights of these "others" and endanger their lives and safety.

Dehumanization on a societal scale goes hand-in-hand with xenophobia (Kogan, 2017). When xenophobia becomes part of a political or religious narrative and is

used to foster intergroup conflict, unconscious processes, both at individual and group levels, are set in motion. These unconscious motivational forces are organized at primitive mental levels (i.e., undifferentiated and not well structured) and involve fantasies that may be shared by many people in a group or community. Such fantasies are often related to common life themes such as sibling rivalry, the struggle between good and evil, or separation-individuation (Bohleber, 2007, 2010), but they are magnified in the xenophobic context where libidinal aspects are separated or split from aggression. Relationships and social fields of mutuality are transformed into fields of projections where the other is cast in the role of projected, unwanted parts of the self or of the group-self. As the other is perceived as “not human”, not like “us”, then inhumane and violent behavior may be justified (Hott, 1974, p. 308), as fight/flight response (Bion, 1952).

When groups or nations have a collective memory of past traumatization and humiliation, the nature of these fantasies can become even more violent, severe, and destructive precipitating revenge or rectification of wrong-doings (Volkan, 2003). A demand for sameness and purity may dominate (Miller, 2017), in order to free oneself and the group from “elements” that endanger its cohesiveness and unity. In response to, or as a defense against, individual or collective pain and frustration, for example, cultural, political, and religious discourses may use paranoid rhetoric or tacit support for perverse behavior to stimulate fantasies against a defined enemy or guilty party.

There is little evidence to support the claim that socio-economic inequality or protests against the elite are primary factors underlying our current rejection of refugees. Ideological narratives that use and provoke existing anxiety, and also incite aggressive impulses, play a more significant role (Turner, 2015).

## CURRENT SITUATION OF REFUGEES

At the time of this writing, in May 2017, more than 65 million people are displaced worldwide due to conflict and persecution (this includes refugees and internally displaced people or IDPs). Of these, 21.3 million are refugees, over half of whom are under the age of 18. There are also 10 million stateless people who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. Approximately 34,000 are displaced every day (UNHCR, 2016). One out of every 133 people in the world today is displaced. Over the past five years, 50 families in Syria were displaced daily and we are now seeing unimaginable suffering due to indiscriminate attacks on civilians. The suffering due to war and persecution is enormous and we can expect serious

consequences of this massive traumatization in the years ahead, especially for coming generations.

For refugees, flight has become increasingly dangerous and death tolls are rising (UNHCR, 2016). Women are raped and abducted for prostitution, men are killed, children are violated and forced into the sex-industry or slavery [there is increasing evidence that human trafficking networks cooperate with organized crime (Europol, 2016)] and many victims are maltreated and/or tortured by police, border guards, or organized crime during flight (Jovanović, Trivunčić & Đurašinović, 2015).

Conditions for refugees upon arrival are growing worse. Stranded in the refugee camps of Greece, Italy, Serbia and Australia, thousands must survive with little or no access to health care, poor sanitation, insufficient food, and minimal human concern. In refugee camps near war zones, conditions have worsened since 2015 when UNHCR budgets were cut by more than half (Clayton, 2015). Many describe their conditions *after arrival*, even in more affluent countries, as the worst part of their refugee journey, as we can see in the stories described earlier in this paper. On a daily basis, they face long waiting times, bureaucratic red tape, inactivity, and the possibility of being forced to return to their homelands. It is described by many as mental torture.

Refugees who arrived in Europe in 2015 represented less than 0.1 percent of the total European population, underscoring the fact that images showing waves of refugees or foreigners flooding the continent, are grossly exaggerated.

I could go on describing the situation by listing statistics or quoting refugees my research team has interviewed but I think this gives a fairly accurate picture of the humanitarian catastrophe in Europe **is** and with which it is clearly unable to cope. It represents a morale collapse of European humanitarian values and adherence to human rights. This situation did not, however, emerge overnight. Its political roots have developed over decades.

## SHORT NOTE OF THE HISTORY OF REFUGEES

Refugees or stateless people, as they were called after World War I, had few rights and there were no international laws or conventions regulating their treatment and care. They were also then by many seen as a danger and fears were similar to what we see today, but mostly directed toward Jewish refugees. It was said that if one opened the door to Jewish refugees from Nazism, floodgates would open and cause



an influx of hundreds of thousands more Jews from Eastern Europe (Loescher, 1993). As we now know, putting those ideas into practice had deadly consequences.

Ambivalence and skepticism have always characterized some individual and national attitudes towards refugees. However, at different times these characteristics may have been tempered or even dominated by more protective and welcoming positions and practices.

With the founding of the League of Nations in 1920, the Commission for Refugees was established on 27 June 1921. Among other forms of assistance, the “Nansen-Passport” was created to give the stateless some official recognition. (Britannica, 2016). Even after the establishment of the United Nations Convention on Refugees in 1951, ambivalence continued. In general, attitudes and practices regarding refugees are highly dependent on current ideological and political priorities. Hungarian refugees were basically welcomed in 1956 while later groups, for example those coming from Afghanistan, are now met with closed doors.

For decades, fleeing one’s country and organizing entry into another has been the sole responsibility of the refugees; themselves (except those under the United Nations quota system). Over time, this has caused the creation of a huge, well-oiled human trafficking machine, now a significant profit center for organized crime (Europol, 2016). It is fair to say that attitudes in the West fostered the development of these horrific human smuggling practices, which it now so vociferously decries and condemns.

For a long time, right wing propaganda has identified refugees or migrants with Islam. Flourishing conspiracy theories warn of the dangers of Islam taking over Europe and instituting Sharia Law, and refugees are often pictured flooding European borders en masse. Less extreme versions of this narrative have gradually become main stream and even political parties that claim to be social democratic now practice what they call “strict and just” policies towards refugees, with closed borders and massive rejection.

A fearful narrative about Islam is increasingly dominating the political scene. These narratives of fear and the ideation and collective fantasies molded on their themes, have roots in European History.

## EUROPE AND ISLAM

Islamism or Islamic fundamentalism, as we know it both in Europe and elsewhere, does not signify a “clash between civilizations” but instead represents internal conflicts and contradictions within Islam, determined by historical, cultural, and social contexts also rooted in Western history. Meddeb, an Arabic intellectual and Muslim, analyzed present-day fundamentalism, as the result of a “malady” within Islam: Namely, a generalized intellectual deterioration, such that ideologies alien to the intentions of the Qu’ran are used for political purposes having more to do with the cohesion of the group, than with the spread of Islam (Meddeb, 2003). According to this view, we are not dealing with tensions between them and us, Islam and the West, but more between modernism and traditionalism. This is a theme that has been important in the West especially in relation to National Socialism and the rise of Nazi Germany and earlier in relation to the reactionary “anti-enlightenment” and anti-modernistic trends, which incorporate themes from 18th century Romanticism.

Europe’s relationship to Islam is steeped in a long history of skepticism and fear, marked by projections of aggression and mysticism as far back as medieval times (Geisser, 2004). Back then, Europe needed a common enemy to achieve religious and ideological unity. The image of this medieval enemy reemerges from time to time. In the 19th century, a fearful picture that involved danger and threat to Western values emerged once more, and later, in the ethnic cleansing and genocide of the Balkan wars, malignant anti-Islamic activities developed in tandem with an ultra-nationalistic ideology (Volkan, 1996).

The traditional theological contest between Islam and Christianity (Jihad vs. Crusade) and the need to protect and unify a European Christian identity have prevailed for centuries. According to the European Monitoring Center on Racism and Xenophobia, as the number of Muslim communities in Europe has increased in the last 50–60 years, so has xenophobic fear and violence.

European Islamophobia has gained strength as a result of the recent development of more radical forms of Islamic fundamentalism, which portray the West, especially its urban culture, as sinful. In these ideologies, large cities are believed to be filled with corrupt people hungering only for wealth and pleasure (Heine, 2001, 2002; Laqueur, 2001; Serauky, 2000). On the other hand, the Islamic State, governed by Sharia Law is seen as the ideal way of organizing society—one portrayed as a place where all needs are satisfied. Islamists claim that Islamic law shall “triumph on the scale of all humanity for such law is considered the ultimate expression of divine truth” (Meddeb 2003, p. 157). Taken to its extreme, as exemplified now by the so-called Islamic State (ISIS), this implies the horrifying possibility of either

converting or killing anyone who does not accept this “divine truth”. Central parts of this type of ideology are found in Europe as well.

## ANTI-MODERNISM AND EUROPE

Bohleber described similarities between basic beliefs and fantasies in Nazi ideology and those found in religious/political fundamentalist ideology (Bohleber, 2002). Common among them are a myth of an ideal past, a dream of the perfect utopian society, a need to defend against external threats (e.g., modernism and Western influence) and a death cult. Additionally, both are preoccupied with purity and blood, a sense of entitlement and a concomitant glorification of victimhood and martyrdom (Volkan, 2003), and also the subordination of women and rejection of homosexuality.

Burma and Margalit claim that antagonism against modernism was deeply rooted in European culture, well before the Nazi cult. As a parallel to “Orientalism” (the study of the West’s representations of the East—in art, etc.—as culturally inferior), they developed Occidentalism (the study of the East’s representations of the West), and claimed that anti-modernism in Islamic fundamentalism borrowed from discourses that aroused European opposition to the enlightenment (Burama & Margolit, 2004).

Embedded in these ideological beliefs are collective fantasies of group cohesion of purification and cleansing (of the unwanted or dirty), of sacrifice, and of scapegoats. Women are seen as both sexually provocative and dirty, and have to be controlled. Furthermore, there are fantasies of becoming one with the group through a holy quest and, in the case of sacrifice and martyrdom, unification with God in paradise.

It follows from this that Islamism and Islamophobic and xenophobic fantasies have similar or parallel roots in ideologies that oppose modernism (and now globalization) and that this has historical Western roots in anti-enlightenment movements.

The growing xenophobia in Europe parallels similar trends in the orient, especially in Islamic extreme fundamentalism’s fearful image of the modern West. Victims of this “ideological clash” are, among others, the refugees who now find themselves in painful conditions in camps or detention centers in southern Europe and elsewhere.

This anti-modernistic image of foreigners influences how refugees are perceived in Europe. Are there echoes of this fearful imagery in clinical practice, as well? In the following section, I will discuss this question, but limit myself to a few aspects of the care and treatment that refugees receive and what may be relevant for psychoanalysis and the psychoanalytic response to the present crisis.

## POSTTRAUMATIC PROCESSES

As a rule, refugees live under circumstances that are unsuitable for healthy development and, more often than not, conditions that cause illness. Preventive measures and treatment that could be implemented upon arrival are often unavailable. For example, identifying the most vulnerable groups might be helpful but seldom occurs, so, mothers with small children, pregnant women, torture survivors, elderly, who could be helped by such measures, seldom get it (NRC & Oxfam, 2017; Turner, 2015; UNHCR, 2017).

Clinicians often identify refugees as persons who have experienced “trauma” or as persons with “trauma”. Furthermore, in psychoanalysis, using the word “trauma”, is in and of itself, highly problematic because the word implies something static and reified, like a “thing” in the mind, and this usage tends to divert attention from the dynamic and reorganizing processes in the traumatized person’s mind, body and relationships with others that occur after having been exposed to atrocities (Oliner, 2012) and it coheres with mechanistic models of the mind (van der Hart, Nijenhuis & Steele, 2006). Post-traumatic processes depend on the level of personality organization, on earlier traumatizing experiences, on the circumstances during the atrocities, themselves, and, most importantly, on how the survivor is responded to afterwards (Classen *et al.*, 2006; Keles, Friberg, Idsøe, Sirin & Oppedal, 2016; Opaas, Hartmann, Wentzel-Larsen, & Varvin, 2015; Opaas & Varvin, 2015; Varvin & Rosenbaum, 2003; Vervliet, Lammertyn, Broekaert, & Derluyn, 2013). It is the individual’s responses to the atrocity, as well as the responses of others, and of society as a whole, which will, to a large degree, determine the fate of the traumatized person or group. Convincing research has confirmed the importance of responses to the traumatized afterwards, beginning with Hans Keilson’s seminal work on Jewish children survivors after the Second World War and continuing with later research (Gagnon & Stewart, 2013; Keilson & Sarpathie, 1979; Simich & Andermann, 2014; Ungar, 2012).

## TRAUMATIZATION AND ITS RESPONSES: A SHORT EXPOSITION

Traumatized people struggle with mental and physical pain, which is often difficult for them to understand or put into words. Their pain may be expressed as a dissociated state of mind, as a physical pain or other somatic experiences and dysfunctions, as overwhelming thoughts and feelings, as behavioral tendencies and relational styles, and as ways of living. The effects of both early and later traumatization may show up in the symptoms of many diagnostic categories, of which PTSD is just one. Other manifestations of traumatization psychiatric illness may include depression, addiction, eating disorders, personality dysfunctions and anxiety states (Leuzinger-Bohleber, 2012; Purnell, 2010; Taft *et al.*, 2007; Vaage *et al.*, 2010; Vitriol, Ballesteros, Florenzano, Weill & Benadof, 2009).

Common to these manifestations are deficiencies in the representational system related to the traumatic experiences. These experiences are painfully felt and make their impressions on the body and the mind without, however, being inscribed in the mind's life narratives. They are either not symbolized at all, or deficiently symbolized, in the sense that they cannot be expressed in narratives in such a way that meaning can emerge and be reflected upon. The traumatic experiences remain in the mind as dissociated or encapsulated fragments that have a disturbing effect on mood and mental stability (Rosenbaum & Varvin, 2007; Sossin, 2007).

As a rule, extreme traumatization (like rape and torture) eludes meaning when it happens and it also precludes the formation of an internal third position where the person can create a reflecting distance to what is happening and what has happened. This inner witness, so vital for making meaning of experiences, is attacked during such extreme experiences and when an external witness who could contain and confirm the pain also fails, the traumatized person is left alone (Viñar, 2017).

The traumatized person will try to organize experiences in unconscious templates or scenarios that are expressed in different, more or less disguised, ways in relation to others and the self. When working psychoanalytically with traumatized patients, the analyst will inevitably become involved, through projective identification, with these un-symbolized, fragmentary, and usually strongly affective, scenarios related to the patient's traumatizing experiences. This happens from the first encounter with the patient and is mostly expressed in non-verbal interaction with the patient. It may take a long time before these manifestations can be woven into a meaningful narrative with a historical context that relates to both traumatic and pre-traumatic experiences (Varvin, 2016a).

There is increasing evidence that psychoanalytic therapies are helpful for people who have been traumatized in comprehensive ways. This approach may help address crucial areas in the clinical presentation of complex traumatization (Herman, 1992) that are not targeted by other so-called empirically-supported treatments. Psychoanalytic therapy has a historical perspective and works with problems related to the self and self-esteem, enhancing the person's ability to resolve reactions to trauma through improved reflective functioning. It aims at internalization of more secure inner working models of relationships. A further focus is work and on improving social functioning. Finally, as substantiated in several studies, psychoanalytic psychotherapy tends to result in continued improvement after treatment ends (Schottenbauer, Schottenbauer, Glass, Arnkoff & Gray, 2008).

## TRAUMA AND THE SOCIAL CONTEXT

For these un-named, insufficiently or never symbolized experiences to approach some kind of integration and be given some meaningful place in the individual's mind, they need to be actualized and given form in a holding and containing therapeutic relationship. This means that the analyst must accept living with the patient in areas of self-experience and memory that are painfully absent of meaning and at times filled with horror (Varvin, 2015, 2016b).

As a rule, however, this is not enough. Without societal, cultural, and political acknowledgement of the traumatic events, working on them may be extremely difficult for an individual or a group, and feelings of unreality and fragmentation related to these disturbing experiences may continue.

One of the most difficult contributors to personal suffering in a massive social traumatization (such as the Cultural Revolution, the genocides of Rwanda, the Balkans, or Kampuchea, and now the Syrian disaster) is the feeling of complete helplessness when observing close family members, especially children, being mistreated, or killed, and not being able to help or protect them. This underscores the importance of Niederland's seminal insights on survival guilt (Niederland, 1968, 1981), a theme very much marginalized in the trauma literature for years.

In summary: How extreme experiences will affect individuals and/or groups, will depend on the severity, complexity and duration of the traumatizing events, as well as on context, developmental stage, and internal object relations. Furthermore, it will depend upon the extent to which earlier traumatic associations are activated

(Opaas & Varvin, 2015), as well as the support and the treatment offered after the event, and society's responses to it in general.

## OUR ALIENATING DISCOURSE OF THE TRAUMATIZED

The extreme experiences bestowed upon today's refugees have repercussions on individuals, but also on group functioning and on the cultural anchoring of life in exile.

Extreme traumatization is profoundly identity changing. Both children and adults experience it as something unexpected that should not have happened. It leaves them with a sense of deep helplessness and the experience of being abandoned by all good and helping objects. These profound feelings of helplessness and of being abandoned may continue during the post-traumatic phase, wherein the survivor—to a greater or lesser degree, depending on the circumstances—may develop a deep-seated fear of being alone in an impending catastrophe with no one to help or care. An inner feeling of desperation, and fear of psychosomatic breakdown, with a fear of annihilation may ensue and much of post-traumatic pathology may be seen as a defense against this impending catastrophe.

According to Winnicott (1974), extreme traumatization, experienced as catastrophic, evokes primordial anxieties related to earliest fears of breakdown and doom, and life will be more or less impregnated by impending catastrophe afterwards.

As we see in Syria today, extreme experiences affect the totality of life experiences and the trauma concept is insufficient to capture, or even remotely describe, this situation, but may, however, give some relief to clinicians (and others) from the intolerable feelings evoked by extreme experiences. The term "trauma" becomes a place where alien and intolerable elements may be placed so that some meaning may be assigned to the uncanny experience evoked in the countertransference.

This kind of reductionism is also found in psychoanalytic discourse, and very likely has to do with longstanding conflicts about trauma theory within psychoanalysis. At present, it probably also reflects the limited exposure of most psychoanalysts to such extreme phenomena. On the clinical level, a restricted and reductionist concept of "trauma" may reflect the fact that "trauma" has become an object (not a concept) of projection of uncanny fantasies. "Trauma" has come to denote an area for extreme anxiety, destructiveness, and perverted Eros, something utterly alien but

nevertheless known among others from the “fear of breakdown”. There is, as Freud showed, a close connection with what is “*Unheimlich*” and what is “*Heimlich*” (Freud, 1919; Rosenbaum, 2006).

## CONCLUSION

Our encounter with refugees, today, implies confrontation with the alien and uncanny on several levels. On a societal level, we see chaos-like anxieties being stirred up and exploited by strong ideological forces that evoke a fantasy of salvation through purity and rejection of the alien. On group and individual levels, the anxieties dramatically evoke the conflict between compassion and rejection and, at the same time, undermine reparation and integration.

There is a strong desire for unity and purity behind these projective forces. The ideological climate that emerges, as described briefly, is rooted in European history. The conflict between traditionalism and modernity evokes anxieties, especially when confronted with the alien, represented in narratives on Muslims or Islam. At a deeper level it concerns the eruption of the *Uncanny* (*das Unheimliche*) (Freud, 1919).

Traumatization implies an extreme meeting with primordial anxieties, and our relation to the traumatized person tends to provoke similar anxieties. Our attempts to theorize about the experiences of the traumatized may suffer in this meeting with the extreme alien and uncanny, and may lead to reductionism on a conceptual level or to avoidance in clinical and other practices.

We are now seeing alienating processes on a large scale in Europe and in the West resulting in immense suffering. It is important that we be aware of similar repercussions affecting the clinical field.

AQ1

## Notes

- 1 Sverre Varvin, M.D., DPhil. is a training and supervising analyst of the Norwegian Psychoanalytic Society. He is professor at Akershus and Oslo University College. He has been working clinically and with research on traumatization and the treatment of traumatized patients, especially in the refugee field. He has done process and outcome research on psychoanalytic therapy, research on traumatic dreams, and on psychoanalytic training. He has twice been president of the Norwegian psychoanalytic Society and he has had



several positions in IPA, among others as vice-president and board member and chair of the IPA working group on terror and terrorism. He is presently chair of IPA China Committee. *He has* published articles and books on traumatization, refugees, terrorism and on research n treatment process and outcome.

2 I use the term refugees for people who have fled from their country and crossed borders in order to achieve safety when their country of origin or residence has not been able to protect them. They will have the status as asylum seekers when they arrive in a potential host country. The UNCHR defines asylum-seekers as individuals who have sought international protection and whose requests for refugee status have not yet been adjudicated, irrespective of when they may have been lodged. Different terms are used with political and ideological implications: BBC, for example, uses the word *migrant* for all, while Al Jazeera use the term *refugee*. Different derogatory terms are often used in right-wing, xenophobic media.

## References

Bion, W. (1952). Group dynamics: A re-view. *International Journal of Psycho-Analysis*, 33, 235–247.

Bohleber, W. (2002). Kollektive Phantasmen. *Destruktivität und Terrorismus. Psyche*, 56(8), 699–720.

Bohleber, W. (2007). Remembrance, trauma and collective memory. The battle for memory in psychoanalysis. *International Journal of Psychoanalysis*, 88, 329–352.

Bohleber, W. (2010). *Destructiveness, intersubjectivity and trauma*. London: Karnac.

Britannica. (2016). Nansen International Office for Refugees. From Britannica. <http://global.britannica.com/topic/Nansen-International-Office-for-Refugees>.

Burama, I. & Margolit, A. (2004). *Occidentalism. The west in the eyes of its enemies*. New York: The Penguin Press.

Classen, C., Pain, C., Field, N. O. & Woods, P. (2006). Posttraumatic personality disorder: A reformulation of complex posttraumatic stress disorder and

borderline personality disorder. *Psychiatric Clinics of North America*, 29(1), 87–112. doi:10.1016/j.psc.2005.11.001.

Clayton, J. (2015). Funding shortage leaves Syrian refugees in danger of missing vital support. Retrieved from <http://www.unhcr.org/news/latest/2015/6/558acbbc6/funding-shortage-leaves-syrian-refugees-danger-missing-vital-support.html>.

European Monitoring Centre on Racism and Xenophobia: Muslims in the European Union. Discrimination and Islamophobia. <http://fra.europa.eu/en/publication/2012/muslims-european-union-discrimination-and-islamophobia>.

Europol. (2016). *Europol and Interpol issue comprehensive review of migrant smuggling networks* (Vol. 2016). <https://www.europol.europa.eu/newsroom/news/europol-and-interpol-issue-comprehensive-review-of-migrant-smuggling-networks>. Den Haag: Europol.

Freud, S. (1919). *Das Unheimliche* (*Gesammelte Werke, Band XII*, 229–268). Leipzig: Wien, Frankfurt am Main: Fisher. The uncanny. *Standard Edition*, 17, 217–252, London: Hogarth.

Gagnon, A. J. & Stewart, D. E. (2013). Resilience in international migrant women following violence associated with pregnancy. *Arch Womens Mental Health*. doi:10.1007/s00737-013-0392-5.

Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research*, 6(3), 167–191.

Geisser, V. (2004). Islamophobia in Europe: from the Christian anti-Muslim prejudice to a modern form of racism. In I. Ramberg (Ed.), *Islamophobia and its consequences on Young People*. Budapest: European Youth Centre Budapest, 1–6 June 2004: Council of Europe.

Heine, P. (2001). *Terror in Allahs Namen. Extremistische Kräfte im Islam*. Freiburg: Herder.

Heine, P. (2002). In Allahs Namen: Religiös motivierter Extremismus und Terrorismus. In H. Frank & K. Hirschman (Eds.) *Die weltweite Gefahr*.

*Terrorismus als internationale Herausforderung* (pp. 115–168). Berlin: Verlag Arno Spitz GmbH.

Herald, S. M. (2016). Think Australia's treatment of refugees and asylum seekers is OK? Read this. An open letter from a refugee on Nauru to the leaders of the UN's Summit for Refugees and Migrants. *Sydney Morning Herald*. <http://www.smh.com.au/comment/think-australias-treatment-of-refugees-and-asylum-seekers-is-ok-read-this-20160919-grjjz2.html>.

Herman, J. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377–391.

Hott, L. R. (1974). Individual aggression and a violent society. *American Journal of Psychoanalysis*, 34, 305–310.

Jovanović, A., Trivunčić, B. & Đurašinović, V. (2015). *The demographic picture, the assessment of the legal status and needs as well as examination the traumatic experiences of refugees who are in transit through Serbia*. Retrieved from Belgrade Center for Human Rights and UNHCR.

Keilson, H. & Sarpathie, R. (1979). *Sequentieller Traumatisierung bei Kindern*. Stuttgart: Ferdinand Enke.

Keles, S., Friberg, O., Idsøe, T., Sirin, S. & Oppedal, B. (2016). Depression among unaccompanied minor refugees: The relative contribution of general and acculturation-specific daily hassles. *Ethnicity & Health*, 21(3), 300–317.

Kingsley, P. (2016). "Prisoners of Europe": The everyday humiliation of refugees stuck in Greece. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2016/sep/06/prisoners-of-europe-the-everyday-humiliation-of-refugees-stuck-in-greece-migration>.

Kogan, I. (2017). Anti-Semitism and xenophobia. *American Journal of Psychoanalysis*, 77.

Laqueur, W. (2001). *Die globale Bedrohung. Neue Gefahren des Terrorismus*. München: Econ Taschenbuch.

Lesley, J. & Varvin, S. (2016). 'Janet vs Freud' on traumatization: A critique of the theory of structural dissociation from an object relations perspective. *British Journal of Psychotherapy*, 32(4), 436–455.

Leuzinger-Bohleber, M. (2012). Changes in dreams—From a psychoanalysis with a traumatised, chronic depressed patient. In P. Fonagy, H. Kachele, M. Leuzinger-Bohleber, & D. Taylor (Eds.) *The significance of dreams: Bridging clinical and extraclinical research in psychoanalysis (developments in psychoanalysis)* (pp. 49–88). London: Karnac.

Loescher, G. (1993). *Beyond charity: International cooperation and the global refugee crisis*. Oxford: Oxford University Press.

Meddeb, A. (2003). *The malady of Islam*. New York: Basic Books.

Miller, I. S. (2017). Book review: *Immigrants and refugees: Trauma, personal mourning, and border psychology*, by Vamik D. Volkan. *American Journal of Psychoanalysis*, 77(4).

Niederland, W. G. (1968). Clinical observations on the “survivor syndrome”. *Journal of the American Psychoanalytic Association*, 49(2), 313–315.

Niederland, W. G. (1981). The survivor syndrome: further observations and dimensions. *Journal of the American Psychoanalytic Association*, 29(2), 413–425.

NRC & Oxfam. (2017). *The reality of the EU-Turkey statement: How Greece has become a testing ground for policies that erode protection for refugees*. Retrieved from <http://reliefweb.int/report/greece/reality-eu-turkey-statement-how-greece-has-become-testing-ground-policies-erode>.

Oliner, M. (2012). *Psychic reality in context*. London: Karnac.

Opaas, M., Hartmann, E., Wentzel-Larsen, T. & Varvin, S. (2015). Relationship of pretreatment Rorschach factors to symptoms, quality of life, and real-life functioning in a three-year follow-up of traumatized refugee patients. *Journal of Personality Assessment*, 26(3), 247–260. doi:10.1080/00223891.2015.1089247.

Opaas, M. & Varvin, S. (2015). Relationships of childhood adverse experiences with mental health and quality of life at treatment start for adult refugees traumatized by pre-flight experiences of war and human rights violations. *Journal of Nervous and Mental Disorders*, 203(9), 684–695.  
doi:10.1097/NMD.0000000000000330.

Orange, D. (2006). For whom the bell tolls: Context, complexity, and compassion in psychoanalysis. *International Journal of Psychoanalytic Self Psychology*, 1, 5–21.

Purnell, C. (2010). Childhood trauma and adult attachment. *Healthcare Counselling and Psychotherapy Journal*, 20(2), 9–13.

Rosenbaum, B. (2006). “Das Unheimliche” og muligheden for at integrere det fremmede. *Psyke & Logos*, 27(2), 12–21.

Rosenbaum, B. & Varvin, S. (2007). The influence of extreme traumatization on body, mind and social relations. *International Journal of Psychoanalysis*, 88, 1527–1542.

Rubin, T. I. (1993). The horror reaction and its importance. *American Journal of Psychoanalysis*, 53, 55–63.

Schottenbauer, M., Glass, C. R., Arnkoff, D. B. & Gray, S. H. (2008). Contributions of psychodynamic approaches to treatment of PTSD and trauma: A review of the empirical treatment and psychopathology literature. *Psychiatry*, 71(1), 13–34.

Serauky, E. (2000). *Im Namen Allahs. Der Terrorismus in Nahen Osten*. Berlin: Dietz Verlag.

Simich, L. & Andermann, L. (2014). *Refugee and resilience* (L. Simich & L. Andermann Eds.). Dordrecht: Springer.

Sossin, K. M. (2007). Nonmentalizing states in early-childhood survivors of the Holocaust: Developmental considerations regarding treatment of child survivors of genocidal atrocities. *American Journal of Psychoanalysis*, 67, 68–81.

Taft, C., Kaloupek, D., Schumm, J., Marshall, A., Panuzio, J., King, D., et al. (2007). Posttraumatic stress disorder symptoms, physiological reactivity, alcohol problems, and aggression among military veterans. *Journal of Abnormal Psychology, 116*(3), 498–507.

Turner, S. (2015). Refugee blues: A UK and European perspective. *European Journal of Psychotraumatology, 6*, 1–9. doi:10.3402/ejpt.v6.293.

Ungar, M. (2012). The social ecology of resilience. In *A handbook of theory and practice*. New York: Springer.

UNHCR. (2016). UNHCR 2016 figures at a glance. Retrieved December 5, 2016, from UNHCR. <http://www.unhcr.org/en-us/figures-at-a-glance.html>.

UNHCR. (2017). Refugees and migrants face heightened risks while trying to reach Europe—UNHCR report. February 27, 2017.

Vaage, A. B., Thomsen, P. H., Silove, D., Wentzel-Larsen, T., Van Ta, T. & Hauff, E. (2010). Long-term mental health of Vietnamese refugees in the aftermath of trauma. *British Journal of Psychiatry, 196*(2), 122–125.

van der Hart, O., Nijenhuis, E. & Steele, K. (2006). *The Haunted self. Structural dissociation and the treatment of chronic traumatization*. London: W. W. Norton and Company.

Varvin, S. (2015). *Flukt og eksil* [Flight and exile]. Oslo: Universitetsforlaget.

Varvin, S. (2016a). Asylsøgende und Geflüchtete: ihre Situation und ihre Behandlungsbedürfnisse [Asylum seekers and refugees: their situation and treatment needs]. *Psyche, 70*, 825–854.

Varvin, S. (2016b). Atrocities against mother and child re-presented in the psychoanalytic space. In V. Pender (Ed.), *Status of women: Violence, identity and activism* (pp. 193–220). London: Karnac.

Varvin, S. & Rosenbaum, B. (2003). Extreme traumatization; strategies for mental survival. *International Forum of Psychoanalysis, 12*(1), 5–16.

- Vervliet, M., Lammertyn, J., Broekaert, E. & Derluyn, I. (2013). Longitudinal follow-up of the mental health of unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, 23(5), 337–346. doi:10.1007/s00787-013-0463-1.
- Viñar, M. N. (2017). The enigma of extreme traumatism: Trauma, exclusion and their impact on subjectivity. *American Journal of Psychoanalysis*, 77, 40–51.
- Vitriol, V. G., Ballesteros, S. T., Florenzano, R. U., Weil, K. P. & Benadof, D. F. (2009). Evaluation of an outpatient intervention for women with severe depression and a history of childhood trauma. *Psychiatric Services*, 60, 936–942.
- Volkan, V. D. (1996). Bosnia-Herzegovina: Ancient fuel of a modern inferno. *Mind & Human Interaction*, 7(3), 110–127.
- Volkan, V. D. (2003). Traumatized societies. In S. Varvin & V. D. Volkan (Eds.) *Violence or dialogue? Psychoanalytic insights on terror and terrorism* (pp. 270–292). London: International Psychoanalysis Association Library.
- Winnicott, D. W. (1974). Fear of breakdown. *International Review of Psychoanalysis*, 1, 103–107. Also in *Psyche*, 45(12), 1116–1126, 1991.