Psychogenic Illness in Refugee Women: Exploring Their Experiences and Perceptions

by

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Abstract

This paper is a qualitative study investigating four refugee women's experiences of psychogenic illness, and their perceptions of their experiences, using the Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009). The four participants consist of Afghan and African refugee women in Greece, and have reported psychogenic symptoms. The women are all current or former participants at Melissa Network, a community-based organization for refugee and migrant women in Greece. The goal of this paper is to humanize the participants' stories, capture the essence of each woman's experience, identify possible culture-bound beliefs, and to use their stories collectively in order to identify shared patterns of meaning. Factors that alleviate the women's psychogenic symptoms and help them build resilience are explored. Results yielded three themes: Experiences of Trauma, The Mind and Body, "*Like Brother and Sister',* and Finding Sanctuary. The first theme focuses on how the women experience, define and make sense of trauma. The second theme explores how the women perceive the mind-body connection, their symptoms, and relevant cultural beliefs. The third theme is dedicated to what helps; their experiences with psychological support, and how they found sanctuary – an environment where they can process unresolved trauma and address their psychogenic symptoms. The findings of this paper shed light on the significance of context, and how a contextual approach is vital to understanding refugees' experiences.

Keywords: IPA, Refugees, Psychogenic illness, Dissociation

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Introduction

History and Etiology of Psychogenic Illness

Psychogenic illness encompasses a broad category of physical symptoms resulting from mental or emotional stress and have no physical cause (Bransfield & Friedsman, 2019). It includes the psychosomatic form, in which the brain induces physiological alterations, and the hysterical form, like amnesia or feelings of numbness, where no physiological change takes place (Bransfield & Friedsman, 2019; Sarno, 2006). Psychogenic illness is rooted in conversion disorder, a psychiatric illness in which motor or sensory malfunctioning takes place that cannot be attributed to a neurological or medical (organic) condition (Ali et al., 2015). Examples include blindness, nonepileptic seizures (PNES), swallowing difficulties, nervous tics, and dementia that are a consequence of psychological conflict and high levels of stress (Ali et al., 2015). Conversion disorder (now referred to as functional neurological symptom disorder) is the modern psychiatric term for what Freud called hysteria, which he believed resulted from unconscious conflict and repressed emotions of hidden traumas, manifesting as physical deficits and symptoms (Ali et al., 2015; Beghi et al., 2015). After Freud's death, and with the rise of diagnostic tools and manuals, the psychogenic model has come into question; The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) removed preceding trauma as a criterion for conversion disorder, rendering it an unexplained phenomenon (Kanaan & Craig, 2016). Interestingly, the APA Dictionary definition for psychogenic illness identifies mental factors as the cause: "resulting from mental factors. The term is used particularly to denote or refer to a disorder that cannot be accounted for by any identifiable physical dysfunction and is believed to

be due to psychological factors (e.g., a conversion disorder). In psychology and psychiatry, psychogenic disorders are improperly considered equivalent to functional disorders" (VandenBos, 2007).

In 1944, Rene Spitz described the state of psychosomatic medicine, stating that "when one reads this literature, one is struck by the discrepancy between the richness of the clinical material offered and the lack of a uniform direction in the theoretical elaboration of this material" (Spitz, 1944). Rene Spitz observed psychogenic symptoms in institutionalized infants separated from their mothers, documenting the deterioration of infants' neurobiological development in the absence of caregiving and affectionate relationships, and highlighting humans' relational nature as a species (Brinich, 2016). Not much has changed since then, whether on an individual level, or on a collective level (mass psychogenic illness), psychogenic illness remains a mystery. Every now and then, a new cluster of symptoms of psychogenic illness is presented in a certain community with a new name, like the relatively recent outbreak of Resignation Syndrome in refugee children in Sweden (Sallin et al., 2016) and Catastrophe Reaction Syndrome in Georgia in 1989 (Barron, Leaning & Rummack, 1993). Physicians, neglecting the psychogenic model, also play a role in shaping how the presentation of symptoms is framed and understood (Bartholomew & Baloh, 2020). Ignoring environmental, social, and cultural contexts, as well as negative life experiences and experiences of trauma on an individual level (Kanaan & Craig, 2019), perpetuate the lack of a proper understanding of psychogenic illness.

Trauma and Dissociation

The human mind and body have evolved to function holistically in order to adapt to their environment and its challenges. To do so, the mind and body function interconnectedly to

maintain allostasis - a balanced regulation of stress, in the face of environmental challenges. Trauma, defined as unusual, life altering events or cumulative experiences which are beyond an individual's capacity to cope, can have chronic effects that endure throughout a person's lifetime (Bloom, 2013; Sakellarious & Stefanatou, 2017). However, trauma is not the event(s) itself, but rather, what happens inside an individual as a result of such events, it is a subjectively experienced psychic wound (Mate & Mate; 2023). Research exploring the mind-body connection has highlighted the role of unresolved emotional issues in the development and exacerbation of various diseases and chronic pain, and how stress affects the body's physiological processes (Mate, 2019; Sapolsky, 2004).

Traumatic experiences, involving exposure to chronic toxic stress (which requires prolonged activation of the stress-regulating system), overwhelm the brain and shatter one's ability to perform integrative functions and tasks (Bloom, 2013). Therefore, traumatized individuals, particularly those exposed to prolonged toxic stress, lose their ability to function as holistic organisms. They become incapable of integrating and processing new emotional and somatic information (Bloom, 2013). Often, traumatic experiences leave people feeling helpless, as they are incapable of resisting or preventing the events; this is accompanied by an impairment of self-efficacy, and traumatized individuals learn that they are helpless in the face of negative life events and environmental challenges (learned helplessness) (Bloom, 2013). Chronic stress creates a cumulative burden, and at times life events and environmental stressors go beyond an individual's capacity to cope, creating an allostatic overload. This excessive stress load may contribute to the development of symptoms of physical illness (Bloom, 2013). Mate (2019) describes how these symptoms are a warning sign from the body that there is a mismatch between emotional needs and external circumstances, and therefore, addressing unresolved

emotions is vital to overall wellbeing. Chronic stress also dysregulates the hypothalamic-pituitary-adrenal axis (HPA axis), therefore leading to an imbalance in stress hormone levels (Mate, 2019; Sapolsky, 2004). Prolonged activation of stress response systems also increases vulnerability to illness by suppressing immune function. Consequently, psychogenic illness may manifest as immune-related symptoms as well (Sapolsky, 2004). Therefore, understanding the link between unprocessed emotions and physical symptoms is imperative to understanding psychogenic illness, which has been overlooked by the traditional biomedical model (Sarno, 2006). Adverse experiences shape these stress response systems, impairing integrative functioning, and preventing individuals from coherently processing and expressing emotions. As a result, distress often manifests physically, as psychosomatic symptoms (Beghi et al., 2015; Mate, 2019).

The impairment of integrative functioning stems from dissociation, "the brain mechanism that allows us to define individual reality to accommodate to unsettling events while remaining aware of another reality" (pp. 41, Bloom, 2013). In many instances, it is an adaptive response; it is the mind's ability to defend itself from severely threatening arousal by breaking down integrative processes (memory, perception, identity). When trauma and stress are chronic, the emergency mechanism of dissociation also develops a chronic nature, and interferes with normal functioning. Dissociation can take extreme forms, and people break off from consciousness in varying extents, like fainting, amnesia, loss of identity and the acquirement of a new one (dissociative fugue), and even manifesting emotions and thoughts somatically by developing physical symptoms (conversion disorder) (Bloom, 2013). According to Kranick et al. (2011), patients with psychogenic movement disorder (focal hand dystonia and nonepileptic seizures)

experience multiple negative life experiences and traumatic episodes, particularly childhood trauma, emotional abuse, and neglect.

More recent studies link psychogenic illness to biological factors, associating the central nervous system with symptoms of hysteria, and attributing them to impaired communication in cerebral hemispheres, and increased cortical arousal (Ali et al, 2015). Studies on functional connectivity found a significant correlation between dissociation scores and strong connectivity values between the insula (emotion), the inferior frontal gyrus and parietal cortex (executive control) and precentral sulcus (movement) in patients with nonepileptic seizures (PNES) (Beghi et al., 2015). Moreover, patients with PNES display dysfunctions in emotional processes, or a tendency to dissociate, to cope with traumatic events, linking a history of trauma, alexithymic traits, and psychosomatic symptoms (Beghi et al., 2015).

Coping, Emotion Regulation, and Culture

Coping strategies and resilience play a significant role in susceptibility to psychogenic illness (Sapolsky, 2004). Coping refers to "conscious volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances" (pp. 89, Compas et al., 2001). While coping strategies are controlled, emotion regulation comprises of both automatic and controlled processes (Gross, 2013). Emotion regulation is defined as the process of influencing one's emotions, when they have them, and how they experience and express them (Gross, 1998).

Coping and emotion regulation strategies embody the idea of defense mechanisms in psychoanalytic theory; in relation to psychogenic illness, Beghi et al. (2015) link psychogenic non-epileptic seizures to neurotic defense mechanisms of repression and dissociation. In repression, ideas disappear, but affections remain, similar to emotion regulation strategies of

thought and emotion suppression. In dissociation, both ideas and affects disappear, yet they are expressed through altered consciousness due to the excessive inhibition of processing emotions (Beghi et al., 2015; Roberts & Reuber, 2014). Similarly, emotion regulation research found a link between the habitual use of strategies considered maladaptive, like suppression, and mental illness, like anxiety and mood disorders (Aldao et al., 2010).

Whether emotion regulation strategies are adaptive or maladaptive varies by culture and context (Aldao, 2013; Bonanno & Burton, 2013). Culture also dictates how people perceive emotions and the situations and contexts that shape them, and therefore mediates the relationship between emotion regulation strategies and mental health outcomes (Butler et al., 2007; Ford & Mauss, 2015; Gross et al., 2015). For example, collectivistic cultural values and norms based around social cohesion and interdependence would encourage the suppression of an individual's emotions to maintain harmony, and therefore suppression could have positive outcomes (Su et al., 2015). However, Roberts et al. (2008) found that suppression has cross-ethnically consistent physiological consequences, and that people who suppress their emotions regularly are at higher risk of cardiovascular costs, irrespective of culture. Existing literature suggests that the adaptation of emotion regulation strategies is influenced by the interaction between the individual and the context, therefore, the flexible use of emotion regulation strategies is recommended over inflexible use of specific strategies (Arens et al., 2012; Bonanno & Burton, 2013).

Similar findings emerged in a study investigating patterns of emotion regulation strategies in refugees, which suggests that emotion regulation difficulties could increase the risk of physical symptoms (Specker & Nickerson, 2019). In this study, three classes of emotion regulation strategies emerged – high regulators (high levels of trait suppression and trait

reappraisal), adaptive regulators (high levels of trait reappraisal and moderate levels of trait suppression), and maladaptive regulators (high levels of trait suppression and low levels of trait reappraisal) (Specker & Nickerson, 2019). Specker & Nickerson's (2019) results suggest that, the habitual use of suppression is associated with symptoms of psychopathology, as refugees in their sample were culturally diverse and those in the maladaptive regulators group versus the adaptive regulators group did not differ in terms of exposure to trauma. Hence, emotion regulation appears to be a transdiagnostic factor in refugee mental health that contributes to symptoms of psychopathology, and possibly, psychogenic illness (Koch et al., 2020).

Mass Psychogenic Illness

According to Barron, Leaning, & Rumack (1993), psychogenic illness is an indicator of community suffering as a result of social and political fear and repression. Damage done to the social fabric is reflected through psychogenic symptoms in members of the community. They highlight this using the political turmoil in Tbilisi, Georgia in 1989 as an example, when Soviet forces suppressed civilian demonstrations, and crowds of people were hospitalized at three different intervals with no injuries, nor evidence medical or toxicological symptoms (as is often the case, the first assumption was that protesters, and then schools, were poisoned with toxic substances. Patients were reported to be suffering from "a mysterious array of symptoms", complaining of alterations in consciousness, respiratory difficulties, dizziness, nausea and vomiting, and exacerbations of previous medical diseases. Physicians for Human Rights (PHR) found evidence that alluded to episodes of mass psychogenic illness that spread throughout the community, eventually reaching schoolchildren, as people were somatically expressing their anxiety and grief, a form of "reenacting the original trauma" (Barron, Leaning, & Rumack, 1993).

In an attempt to understand and explain why mass psychogenic illness takes place in certain situations of political upheaval, and in particular populations, but not others, Barron, Leaning, and Rumack (1993) suggested a paradigm consisting of several conditions. First, specific circumstances that favor an outbreak of mass psychogenic illness must be present; the community must be in a state of high affect in which they are incapable of expressing their stress and emotions as a result of political or social restraint. Barron, Leaning, and Rumack (1993) also suggest that, within the group, certain individuals would be more susceptible to feeling the group's emotions and exhibiting them as symptoms. The second condition is that there must be a "period of calm" after an incident of collective tension or trauma, in order for the community's group feelings to spread and surface as psychogenic illness. Until this period of calm takes place, the community is in a state of survival, and under continued assault and imbalance, the social fabric is disrupted, which hinders emotional contagion. This framework applies to similar cases in multiple countries. For example, outbreaks of mass psychogenic illness in women and schoolgirls in Afghanistan have been reported after the Taliban takeover, which was also presumed to be an effort by the Taliban to discourage girls from going to school by poisoning them (Billing, 2022).

While these examples present outbreaks of psychogenic illness on a collective level, this paper explores psychogenic illness in refugee women as a collective, through their individual stories. Another significant criterion to keep in mind, however, is that psychosocial stress is embedded within sociocultural contexts, and it is important to keep the social context, and culturally-bound beliefs about symptoms, in mind (Bartholemew & Perez, 2018). For example, a study conducted Tigray in Ethiopia investigated the nature of psychogenic illness in an elementary school; the researchers found that community perceived evil spirits, the evil eye and

witchcraft to be the source of psychogenic symptoms, and people suffering from symptoms tend to resort to religious or traditional healing (Ajemu et al., 2020). Therefore, a meaning-oriented, culturally sensitive approach is necessary; Western, reductionist approaches treat mass psychogenic illness as a transcultural and universal entity (Bartholomew, 1990), which contributes to why it remains enigmatic. Psychic processes are shaped by culture, they are "like our nervous system, products manufactured, indeed, out of tendencies, capacities, and dispositions with which we were born, but manufactured nonetheless" (Geertz, 1973). What is considered abnormal or pathological varies by cultural and in-group norms, which differs over time.

The Refugee Experience, Dehumanization and Psychogenic Illness

In situations of high stress, the body secretes stress hormones. These have an adaptive function - they help people respond to disasters by taking action, or fleeing from a threat. However, when people are incapable of utilizing those stress hormones and their stress response is blocked (like in a war zone, rape, or assault), the brain continues to secrete stress hormones "in vain", even when the threat ceases to exist (van der Kolk, 2014). Trauma affects humans as an entire, holistic organism; this imbalance of the stress response takes place alongside the feelings of helplessness and a depleted sense of self-efficacy, leading the body to work against itself (Bloom, 2013; van der Kolk, 2014). The strongest protective factor in the face of trauma is a sense of safety and validation provided by a support network (van der Kolk, 2014).

Often, survivors of trauma, like refugees, are dehumanized and ignored, "feeling human is diminished when the psychic holes of trauma and abuse go unacknowledged or unrecognized" (Peskin, 2012). Dehumanization, as defined by Peskin (2012), "denotes a spectrum of disempowerment imposed on self or others rather than only the exceptionality of humans

reduced to the subhuman in enslavement or before slaughter," this very closely resembles what refugees experience, both pre- and post-migration. Research has identified how post-migration stressors like unemployment and the refugee determination process/processing of asylum claims are related to higher rates of mental illness (Hocking et al., 2015). Despite their diverse backgrounds, this is a shared element across all refugees - a combination of dehumanization, pre-migration trauma, and post-migration stressors that contribute to the development of disorders like post-traumatic stress disorder (PTSD), depression, anxiety, and somatic symptoms (Kaltenbach et al., 2017; Turrini et al., 2017; Poole et al., 2018).

Nonetheless, the applicability of Western-developed diagnostic tools to refugee populations and victims of trauma is questionable (Goldhill, 2019). In an article on Palestinian mental health and PTSD, Dr. Samah Jabr, the head of mental health services in Palestine, distinguishes "justified misery", from "clinical depression", and highlights the distinctiveness of mental health issues resulting from social suffering. Dr. Jabr states that an abnormal reaction to an abnormal context is normal, and suggests that settings where people are exposed to chronic conflicts and environmental challenges vary significantly from experiencing a car accident or an American soldier's diagnosis of PTSD - here, the context is sick, not the person (Goldhill, 2019).

Referring back to Peskin's (2012) definition of dehumanization, refugees struggle with stigmatization and host societies' ambivalence towards them, they find difficulty integrating and succumb to disempowerment. As a result of the combination of the post-migratory period of relative calm with unresolved and repressed trauma, refugees fit multiple criteria for psychogenic illness. Refugees as a population meet the conditions necessary for developing psychogenic illness according to Barron, Leaning, & Rumack's (1993) paradigm, and in psychoanalytic terms, refugees as individuals meet the criteria for psychogenic illness.

Research Rationale and Research Question

There is a gap in research as to how refugees perceive psychogenic illness, and their psychogenic symptoms, themselves. To address this gap and inform interventions, a recent study by Zbidat et al. (2020) explored Syrian refugees' perceptions on trauma, somatization, and coping strategies. The study employed Philip Mayring's qualitative content analysis and identified foci of interest based on predefined interview guidelines. Zbidat et al. (2020) found that Syrian refugees report war-related trauma as the most common trauma perception, and complain of accompanying somatoform symptoms. However, in this study, the Syrian refugees had residency and legal status in Germany (Zbidat et al., 2020), meaning that they have settled and are no longer in a legally precarious state. Refugees' subjective experiences, and their perceptions of psychogenic symptoms and their alleviation, and how this intersects with culture-bound beliefs is yet to be explored. In addition, the recruitment of women who have received support from a community-based organization gives this paper peculiar lens into what helps these women build resilience and how it shapes their experiences and their symptomatology. This paper therefore aims to address gaps in literature by using Interpretative Phenomenological Analysis (IPA) to investigate the research question: "*How do refugee women from different backgrounds perceive their experiences of psychogenic illness?*".

Methodology

Analytic Strategy

The aim of this paper is to acquire an understanding of psychogenic illness using an idiographic and interpretive approach - Interpretative Phenomenological Analysis (IPA). Four refugee women were interviewed about their experiences of psychogenic symptoms, their

symptomatic expression, and their perceptions of their experiences. Psychogenic illness has frequently been studied on a mass level, with clusters of psychosomatic symptomatology resurfacing with new names (Bartholemew & Baloh, 2016; Bartholemew & Perez, 2018; Sallin et al., 2016). The goal of this paper is to humanize participants' stories, and capture the essence of each woman's experience, to identify possible culture-bound beliefs, and to use their stories collectively in order to identify shared patterns of meaning. IPA is well-suited for the purposes of this paper, as it gives room for the exploration of participants' subjective understandings of their lived experiences and the meanings they attribute to them (Smith, Flowers, Larkin, 2009). Therefore, data collection and analysis followed the inductive and interpretive principles of IPA; phenomenology, hermeneutics, and idiography.

Recruitment of Participants

Four women from diverse cultural backgrounds (Afghan and African) were recruited from an organization for refugee and migrant women, Melissa Network, located in Athens, Greece. The researcher is a volunteer at the organization, and requested names of women who might be interested in being interviewed from the mental health coordinator. The women were contacted in person and via Whatsapp to invite them to participate and coordinate a date and time for the interviews. Participants were asked the following: "Do you mind if I interview you for a research project? It will be a 45-60 minute interview, and we would talk about physical symptoms you experienced that had no medical cause, how you experienced them, and how you think they stopped or got better."

The inclusion criteria for this study were for participants to have had psychogenic symptoms, and whose symptoms have disappeared or have been alleviated during their time at Melissa Network. This is for two reasons: to include participants with cool cognition and

reflective experiences rather than those at risk of retraumatization, and to explore the interviewees' perceptions of what made their symptoms dissipate. The setting provided a safer space for the interviews given the interviewees' acquaintance with it, and the availability of psychological support, which they have already received, if needed. Women from different cultural backgrounds were interviewed in order to acquire a contextual understanding and explore culture-bound beliefs about symptoms, symptom expression, and how they healed from them. Despite their diverse backgrounds, the women experienced similar symptoms in a shared context, and are - or were - part of a community that provided them with a sanctuary. Their shared and distinct contexts and experiences supply this paper with an opportunity to zoom in and out on the women's' experiences as individuals and as a group.

Presentation of Participants

Donya is a 29-year-old Afghan woman who arrived in Greece as a refugee in 2016 with her husband and two children. She is a recognized refugee. Throughout her time in Greece, Donya had struggled with psychogenic symptoms like fainting, difficulties sleeping, losing feeling in her legs, and headaches. She had struggled with premigration stressors and experienced multiple traumas before arriving in Greece, lacking the support of her family. At Melissa Network, she had the opportunity to follow her ambitions, learning English and Greek, and becoming an interpreter. She attended regularly, participating in activities and group therapy, as well as receiving individual psychotherapy. She has recently separated from her husband and moved to Germany with her children, but continues to stay in touch with Melissa Network. She continues to receive psychotherapy twice a month. Donya's demeanor is calm and juvenile, and fluctuates between hopeful and despondent. She also frequently expresses herself using the metaphor of a child throughout the interview, referring to Melissa Network as the mother who

nurtured her and helped her stand on her feet. When asked to choose her pseudonym, she explained choosing “Donya”, meaning temporal world/life in Farsi and Arabic, because the world has been cruel to her.

Mary is a 38-year-old woman from Kenya. She has been in Greece for 10 years, arriving in 2013 to join her husband, and is now a recognized refugee. Mary left her country out of fear of political persecution, leaving her daughters behind. Mary struggled with headaches for a while before doctors realized that her pain was psychogenic, after misdiagnosing her multiple times, and recommending that she seeks psychotherapy. 6 months after her arrival in Greece, Mary became a participant at Melissa Network. In addition to receiving therapy, Mary participated in other groups and workshops as well, and coming to Melissa Network embedded her in a community of women who helped her realize she was not alone. Mary started working at a shelter for unaccompanied minors soon after she became a participant at Melissa Network, and managed to bring her daughters to Greece and reunify her family. She is a very cheerful and optimistic woman. Mary no longer receives psychotherapy.

Emma is a 35-year-old woman from Gabon. She has been in Greece for 7 years, but still hasn’t been granted asylum. She is a single mother to her young sons. Emma has struggled with multiple psychogenic symptoms, like headaches, insomnia, acne, fatigue, and backpain; some she recognizes as psychogenic, and others she believes are medical. During the interview, Emma was dynamic and animated, and sometimes reticent. I could sense some sort of anger and sadness in her. Emma also struggled with pre-migration trauma, and continues to find it difficult to trust others. While they reduced in intensity, Emma still struggles with some symptoms, like backpain, headaches, and fatigue. Others she feels she has stopped experiencing, like sleeping problems and acne. She has received cycles of individual psychotherapy at Melissa Network, and

now only gets in touch with the psychologist when she feels that she needs to talk to someone. She continues to participate in groups and activities.

Hana is a 37-year-old Afghan woman who has been in Greece since 2016. She is a recognized refugee, and she migrated with her brother, sister, and her sons. She started receiving psychotherapy in her first few months in Greece, and she works as an interpreter, having experience working with multiple organizations. Despite having some of her family members around, like her children and her siblings, Hana tends to mask her emotions to support others, and confides in her psychologist She does not participate in group therapy or activities. She therefore comes across as confident and strong, although she does not carve out the space for herself to ask for support that she needs from people in her life. Although reporting that speaking to her psychologist helps, for the most part, she keeps to herself, and she continues to struggle with loss of appetite, fatigue and weakness, and pain in her joints, like feeling her knee locking, when she is under high levels of stress.

Interview Procedure

The interviews were conducted in person, in a private setting, at Melissa Network. This is with the exception of Donya, whose interview took place online over Zoom since she is outside of Greece. Each interview took place on different days, so that the timings of the interviews do not intersect and the interviewees remain anonymous. The interviews were conducted in English, therefore, interpretation was not necessary. A pilot interview was conducted in order to finalize the interview schedule, and the pilot interview was not included in the data. The interviews took place in December, 2023, after IRB approval was obtained. The participants were asked for an hour and a half of their time in order to allow time for questions and filling the forms (consent form, debriefing form, and audio release form). Each participant was reminded of the research

topic before the interview began, and they were informed that they would also be consenting to the use of extracts from the transcripts in the research paper, and for the transcripts to be read by the researchers' supervisors and colleagues for feedback on interpretations and analyses. Participants were also asked to sign the audio release form, and informed that the recording would be done on the researcher's phone and destroyed when transcription is completed. Donya was sent the forms and asked to sign them and send scans of the forms signed before participating. Like the other interviews, Donya's interview was audio recorded on the researcher's phone, placed close to the computer, so that she could keep her camera turned on without being recorded. Participants were informed that the transcripts would not be confidential, as they would be read by individuals other than the researcher, but their identities would remain anonymous. They were asked to choose pseudonyms to maintain anonymity.

Interview Schedule

The interview were semi-structured and consist of open-ended questions. Participants were asked the following questions:

- *What does trauma mean to you?* This question aims to grasp a sense of how the women define trauma, and what each of the women perceive as traumatic experiences.
- *Since you came to Greece physical symptoms were you suffering from?* This question aims to identify somatic symptoms.
    - *Probe: what changes did you feel in your body?*
- *What did you do when you experienced these symptoms?* This question aims to explore what support was sought (e.g. medical services or support), and therefore provides an indication of how they understand their symptoms and their possible causes.

- *Which of these symptoms had no medical cause?* This question aims to explore the women's understanding of their symptoms and their causes, and identify if any of the symptoms are related to existing medical issues.
    - *Probe: which of these symptoms do you think is not somatic?*
- *What do you think caused your symptoms?* This question aims to extract participants' perceptions of what they perceive caused their symptoms.
- *Why do you think the symptoms started when you came to Greece?* This question aims to explore whether and how the women see their symptoms as related to their refugee journey.
- *What do you think made them go away?* This question aims to extract participants' perceptions of what alleviates their symptoms, but also alludes to what they perceive is the cause.
- *Have you experienced similar symptoms in the past?* This question aims to identify past experiences of psychogenic symptoms and how they relate to present or recent symptomatology.
- *Do you know anyone, or have you heard of anyone, who has had a similar experience?* This question aims to investigate possible culture-bound beliefs and narratives surrounding psychogenic illness.
- *What do you do when you experience things that make you feel negative emotions?* This question aims to explore suggestions by existing research that alexithymic traits, and therefore difficulties in expressing and perceiving emotions, are linked to bodily expressions of distress (Beghi et al., 2015)
- *Is there anything else you would like to share?*

Transcription

The researcher transcribed the audio recorded interviews and re-listened to the audio recordings multiple times to check for errors. Cues, like tone of voice and the use of fillers, and silences were noted. Relevant nonverbal information, like style of speech or the participants' mood, was made note of while the interviews were taking place.

Analysis of Data and Validity

The researcher referred to the Interpretative Phenomenological Analysis guidelines by Smith, Flowers, and Larkin (2009), Pietkiewicz and Smith (2014), and Nizza, Farr, & Smith (2021) while reading and analyzing the transcripts.

In adherence to the principle of commitment and rigor, the researcher was immersed in the data by listening to the interview recordings and reading the transcripts multiple times. Relevant quotes were highlighted, and included in detailed, extensive, initial notes (written on the right side of the transcript) that inspired emergent themes. Initial notes were both descriptive and linguistic, addressing the content of the interview as well as the participants' choice of words, language, silences, and vocal changes.

Following the initial notes, the researcher worked on abstracting notes into themes and associations based on interpretations and deeper reading of the content of the interview. At this stage, connections and associations were made between emerging themes. These include looking for both similarities and oppositional relationships (polarization) within individual transcripts, and among all four transcripts, were examined. Interpretations were also contextualized to reach more meaningful interviews of the transcripts; connections were made to each individual's culture, and their shared context as refugee women and participants at Melissa Network. Given

that participants were asked about possible previous experiences, or questions from the interview schedule may bring forth narrations of past experiences, temporal references were explored. Emerging themes were examined for their specific functions within individual transcripts, and across transcripts as well (Smith, Flowers, and Larkin, 2009). Themes were color-coded so that recurrent or opposing themes can be identified. Subsequently, themes were grouped together based on conceptual similarity, serving as sub-themes of major, superordinate themes.

In reference to Yardley's (2000) qualitative research criteria, careful consideration was given to the criteria of sensitivity to context at different stages of the research process. Firstly, the literature review includes existing research and resources on trauma, factors that contribute to somatic symptomatology, examples of mass psychogenic illness, and refugees' and patients' perceptions of psychogenic illness. Furthermore, the research project use a semi-structured interview schedule that gave space for the participants' subjective views to emerge, and includes questions that explore culture-bound perceptions. Moreover, interpretations considered cultural and contextual factors; the interviewees have participated at the same network and received psychological and community-based support for a significant amount of time, so their homogeneity and idiography are both given room for exploration. Interpretations of the data took Melissa's context, the women's access to community, and their acquaintance with the researcher into account. Recruited participants likely have worked through and processed their emotions during their time at Melissa Network; it is a setting that provides them with safety and comfort, and encourages them to share. Therefore, it is important to acknowledge that the interviewees may have been more comfortable sharing in this context, in contrast to being interviewed in a novel setting by a stranger.

The IPA process involves hermeneutics and symbolic interactionism (Smith, Flowers, & Larkin, 2009) whereby the meanings participants give to their experiences are obtained through the researcher's interpretation. Therefore, to ensure the validity of results and findings, the researcher asked supervisors and trusted colleagues acquainted with IPA to review and provide feedback on the transcripts, notes, and themes. In terms of transparency and coherence, the interviews were transcribed verbatim, and given the researcher's affiliation with Melissa Network, this paper includes a transparent reflection of the researcher's background, personal motivations, and biases. As for impact and importance, the research project's findings will hopefully contribute to the gap in research on psychogenic illness. Psychogenic illness has been observed in masses for a significant period of time. This research project aims to provide a different lens on exploring the yet unexplained phenomenon; one that zooms in on the idiographic experiences of a handful of women, in hopes of making the understanding of future mass outbreaks less enigmatic.

Ethical Considerations

In adherence to ethical standards, participants signed sign informed consent forms before participating in the interviews (Appendix A), and they were reminded of their right to withdraw at any point. Participants were debriefed about the aim of the research project and provided with the researcher's contact information for further inquiries (Appendix B). Participants were also asked to sign an audio release form (Appendix C) before audio recording of the interview begins, and informed that the recording will be destroyed when the project is completed, but transcripts will be kept to potentially informing future research. As previously mentioned, participants were informed that confidentiality will not be guaranteed, as the transcripts were read by individuals

other than the researcher, but their identities will remain anonymous. Pseudonyms of their choice were used to refer to participants in the transcripts and the research paper to ensure anonymity.

Results

Analysis Overview

Analysis and interpretation of the transcripts resulted in the following themes, and the master table of themes (see Appendix D) and selected excerpts that are relevant to each theme (Appendix E) are available in the appendices:

1. Experiences of Trauma
    a. Defining and Responding to Trauma
    b. The Role of Postmigration Stressors
2. The Mind and Body, "*like Brother and Sister*"
    a. The Body Remembers
    b. Regulating Emotions
    c. Understanding the Mind and Body Through Culture
3. Finding Sanctuary
    a. Access to Psychological Services and Support
    b. Holding Environment

Presentation of Analysis

Experiences of Trauma

Psychological stress underlies the physical symptoms categorizing psychogenic illness, and a common factor shared by the four women is the psychological stress that comes with being

a refugee. What constitutes a traumatic experience, how they define trauma, and how it takes form inside of them varies between the four women. Yet, despite differences in how they define it, the core factor shared by all four interviewees is a significant traumatic event, or series of events, before or during their refugee journey. They have all been uprooted from their homes, leaving loved ones and parts of themselves behind, and finding themselves falling under the umbrella of being a refugee. Nonetheless, they each process these experiences differently, and have varying experiences that they would each consider traumatic. For some of the participants, like Mary, their refugee journey disrupted a life of happiness and content with family in their country. For others, like Donya, they struggled with experiences of premigration trauma and lack of support, which exacerbated the effects of their refugee journey, and following post-migration stressors. The subordinate themes below explore the women's perspectives and their definition of trauma, how they believe they respond to it, and what role post-migration stressors have played in shaping their psychogenic symptoms.

Defining and Responding to Trauma. The four women's understanding of trauma, and how they differ or relate in their definition of it, seems to play a role in how they respond to it, how they experience the continuity of their symptoms, their sense of self, and how they respond to community support. Apart from Hana, all the other women interviewed defined trauma as difficult situations or events that have a long-lasting impact on their wellbeing, while Hana views it as a broader term, applying to varying degrees of psychological stress, from her son falling down the stairs, to familial conflict, to her migration journey. Hana describes how she responds to stress by freezing, giving an example of her son falling down the stairs and her reaction being an inability to speak and her memory being "deleted". Hana also describes how responses that surface in situations of high stress begin in childhood and stay with people. Therefore, she

understands trauma as any stressful situation, any shock, that leads her to panic, freeze, and makes her incapable of reacting.

Meanwhile, Mary sees trauma as circumstances that haunt a person, and particularly cites her journey to Greece, because she had to leave her children behind in Kenya. Mary views trauma as a disruption to normal functioning that is externally visible in traumatized individuals' behavior, describing people who are traumatized as looking abnormal and disturbed, saying that it is visible in the way they talk and behave, and she reasons that the difficult journeys people go through lead them to develop what she describes as this state of trauma. She describes a job interview she had to indicate her recovery from trauma and her ability to work, saying that her employers wanted to see if she was "normal" and capable of working, because she thinks traumatized people behave in a way that shows that they have suffered.

However, Mary finds it possible to heal from traumatic circumstances; when she stops overthinking them and participates in activities, they stop haunting her. She narrates how, in six months of being embedded in a community and participating in activities at Melissa Network, she considered herself healed:

> *"It took me for – about six months. Because the route that I was…I got the… I went through the – the English, I mean, the Greek language class, and also the women…umm…how do you call this, we were certain group of women from Africa whom we used to make some… we create some activities like knitting, ummm, making some bead… beadworks, which caused us to spend a lot of time concentrating on the activities rather than thinking of things…which could not…which could bring us back and make us ill. So, for this, I got healed very fast, and also the Melissa staff, they saw how quick I recovered" [Mary, 3/46-54]*

Similarly, Donya and Emma also define trauma as a difficult situation someone passes through that continues to affect them strongly, and they constantly think about. Donya, however, specifies this to violent or aggressive situations she encountered in the past that become a fear for her, and she ruminates about experiencing.

What differentiates Mary from the other interviewees is that she cites her journey as a refugee, and accompanying post-migration stressors, as her only traumatic experience. For her, what makes her refugee journey traumatic in particular is having to leave her children behind, and now that she is reunited with them, this no longer haunts her. Apart from subjective perception, exposure to multiple traumatic events poses as a risk factor that hinders the other women from letting go and moving forward the way that Mary does. Mary for example, chooses to let go and refuses to look back, and holds on to optimism instead, believing that nothing can pull her down. She asked me if I had ever seen a dog crossing the river, using it as a metaphor of moving forward, saying:

"No matter how, how deep the river is, the whole body will be in the waters but the head will be up [laughs] I don't allow to be, you know, the water to bring it down. I will never sink [laughs] […] never [laughs]. [coughs] So, I always put my head up, I look forward. Backward, never…" [Mary, 14/304-309]

While Mary considers her trauma a thing of the past that she has healed from, Donya, Emma, and Hana have a harder time letting go, and to varying degrees, tend to dwell in the past. Donya reports still thinking about her experiences, although she says she thinks much less than she used to, and tries to think positively about her future. However, she still feels regret, as if "27 years of [her] life has been wasted". Similarly, Emma expresses that she

ruminates less, an improvement she attributes to therapy. However, she says she is still tired of thinking, as thinking about her current situation upsets her.

The Role of Post-migration Stressors. The women interviewed shed light on the role of their post-migration stressors in exacerbating their symptoms, citing a wide range of stressors, from instability to loneliness and language barriers, to negative experiences with healthcare. Hana points out the role of chronic, daily stressors in bringing about psychogenic symptoms. For her, post-migration stressors and difficulties are "like a trauma"; they compound the trauma experienced pre- and during migration. Emma, for example, has been in Greece for years, but remains unrecognized as a refugee, and this leaves her in a precarious position, with limited support. Despite experiencing difficulties in her country that she says impacted her trust in other people, Emma says post-migration stressors and her current situation are what make her tired and sad.

Mary shares this sentiment, although she is now reunified with her family, speaks Greek, and has a job at a shelter for unaccompanied minors in Athens. Mary describes how it was not her will to leave her country, and stresses how this haunted and traumatized her. It took her a long time to adjust in Greece, and not knowing the language or having friends or someone to direct her contributed to her experience severe headaches from overthinking.

The Mind and Body, "like Sister and Brother"

To a certain extent, all the interviewees describe a link between their physical symptoms, and their experiences of trauma and psychological stress that they describe as discovering through receiving psychological support, or being referred to psychological support by a medical provider, like when Mary had headaches and was not responding to painkillers, and a doctor suggested she seeks psychotherapy. she describes how pain killers

were not a solution, and she kept returning to physicians asking them to change her medication until they asked her about her mental health and overthinking, and suggested she receives psychotherapy.

Out of all the women interviewed, Donya held the strongest views connecting the mind and body to each other, and understanding her physical symptoms as rooted in her mind, and her psychological pain. She describes the connection between mind and body, describing emotional and physical wellbeing as *"like sister and brother. [laughs]." [Donya, 9/191-193]*

This theme explores the psychogenic symptoms the women experienced, how the way they regulate their emotions plays a role in their symptoms, and how culture shapes their understanding of them.

The Body Remembers. Trauma is often stored in the body and affects both psychological and physical wellbeing. The extreme stress experienced by traumatized individuals dysregulates the nervous system and the body's processes, manifesting in somatic symptoms, chronic pain, and affecting physiological and emotional processes (van der Kolk, 2014). This theme is dedicated to physical manifestations of trauma and pain, and how they manifest in the interviewees' bodies. Donya describes how trauma and pain manifest in the body, in a way that is almost tangible, giving her own symptoms as an example:

> *"From this trauma, from this pain, you know, like we can get many problems, you know. Like, I, I fainted also, you know, like, because of all this stress, you know, like comes in my mind, you know, I was thinking, I was crying. I faint one time, you know, from back down, I couldn't move. You know, like my legs. I couldn't move like, the psychologist told me "this is a panic attack". I didn't have anything problem and, like, physical problem. But mentally, always my mind was very busy. Always. Always, I*

was thinking. Until now, when I am emotionally, not feeling well, but bodically also, you know, like physically also, I'm not feeling well. I feel I have headache, I don't have energy, I can't walk, I am bored. I am bored. You know, like, I don't want to talk with anyone, you know, like, I'm just tired. I want to sleep. Actually, I cannot sleep. Just I want to lay down." [Donya, 1-2/10-21]

Additionally, she mentions more severe symptoms in the past, like fainting and an inability to move her legs, which she no longer experiences. Instead, she now experiences fatigue and headaches.

Furthermore, to illustrate the way that the body holds on to psychological pain, Donya describes how her symptoms appeared in 2020, four years after she arrived in Greece as a refugee, and after she escaped the violence she endured from her family in her home country. Her psychologist explained to her that the cause of her symptoms was emotional, and Donya explains how she had traumatic experiences in 2016 that manifested in her body in 2020.

For Hana, like Donya, crying is cathartic, it is a bridge between the mind and the body. When she doesn't express it, she feels the need to unfreeze, and let herself cry. Hana also mentions that she cries more after problems or crises pass, than before she has dealt with them. Like Donya, Hana also uses the metaphor of a child when describing the revelation of pain, saying:

"But sometimes, even if I was to cry, I sit to the corner, like a girl that is four years, and I cry. With you know… with the loud voice… I try to cry. This help me a lot… feel, I feel more relaxed, and more, you know, observe the problems, observe the situation." [Hana, 11/232-235]

Since Hana's definition of trauma is broader and encapsulates any form of high stress, she continues to experience a loss of energy and appetite, in addition to an inability to speak and a loss of memory, when she experiences stressful situations. Although she describes these as stress responses that developed in her childhood, since she came to Greece, she also experiences acute pain in her knee, which feels locked when she experiences stress. Hana got her knee checked by an orthopedic doctor who told her there was nothing wrong with her knee, which made her realize that the cause of her pain was stress.

Although Hana identifies stress as the source, she cites going to the gym or walking as helpful ways to alleviate her symptoms. Hana describes physical solutions to psychological stress, resorting to exercising at the gym to cope with stress. Given that her typical stress response is freezing, these mechanisms help her unfreeze, because when she is in a situation of high stress, she describes an inability to process information, and compares herself to a machine that moves mindlessly, without analyzing information.

Similarly, Emma also delineates mind and body at times. Despite describing how expressing herself in therapy has helped reduce her pain, she attributes it to a medical cause – her previous caesarian operations – even though medical tests show otherwise. Emma narrates how an MRI test revealed no problems with her back, and so she does not know what is causing her pain.

Regulating Emotions. This theme emerged as an extension of exploring the link between bodily expressions of distress and the defense mechanism of repressing emotions related to trauma, which is thought to underlie and relate to psychogenic illness in existing literature, and particularly in psychoanalytic theory (Ali et al., 2015; Beghi et al., 2015). Reminiscent of the defense mechanism of repression, all the interviews revealed the women's use of emotion

regulation strategies (cognitive and behavioral strategies to influence their emotions) that played a role in the manifestation of their symptoms, for better or for worse. A common factor in worsening their symptoms is a habitual use of emotion regulation strategies like suppressing thoughts and emotions, rumination, or distracting themselves.

For example, Hana reports suppressing her emotions when she is upset, and says she tries to pretend to be strong, despite feeling the stress and fear still inside of her, which takes time to "get out of [her] body". She gives the example of a conflict between her brother and his wife, which was very upsetting to her, yet she took on the role of calming everyone and suppressing her own emotions, saying *"I just tried to calm them, make them calm. But no one knows what's going on to me, how I feel it" [Hana, 9/182-183]* . Hana also chooses to distract herself by going to the gym or taking a walk when she feels pain in her knee that she attributes to stress. This indicates that she is aware of the psychogenic nature of her pain and chooses how to cope with it accordingly.

While all the women express feeling better when they express themselves in therapy, Hana still chooses to distance herself from her thoughts and emotions over addressing them with her psychologist, until after it manifests in her body and time has passed. The way she puts it, she prefers to decrease the intensity of her trauma by forgetting about it for a few days before talking to her psychologist. For Hana, distancing herself from her problems and trying not to think about them is her go-to strategy.

While these coping mechanisms work to regulate her emotions temporarily, Hana says her symptoms continue to return and manifest in the same way whenever she experiences stress. She attributes these symptoms to her childhood, and says they resurface at any difficulty, irrespective of the severity of stressors:

"Like it now it's easier for me these are, is not something that is new, but the reaction is always with you, since your childhood, I had this symptom from the childhood [nods] the same symptom, like I had low blood pressure, I couldn't for example, eat properly. These are the worst things." [Hana, 6/123-127]

Emma somewhat resembles Hana, she chooses to suppress her thoughts and distract herself when stressed. For her, this happens through overeating, watching a movie, and playing games on her phone while she is watching movies to distract herself.

Donya, on the other hand, reports previously constantly ruminating on her past and regretting it. Now, she thinks less about her problems, says she will start "from zero" and chooses to act instead of think. Even when she is experiencing negative emotions, she tries accept that she cannot do anything about her past now, and instead, tries adjust the way she thinks about her situation and plan for the future, rather than ruminating.

On the other end of the spectrum, Mary's optimism manifests in her ability to look forward instead of dwelling in the past, "like a dog crossing a river":

"I cannot say that I will look back because where I come from it's full of darkness. Where I am, when I see where I am, there's light and I see brighter light ahead of me, so I give myself courage. I know that tomorrow is, my tomorrow is bigger than today. I try to see that I need me a strong woman because I know that there are many, many people are looking for me, for me to direct them." [Mary, 13-14/287-292]

Understanding the Mind and Body Through Culture. Culture is a system of inherited conceptions that serves to make sense of the world and impose meanings on it (Geertz, 1973). For the refugees, culture plays a role in how they make sense of their suffering. This theme explores how culture shapes the interviewees' understanding of the

relationship between the mind and the body, and their perception of psychogenic illness, and their own symptoms.

Being Afghan, Donya and Hana both express the tendency for people from their country and culture to see physical pain as purely medical, and to understand stress as a physical phenomenon. Donya describes this as problematic, narrating how, in her country, people get angry when doctors say nothing is medically wrong with them, giving her mother as an example. Also, doctors do not psychoeducate people on the potential source of their pain, nor do they advise people to seek psychological support. Describing people's views in her culture, she says

"...you know like they don't care about emotional. Emotional is nothing for them. [smiles]. No one knows what is emotional. They don't know depress[ion]." [8/153-154]

Hana provides similar explanations of her culture, saying that even if people had psychological illnesses or symptoms, the only option is psychiatric medication. Otherwise, if a doctor finds nothing physically wrong with them, people blame it on a fault in the medical system. She expresses anger at people's inability to identify the impact of stress on their bodies, which she describes as an inability to listen to their bodies. Hana highlights how she sees pain as a symptom of psychological stress, whereas people from her culture see pain as the problem itself. Hana also gave examples of women who used to come to the NGO where she used to work with physiological problems, like numbness in their legs, due to being separated from their children and struggling to deal with the separation. She suggests psychologists as a good option for refugee women, because talking would help them cope with their stress, yet she is frustrated that they do not do it.

Mary also spent time seeking medical care for her headaches, until, after several visits to doctors and an inability to relieve her headaches with pain medication, a doctor suggested she

receives psychotherapy. She describes how, in Kenya, there is a stigma around mental health, and that only educated people who can afford expensive psychological services understand the concept of psychological wellbeing. Otherwise, people attribute mental illness or psychogenic symptoms that are undiagnosable to witchcraft. Seeking empowerment, they go to religious healers – who Mary describes as prophets – for treatment, who are free and accessible to everyone and recite religious texts in order to cure them.

Emma also brings up people's belief in witchcraft as the source of unexplainable physiological symptoms in her country. She doesn't believe witchcraft caused her symptoms because she is now far away from Africa, but part of her distrust in people, which stands in the way of her receiving social support, comes from the belief in the possibility that someone might pretend to be one's friend and put a spell on them. Emma believes in witchcraft's power to kill someone or make them sick, and says that is why people in Africa frequently go to church and pray. She describes the process of cursing someone so that doctors would not be able to treat them, saying:

> *"In my country… [laughs], there is many…small small things, that can happen to your body that you cannot understand. Even when you went to the hospital, they will not see anything. Is like a…someone cursed you. Or someone who doesn't want to… people who is jealous of you can easily come close to you. That being your friend, one can poison you. And, or two, can go to umm, a one traditionalist to say, "I want this person to get sick, but I don't want… I don't want this person to know that is me who is behind this." So they will give you something like, like this [grabs little figurine from shelf]. See? […] the traditionalist will give her this, "say the name of the person, what you want the person to be, how do you want the person to…" Yes. "What do you want?" say everything in this thing, and give it to me*

and say, she will give it to him. And then, the rest will happen. [sits back down on couch]. what they – some people can say "I want her dead" or "I want her to get sick, to have a sickness that, even when they went to the hospital they will not, do not know what is happening." You understand? Is that." [Emma, 10-11/207-222]

Finding Sanctuary

This theme is by Sandra Bloom's (2013) concept of creating sanctuary for individuals who experienced or are experiencing trauma. Hence, this theme explores supportive, safe, and therapeutic environments in which the women address and process their traumas, build resilience, and heal, and what those environments look like.

Access to Psychological Services and Support. Psychosocial support surfaced in all of the women's stories; this theme explores the role mental health professionals played in the management of the four women's psychogenic symptoms, how they perceived their experiences receiving psychotherapy, and how encountering professionals who humanize them helped them feel better. All four women described feeling better after having a space to feel heard and express themselves. Emma, for example, describes how, having the space to express herself freely, rather than isolating herself and suppressing her emotions, helped reduce her physical symptoms:

"Because I went to see a psychologist, because of that, I can… it helped me to not keep things to myself. Slowly slowly, in the beginning, I wasn't feeling very very good. And slowly, slowly she talked to me, all these things…and now…before, I was, I was scared to express myself before, now I can express myself […] Acne, back pain, period change. It's help you a lot." [Emma, 6-7/122-128]

Hana also explains the relevance of psychological support for refugees by describing it as a space to express themselves and talk about their problems. She describes how people's

tolerance for stress becomes saturated, and they do not have the capacity to hear about each other's problems, therefore, therapists are the only option and can provide this space for people who wish to receive psychotherapy.

Support from mental health workers and cultural mediators played a central role in the women's integration, from being informed of their rights to feeling humanized. Mary narrated a story of two therapists who came to see her at the hospital after she had a miscarriage, which she describes as a traumatic experience, as she was neglected by hospital staff, and couldn't request an ambulance for hours due to the language barrier, until her landlord drove her to the hospital. What was most helpful for Mary, she says, is that they listened to her and humanized her experience, which is significantly different from the treatment she received from the hospital staff. Mary describes her positive interaction with the two therapists, saying *"they spoke to me in a very nice way that's such that I felt like I'm a person again and I deserve to live." [Mary, 22-23/494-496]*

Furthermore, receiving psychological support provided the women with a different lens of perceiving and understanding their symptoms, providing them with a link between their physical symptoms, and psychological distress. When asked what she does when she experiences symptoms, like when she used to faint, Donya discusses how she address her symptoms by participating in psychotherapy and other activities, and in therapy, she could express her feelings, fears, and goals for the future.

Echoing Hana's explanation that refugee women are concerned about being judged by others in the community if they express themselves and talk to others, Emma also describes psychotherapy as giving her a space to express herself free of judgment. Emma described how, despite her difficulties trusting people, she developed a close relationship with the

French translator at Melissa Network, who encouraged her to speak to the psychologist and helped her understand confidentiality:

> *"And…time to time, when I was talking with [translator], we spend many times together, we talk we talk we talk we talk, and she… she tell me "you are free to talk to me, why are you not free to say in the session? you can say" I asked her, "Are you sure?" say "yes you can. You will see, it will help you so much". In the start slowly, slowly. It was like that I talk to her first to know her opinion. And also, you…. it's good that when you speak to someone, the person don't judge you, so you can be free to say anything to the person, you know. So, slowly, slowly, I talked to her first after she said "okay, you can say this. You can say this in the session", I say "really?" "Yes, really, you can say", and I started like that" [Emma, 8/154-163]*

The women also expressed that their psychologists helped them foster resilience rather than give them advice. Speaking of her therapist, Hana describes how her therapist always admired her and knows that she is capable of coping with her issues on her own – this is significant to her as she prefers to solve everything by herself.

Holding Environment. Central in all four women's stories is having an environment that gives them room to express themselves and provides them with emotional safety. The women's arrival in Greece provided them with an environment that gives them the space to identify, define, and process their traumatic experiences; a process Donya illustrated as children who get injured and only feel their pain when they are growing up. To her, her pain was concealed, until she came to Greece. With the presence of a safe environment, she is able to realize her pain and grow from it:

> *"The symptoms start when I came to Greece because I tried… realize. You know? I try to realize, you know, like… like a child, you know, like… like a child when fell down, you know, like that time, she doesn't understand…You know, just start crying and after that she's calm, you know, like when she grown up, you know, or she, you know… he feels this pain…You know, like whenever a child fell down – for example, when my son or my daughter fell down, I hug her and I may kiss her, "Okay, no problem, no problem, there's nothing," And… she knows what is going on with her, you know, like, I don't know. But after that, after a few minutes, I see, you know, like he has a blue face, or, you know, like his head or his head is swelling, and for him, for him, it's painful, mot for me. For me also it was like this. My pain was all of them covered. When I came to Greece, discovered this, you know, like this shawl was removed, I can say…" [Donya, 4/59-70]*

She also stresses the importance of feeling emotionally secure in refugees' wellbeing. Donya identifies the provision of physical safety as insufficient on its own, without emotional safety; as she sees it, everything depends on emotional wellbeing, and emotional and physical safety must complement each other. This is reminiscent of Donald Winnicott's concept of the "holding environment", the supportive and nurturing environment that the mother provides for the healthy development of her child, consisting of both physical and emotional care. According to Winnicott, the holding environment can be recreated in a therapeutic setting, by providing individuals with a sense of support, acceptance, and safety so that individuals can process their emotions, develop trust, and work through unresolved conflict in order to heal and grow (Rustin, 2010).

Mostly, for the women interviewed, this takes place in the context of Melissa Network, where the women are provided with a home-like environment, trauma-informed psychosocial support, and connection to a community. Donya highlights that it is not only the psychological support that helped her build resilience, what she describes as her "success". But rather, she describes Melissa Network as a mother who empowers her, providing an environment for its child to grow and heal.

While community plays a role in establishing a supportive and therapeutic environment, Emma and Hana also highlight the negative consequences of being in a community, like fear of being judged by others in the community, or their story spreading if they confide in someone. Hana explains how Afghan women, prior to being in Europe, never had the opportunity to access therapy and a space where they can talk freely. According to her, they do not know how to cope with their stress, they cannot express and share with others because they cannot trust others, and fear the consequences of sharing, like being judged or blamed.

The women also presented the consequences of the lack of a holding environment on their wellbeing. Emma describes her inability to trust people, including her own family, due to things that happened to her in Africa; she says only her children are her friends. Donya also expressed lacking a holding environment or support from her family before coming to Melissa Network, and described the consequences of this on one's capacity to respond to trauma. According to her, people who have this supportive environment, even before arriving in Greece, experience less severe symptoms:

> *"You know, like some women, they were at Melissa, we have met each other. They had you know like this trauma problem. They were traumatized, and they had…umm… violence situation… but some of them they didn't faint, you know? Like they…they*

didn't have anything. Why? because they had their parents, their family next to them, you know?…like they had them to tell them "Yes, we are here. We solve this problem together". But some people they don't have someone to tell them you know like to tell them "We are next to you." You know? Like all of this comes over to heart, you know, like this heart cannot make more, you know [smiling], cannot stand anymore…and too late, maybe I can say" [Donya, 6/114-124]

Mary also describes the role of being part of a community, and participating in classes and workshops at Melissa Network, in what she calls her healing, as she and other African women shared ideas and experiences they had gone through while making beadwork and knitting; activities she said helped her heal and prevented overthinking. Mary then carried this forward at work, providing them with this maternal, nurturing, supportive environment to unaccompanied minors. Giving them love and warmth gave her courage, as she describes embracing them with the maternal love she couldn't give to her own children while they she was separated from them. She describes how, through her job and connecting with others, she learned about the possibility of bringing her children to Greece, and is now reunited with her family:

"Because I was, I was thinking if I could stay at home in my house or in the camp, without umm, sharing my… sharing with people, What I was going through, talking to other people, hear from other people, sharing some ideas and views… I could not be where I am. So, for this, I got chance to… and the way to, to bring my children, I applied for it. It took one and a half years, and my children are here. And now, I'm so… I'm a happy mother. And my children are here and I'm still working for those children. So I give them full energy because there's nothing traumatizing me anymore" [Mary, 5-6/101-108]

Discussion

Current research on trauma presents it as an event, or multiple events, that threaten one's wellbeing, brings them distress, and overwhelms their capacity to cope (Bloom, 2013). Through exploring the four women's experiences and understanding of trauma, this paper's findings suggest that one's subjective perception of trauma determines what events are considered traumatic, how they will respond to such events, and how this will manifest in their bodies (Bloom, 2013; van der Kolk, 2014).

All four women interviewed in this study have had doctors tell them their pain has no medical cause. It remains unclear why some refugees develop psychogenic symptoms while others do not, but this paper points to possible interactions between several extrinsic factors, like community and social support, and access to services and resources (like health care, mental health services, cultural mediators, and legal support), and intrinsic factors, like trauma exposure, subjective perceptions of trauma, and individual resilience and coping/emotion regulation strategies.

The results of this paper also suggest that the interaction between these factors influences symptom severity as well. The subordinate theme *The Body Remembers* supports existing literature suggesting that multiple traumatic experiences create an allostatic overload and can contribute to the development of psychogenic symptoms (Bloom, 2013). Here, it is important to reiterate that not all stressful events are traumatic, and trauma is subjectively experienced, as it is not the stressful event itself, but how one sustains the wound inflicted by the event (Mate & Mate, 2023). This could explain why Mary, who reports only one traumatic experience, separation from her children, had less severe and shorter lasting symptoms – headaches she attributes to overthinking – that have dissipated once she "healed". Meanwhile, Hana is on the

other end of the spectrum, and her definition of trauma encompasses a wider range of stressful events that elicit similar responses.

Apart from Mary, the women struggle with chronic stress, they still experience psychogenic symptoms, although they have reduced in intensity. Emma, for example, no longer has acne, or irregular periods, but still experiences back pain, fatigue, and insomnia, although she says they improve with psychotherapy and learning to express herself. Donya also no longer faints or loses sense in her legs, but she experiences fatigue, and headaches. This can be linked to the intensity of repressing their emotions and pain as well (Sarno, 2006), as the women who continue to avoid or repress their emotions and trauma still experience psychogenic symptoms, in line with research linking unresolved trauma and repressed emotions to physical symptoms (Mate, 2003). Hana in particular finds no change in the intensity or presence of her psychogenic symptoms, despite temporary relief, as she continues to dissociate under stress, and mask her pain. Meanwhile, Donya, who also used to experience dissociative symptoms, has experienced a maturation in her defenses, transformed by a maternal holding environment that gives her room to embrace painful emotions instead of pushing them away (Beghi et al., 2015). This is evident in the improvement in her symptoms, and how she describes the change in how she responds to stressors and perceives her trauma. Moreover, the way she talks about the need to "defend your body" because it will eventually show a physical manifestation of emotional wounds indicates her awareness of the need to resolve emotions.

Donya also highlights the role of a supportive environment in physical manifestation of unprocessed trauma, as she explains how people who have a support system experience less severe symptoms, irrespective of trauma exposure. This applies to pre-migration experiences as well, as Donya and Emma both reported lack of support from and trust in others, including

family. Meanwhile, Mary and Hana expressed having support from family that buffered the impact of premigration life stressors for them, which they lost once their journeys as refugees began. Once she regained her family's presence and found a sense of belonging and social support in Greece, Mary considered herself "healed", as she built resilience, adopted healthier ways of coping, and integrated into the host society.

In addition, the women pointed out the role of post-migration stressors and a lack of integration in the host country in further exacerbating their symptoms. Mary and Hana both point out feeling alone as they struggle with post-migration stressors. Emma also states that it is her current, precarious situation that she thinks about and makes her sad, creating physical symptoms for her that she did not experience in her home country. Post-migration stressors further compound the women's already existing traumas, as they struggle to navigate current stressors and situational demands, and have to put their unprocessed emotions on hold.

While this study explores the four women's understanding and experiences of psychogenic illness, the findings particularly emphasize their resilience. The provision of a holding environment is highlighted as a key factor in fostering resilience, as it provides the women with a foundation to process their trauma and work on coping and emotion regulation and engages them in a community. This aligns with Bloom's (2013) sanctuary model, which comprises a physically and emotionally safe and therapeutic environment for individuals to process trauma and grow. Melissa Network follows this model, as it provides a maternal environment for the women to feel nurtured, heard, and cared for.

The results of this paper indicate that adverse experiences, inadequate coping and emotional regulation, and limited social support are linked to more severe and longer lasting psychogenic symptoms. Moreover, this paper supports existing literature identifying various

factors that help people address psychogenic pain and build resilience, such as understanding the mind-body connection, engaging in stress-reduction activities, trauma informed care, and emotional expression on building resilience and treating psychogenic pain, which is emotional and psychological pain embodied (Mate, 2003; Sapolsky, 2004). However, this paper contributes to existing research by emphasizing the significance of the holding environment and the sense of community, along with support from professionals, in helping refugees build resilience and cope with trauma. In an environment that allows it, they are able to confront their traumas and untangle them, and create new possibilities for themselves. It is important to recognize that building resilience is an ongoing process, and it can vary from person to person. Resilience is not about eliminating stress entirely but rather developing the capacity to cope and adapt in the face of adversity.

Culture is also a significant factor here, as all the women are from collectivistic, non-western cultures, and therefore respond to holistic treatment (Laher, 2014). This is where the holding environment Melissa Network provides is helpful and fosters their resilience as they work to integrate in a new culture. Melissa Network's focus on various strands of integration, like language classes, skills and capacity building, self-care, community engagement, and individual and group psychotherapy, provides the women with a 'toolkit' of skills that allows them to overcome the learned helplessness common in the refugee experience, build self-efficacy, and become agents of change. The communal environment Melissa Network provides also taps into collectivistic understandings of healing, which are community oriented, and provides a clearer understanding of what serves as a therapeutic context for refugee women coming from collectivistic cultures (Laher, 2014).

Additionally, culture and context shapes how people understand their symptoms (Laher, 2014), and given that the women interviewed are in a western country, their traditional and cultural views on psychogenic illness have changed and seem to be influenced by Western thought. Some of them, like Donya and Hana, critique their culture's view on psychogenic illness and the attribution of them to medical illness and supernatural causes. Others, like Emma, do not show disbelief in traditional understandings of witchcraft and supernatural causes of illness, yet, she realizes that being far from Africa means that she is no longer in a supernatural environment, as she says Europe and Africa have different spirits. Hence, she explores other ways to understand this imbalance in her mind and body, and explores new understandings in psychotherapy, or attributes some symptoms to medical causes, even when medical tests prove otherwise (like her back pain).

As mental health remains stigmatized, somatization remains common for people in collectivistic cultures (Laher, 2014). Mary's explanation that educated and wealthy people do access mental health services in Kenya points to the role globalization and modernization also play in understanding psychogenic illness. Meanwhile, she states that traditional healing is more accessible to the masses, giving them both an explanation of their symptoms, and a cure. For her personally, prayer and faith in God is not mutually exclusive with understanding the psychogenic root of her headaches, but rather, her faith activates self-healing (Laher, 2014). This is an example indicating that, in order to engage refugees in mental health services, organizations and practitioners in host communities must be culturally sensitive and incorporate refugees' traditional beliefs and practices into treatment (Neki et al., 1986).

Similarly, culture and context influence people's response to distress; emotion regulation is also culture-specific and oriented to cultural norms (Su et al., 2015). The subordinate theme

Regulating Emotions provides support for research findings suggesting that emotion regulation could serve as a transdiagnostic factor in refugee mental health (Specker & Nickerson, 2019). However, emotion regulation strategies that are successful in one context might not be in another (Gross et al., 2015) and cultural group membership alone does not shape how one regulates their emotions, but rather, how oriented they are to a particular culture's values and context does (Ford & Mauss, 2015). This highlights another reason why the women experience a fear of judgment, as they learn to adapt to a new context, and therefore a difference in how they experience their emotions. This is where psychological support can help the women learn to express themselves in a way that is contextually appropriate, as Emma and Donya illustrate benefitting from learning to express their emotions, rather than suppressing them or ruminating, in the judgment-free context of therapy.

While some women, like Mary, narrate the positive effects of sharing her pain with the community and realizing she is not alone, others, like Emma and Hana, struggle to trust others and fear their judgment. Here, the presence of psychological services in a community-based context allows the women themselves to decide how much to open up, as they have access to alternative ways to express themselves outside of the community. They find that they can establish trust and find a space far from judgment of the community in the staff, particularly psychologists and cultural mediators, as Emma narrates. In therapy, the women find compassion from someone from the host community, or who has at least integrated in it more than they have, that humanizes them and, as Mary puts it, reminds them that they "deserve to live" and make them "feel like a human again". From fellow community members, the women receive the assurance that they are not alone in their suffering. From psychological support, they find

someone who can carry their pain with them, when others struggling like them do not have the capacity to hear them.

Furthermore, in terms of therapeutic implications, the interaction between professional psychological support, and community support, and the role of culture is imperative. To reiterate, psychological services need to operate properly within cultural parameters, incorporating refugees' understanding of their culture and wellbeing, for optimal therapeutic outcomes. Addressing intrinsic factors is also necessary, by fostering resilience, and working on healthier coping and emotional regulation. The women interviewed demonstrate how effective the interaction between psychological services, cultural sensitivity, and community support can be in fostering resilience, healthy coping, and integration. This way, therapy can provide a space for refugee women to weave their narrative and bridge their experience of their own culture with their experience adjusting to the host culture and society.

Strengths and Limitations

Firstly, the method of analysis used in this study is both a strength and a limitation, as it provides a deeper understanding of the women's idiosyncratic experiences and opens doors to future research, but these women's subjective experiences are not generalizable. Furthermore, although culturally diverse, the sample only included women. Also, the women's experiences took place in Greece, which is commonly a steppingstone to final destinations in other parts of Europe or North America. However, this is also a strength of the study, as existing qualitative research tackling a similar topic sampled refugees who have more stable legal statuses and are in their final destinations, or are a homogenous group (Zbidat et al., 2020). This buffers the impact of the precarity of being in transition, which the current paper considers, and is a different experience of bonding to a new place.

Additionally, the fact that the women were recruited from Melissa Network, and the interviews took place there, meant that they were more comfortable participating in the interviews, as trust has already been established. Recruiting the women from Melissa Network also provided significant insight in regards to what builds resilience, and factors that could improve psychogenic symptoms, particularly the significance of a holding, nurturing environment. Nonetheless, due to their exposure and relative integration in the host culture, the women do not strongly represent beliefs of their culture. Yet, this is also a strength of the research, as their responses provided insight into how the refugee experience shapes culture bound beliefs. Further research with varying samples, like refugees who do not experience psychogenic illness, newcomers, or refugees who have not participated in a community-based organization, would complement the findings of this paper.

Personal Reflection

I am interested in trauma, resilience, and in the relationship between the mind and the body. I have always been passionate about stories and tend to have a holistic and social constructivist lens, as I was exposed to diversity (cultural, socioeconomic, ideological) since I was a child. I am intrigued by the many ways sociocultural contexts and the immediate environment interact with individuals' minds and bodies to shape their life experiences (and their perceptions of them). Being of Palestinian descent has also played a role in shaping this, as I observed how the diaspora placed people I know in different contexts that shaped them in various ways. Over the years, I also grew to understand how being Palestinian shaped my identity in varying ways depending on where I was in the world, and made me passionate about social justice and human rights.

From idiopathic autoimmune diseases to nonepileptic seizures in survivors of trauma, psychogenic and psychosomatic illnesses are appealing to me due to their enigmatic nature. When I first arrived in Greece and started volunteering at Melissa Network in 2018, I witnessed women randomly fainting, unprovoked, and it stuck with me. At the time, a psychologist at Melissa Network explained to me that the women were fainting because they dissociate as a result of their traumatic experiences. I decided that that was something I wanted to explore and understand, and over the years, I have also seen some of the same women improve. Their physical symptoms alleviate or disappear, and I was curious about how and why that happens, and how being part of a community plays a role. Since I recently completed part of my practicum at Melissa Network, for this study, I planned on recruiting women who have not known me in a therapeutic context, be it group therapy or individual, to avoid any complications in how they perceive me or how they perceive the interview questions.

As a population, I am particularly interested in refugees, their experiences, and their resilience. Being a descendant of Palestinian refugees, I have learned to understand the experience vicariously, and I carry the psychological and existential consequences of it intergenerationally. The fact that not much has changed in Palestine since my grandmother left (twice - as a child, and with her own children), and the situation only becomes progressively worse over time, leaves me carrying the burden of guilt at not having experienced war, adversity, and displacement myself. Therefore, I chose to focus my career on refugee mental health (through research and therapeutic interventions) and sharing refugees' stories.

Coming across a recent article on outbreaks of mysterious, mass psychogenic illness among girls in Afghanistan refueled my curiosity, and I decided to pursue this as my thesis topic. Given that most research studies or articles tend to focus on observing outbreaks of mass

psychogenic illness (or mass hysteria), I decided to zoom in on individual experiences instead, and what individuals think helps them get better. It felt to me like studying this on a mass scale was not sufficiently providing us with an answer about how or why individuals experience these symptoms, or why these outbreaks occur. Qualitative research, and IPA in particular, gives individuals a voice and finds value in their idiographic experiences. While quantitative research gives a general description, qualitative approaches provide a space for researchers to zoom in and out from individual to context, and vice versa. While qualitative research may not answer the "why", a deeper understanding of how people experience such symptoms and make sense of them can inform quantitative research by directing us towards what factors should be investigated based on in-depth explorations of people's experiences. Mass psychogenic illness is also termed mass sociogenic illness for a reason, context and social conditions play a role in mental health, and we need to consider sociocultural contexts and how they affect individuals as well. For the topic at hand, I found IPA the most suitable method, it gave me the opportunity to explore the meanings people attribute to their experiences of psychogenic illness, in order to, in the future, explore what psychogenic illness means on a larger scale.

Conducting this research has been an exciting journey that introduced me to new perspectives and taught me to take more careful consideration of nuances, like how people's orientation to their own culture and to that of a new place interact to shape how they perceive their experiences. Migration is a peculiar experience that questions the field's understanding of how people relate to contexts and cultures. Having volunteered at Melissa Network, I always witnessed the power of community, and this research paper allowed me to see this in a new, more nuanced light. Moreover, the findings of this study further deepened my understanding of the significance of context and introduced me to the field of environmental psychology.

Furthermore, I explored culture-bound beliefs with a lingering dilemma in mind – what makes any of these women's beliefs that do not align with Western psychology culture-bound? How come Western criteria for mental wellbeing or psychopathology are "real", and other understandings are considered cultural products? (Yamada & Marsella, 2013). Growing up, I adopted a western understanding of mental health and psychopathology. Yet, coming from a culture where people do resort to religious healers, I hoped to explore this idea with an open mind. I learned that the women, in different ways, somehow weaved their cultural understandings with a Western perspective, as they have received psychological support in Greece. I was also curious to explore what, in the women's perspective, makes a community-based approach work, and how being there reduced or alleviated their psychogenic symptoms.

Conclusion

Theoretically, psychogenic illness is deeply rooted in the origins of psychoanalysis, but it is yet to be properly understood, and modern psychiatry has deviated from psychoanalytic concepts - for example, trauma is no longer a criterion for a DSM-5 diagnosis of conversion disorder (Kanaan & Craig, 2019). Psychological research on refugee mental health tends to focus on clinical and therapeutic aspects and neglect environmental and sociopolitical contexts and variables (Rainisio, 2015). The findings of this paper shed light on the significance of context, and how the women relate to it, in the manifestation of their symptoms and in fostering resilience. Hence, a contextual approach is vital to understanding the women's experiences, and this paper contributes to the growing field of environmental psychology, which is concerned with relationships between people and their environments (Rainisio, 2015). The results of this paper highlight the role of a holding environment in shaping the women's experiences. Changes in

context impact how they perceive themselves and their symptoms, and how they orient themselves to different cultures and spaces.

As Donya puts it, holding environments provide physical spaces that feel emotionally safe and nurturing. They are spaces that promote environmental mastery and integration, as well as a sense of community, and personal growth. Essentially, for refugees, they are spaces that provide hope. Despite varying perspectives and experiences of trauma, what refugees share is a loss of place, a loss of home, and a rupture in their attachment and bonds to places and environments (Rainisio, 2015). In this perspective, places of attachment are comparable to caregivers in interpersonal relationships, and in this paper, this is highlighted by Donya's view of Melissa Network as a mother, and herself as a child. For refugees, holding environments like this provide with a chance to create and restore person-place attachment bonds, and adapt to new places. Community-based organizations contribute to refugees' integration and well-being by providing an environment to bond to which holds a sense of familiarity with their communities and places of original attachment, and a bridge to the host society. Here, community allows for a sense of continuity and connectedness, and services, like psychological support and capacity building, allow for smoother integration (Albers et al., 2021). To reiterate, psychological services need to operate properly within cultural parameters, incorporating refugees' understanding of their culture and wellbeing, for optimal therapeutic outcomes. Combined, these factors help refugees develop bonds to their new places of settlement, facilitated by community organizations that provide a holding environment and give room for such bonds to form.

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Appendix A

The American College of Greece

Informed Consent Form for Human Research Participants

You are being asked to volunteer in a research study called Psychogenic Illness in Refugee Women: Exploring Their Experiences and Perceptions During Humanitarian Crises, conducted by Deemah Al-Omari. This project will be supervised by Dr. Athena Stefanatou, Professor of Psychology at The American College of Greece. The purpose of the research is to understand how refugee women who experienced psychogenic illness perceive their symptoms.
As a participant, you will be asked to take part in an in-person, 60-minute semi-structured interview at Melissa Network. The interview will be scheduled in December, according to your availability. There are no identifiable risks of your participation, but if you feel any discomfort discussing your experience, you have the right to withdraw at any time or ask to skip a question. While there is no direct benefit for your participation in the study, it is reasonable to expect that the results may provide information of value for mental health and wellbeing of refugees.

Your identity as a participant will remain confidential. Your name will not be included in the written transcript or in the final report; a pseudonym of your choice will be used instead. This consent form is the only document identifying you as a participant in this study; it will be stored securely on the investigator's computer, available only to the investigator and to the faculty supervisor. Results will be reported only in the aggregate; with your consent, extracts of the interview will be used in the final report, and a portion of the transcript will be included in the report appendix, accessible to the faculty supervisor. The transcript of the interview will be kept in case it inspires further research, and it will then be destroyed. If you sign the audio release form, the audio recording of the interview will be erased after the interview is transcribed and the final report is completed. If you are interested in seeing these results, you may contact the principal investigator.

If you have questions about the research you may contact the student investigator, Deemah Al-Omari, at D.AlOmari@acg.edu.

Your participation in this research is voluntary. Refusal to participate (or discontinue participation) will involve no penalty or loss of benefits to which you are otherwise entitled.

You have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study. Your signature acknowledges receipt of a copy of the consent form as well as your willingness to participate.

Typed/Printed Name of Participant

_____

Signature of Participant Date

_____ _____

Typed/Printed Name of Investigator

_____

Signature of Investigator Date

_____ _____

Appendix B

The American College of Greece

Debriefing Statement

Psychogenic Illness in Refugee Women: Exploring Their Experiences and Perceptions

Thank you for taking part in this project. The aim of this project was to explore the experience of refugee women who have experienced psychogenic symptoms. Telling your story and sharing your views will provide valuable insight on what the experience is like for refugee women. This project will hopefully provide a deeper understanding of psychogenic illness and refugee mental health, inspire further research in this topic, and lead to the development of interventions and trainings that inform mental health interventions available to refugees. In the case that you feel

If you have any further questions regarding this study or you would like a copy of the results of the study once completed, you may contact the researcher, Deemah Al-Omari, by email at D.AlOmari@acg.edu.

Thank you again for taking part in this research project!

Appendix C

The American College of Greece

Audio Release Form

I voluntarily agree to be audio recorded during the research project being conducted by Deemah Al-Omari. I understand that the recording will be used only for the purpose of transcribing the interview and will only be accessed by the researcher. This recording will be identified by a pseudonym. The recording will be kept on the researcher's phone, until the project is completed. After the interview is transcribed and the research project is completed, the recording will be erased.

Signature of the Participant Date

_____

Signature of Investigator Date

_____

Refusal to be Recorded

I do not agree to be audio recorded during this experiment conducted by Deemah Al-Omari. I understand I will not receive compensation by such a refusal. By refusing to be audio recorded, I understand that I can still continue to participate in the study.

Signature of the Participant Date

_____

Appendix D

Master Table of Themes

Superordinate Theme	Subordinate Theme	Donya	Mary	Emma	Hana
Experiences of Trauma	Defining and Responding to Trauma	1/2-6 3/49-56	1/4-7 2/17-21 3/46-54 3-4/57-64 8/171-173 13-14/282-292	1/6-11	1/6-12
	Role of Post-Migration Stressors		1-2/11-19 4/63-66 7/134-150 17/374-376 19-20/416-447	9/178-184 9-10/195-202	3/51-55 10/205-219
The Mind and Body, "*like Sister and Brother*"	The Body Remembers	1/10-21 2-3/27-35 4/57-70 4/77-79	2/24-25 6-7/114-140	1/2-12-24 2-3/32-39 9/195-198	2-3/17-43 3/44-51 4-5/80-81 5/89-95 6-7/123-141 8/160-168 11/225-236 17/377-385

	Regulating Emotions	5/84-88 7/131-142	13/282-292 14/301-311	4/63-65 4/72-77 4-5/80-93 9/186-190 13-14/287-292	2/33-35 4-5/74-83 6/123-127 8/154-168] 9/182-183 18/383-385
	Understanding the Mind and Body Through Culture	8/150-154 9/178-193	15/316-330 16-17/354-372	2-3/25-44 4-5/49-65 10-11/205-222 11/235-239 12/257-266	14/292-295 16-17/349-375 20/428
Finding Sanctuary	Access to Psychological Services and Support	3/39-42	2/33-37 15/323-324 15-16/332-341 21-23/450-504 24/530-533	6-7/120-129 8/154-164	3/45-47 5/98-99 6/111-121 9/109-117 14/291-311 15-16/317-336 20/434-437
	Holding Environment	4/59-70 6/103-111 6/114-124 9/185-186	3/39-53 5/83-93 5-6/95-113 14/290-299	7/131-142 7-8/144-154 8/166-176 13/285-287	3/55-58 5-6/99-108 20/428-434

Appendix E

Selected Excerpts Relevant to Themes

Experiences of Trauma

- **Defining and Responding to Trauma**
    - *"my memory was deleted. my tongue was stopped…". [Hana, 4/74-75]*
    - *"Trauma... is like a shock, for me means shock […] when I feel fear in something, you know happened to me, and I surprised, and stop me from today from the react, you know…when something happen, ummm… and like a panic, I cannot react to do something. So it's like shocked. I just… stop for a while." [Hana, 1/6-12]*
    - *"[…]and there is when they came with the suggestion that "oh, we see you are very… you are very…you are not even…ummm… you don't look as if you have any problem. So, we can give you a certain job. […] they call me and interviewed me, whether I can work to see truly, if I have a trauma or not […] to see truly if I was normal. Because many people, they were… you see the way they behave, you see for sure these people suffered a lot." [Mary, 3-4/57-64]*
    - *"It took me for – about six months. Because the route that I was…I got the… I went through the – the English, I mean, the Greek language class, and also the women…umm…how do you call this, we were certain group of women from Africa whom we used to make some… we create some activities like knitting, ummm, making some bead… beadworks, which caused us to spend a lot of time concentrating on the activities rather than thinking of things…which could*

not…which could bring us back and make us ill. So, for this, I got healed very fast, and also the Melissa staff, they saw how quick I recovered" [Mary, 3/46-54]

- *"Trauma means, for me, mmm, whatever happened to us. You know, like I just say about myself, whatever happened in the past, for me, you know, like that was, ummm, violence and aggressive situation. That's, that's become fear for me, you know, like at night. I have I have this fear, you know, like always, I think, you know, like "this happened to me." [Donya, 1/2-6]*
- *"No matter how, how deep the river is, the whole body will be in the waters but the head will be up [laughs] I don't allow to be, you know, the water to bring it down. I will never sink [laughs] […] never [laughs]. [coughs] So, I always put my head up, I look forward. Backward, never…" [Mary, 14/304-309]*

- **The Role of Post-migration Stressors.**
  - *"… sometime I'm sad, because of my situation. I don't, I don't know…where my, I'm not stable. You know. And I'm not getting younger. So, make me think, my children are growing. Don't have any stable life. you know. Yeah, that sometimes makes me sad. Yeah..And sometimes when I cry, my son see and say "mommy, calm down. Calm down. Okay, calm down. Don't cry. Don't cry." And he do like this [wipes her tears]. [laughs]." [Emma, 9-10/195-202].*
  - *"They gave me the pain killers… it wasn't the solution because I take medication, I cannot sleep. I overthinking the whole night. the head…the headache continue. So, I it was more severe, and I was like, "No." I went back. I said, "Please, can you change the medication?" They asked, umm, they started asking me questions. Because I was very… I was not on my senses. That was like, I was like… I was*

somebody…I have already lost my hope and um… something else. So the way I was talking to them, I think they learned something from me, and they asked me whether I think a lot, I say "yes! of course…", I started giving them information…That's why. And they, they told me about the therapy." [Mary, 6-7/119/131]

- *"…Physically when we are not feeling well but it's effect of our emotional also. When emotionally we are not feeling well if they are physical. Both of them. They are like sister and brother. [laughs]." [Donya, 9/191-193]*

The Mind and Body, "*like Sister and Brother*"

- ***The Body Remembers***
  - *"It was 2020…actually it's always, you know, like, ummm...since 2016, I had this situation, you know. Like 2020, this happened to me. Yeah. 2020. […] 2020, this happened to me, I had psychologist, and she told me this all, you know, like. emotionally you know, like, it's not something from physically. And…2016, I had this issues, you know, I had this problems, this trauma… and 2020 that's show up." [Donya, 2/27-33]*
  - *"I started experience in the headaches because of the long journey I came through, and here…it wasn't my will to be here…so, when something happen, without your will or you don't like that some something. and you find yourself in that thing. It do not make you happy, so it keep on traumatizing you, so it was haunting me. I was like, I left my children back and whatever I call them, they are crying… don't…they were not used to stay without their mom. They were crying. the, the, the cry they had, and myself, I find that where I am, I am like floating. I*

haven't put on my, my feet on the ground. Meaning, I have not adjusted yet. I don't know the people, new environment. I don't have friends. I don't… I cannot communicate. So it was so traumatizing, that's why I started it, over thinking and the headache." [Mary, 7/134-150]

- *"I have pain when I have stress, when I had too much. I had too much pain in my knee. I went to the orthopedic, to check…he said "everything is fine with your knee. There is no problem, there is nothing wrong." Then I realized, this is for stress, I was sure…Because when I had stress for 1, 2, 3 days…it was locked. I cannot move my leg." [Hana, 17-18/377-382]*
- *"Gym was the option that helped me to you know, to cope with stress, with difficulty and these kinds of things." [Hana, 4-5/82-83].*
- *"The symptoms start when I came to Greece because I tried… realize. You know? I try to realize, you know, like… like a child, you know, like… like a child when fell down, you know, like that time, she doesn't understand…You know, just start crying and after that she's calm, you know, like when she grown up, you know, or she, you know… he feels this pain…You know, like whenever a child fell down – for example, when my son or my daughter fell down, I hug her and I may kiss her, "Okay, no problem, no problem, there's nothing," And… she knows what is going on with her, you know, like, I don't know. But after that, after a few minutes, I see, you know, like he has a blue face, or, you know, like his head or his head is swelling, and for him, for him, it's painful, mot for me. For me also it was like this. My pain was all of them covered. When I came to Greece, discovered this, you know, like this shawl was removed, I can say…" [Donya, 4/59-70]*

- **Regulating Emotions.**
  - *"Like it now it's easier for me these are, is not something that is new, but the reaction is always with you, since your childhood, I had this symptom from the childhood [nods] the same symptom, like I had low blood pressure, I couldn't for example, eat properly. These are the worst things." [Hana, 6/123-127]*
  - *"[Laughs] and when I'm stressed, I eat too much, ooh…when I'm stressed I eat too much. And I won't walk. I don't want to sit down. So now, when I want to relax, I put my movie I can concentrate… all this because I don't want to think. Even if there is movie, I have game on my phone, I play and I watch. Just to not think. Is like that." [Emma, 9/186-190]*
  - *"Sometimes, you know, like the negative things come, you know, like, but, for a short time and then they will go away, the positive things will come "okay," I will tell myself, "okay, finish, you don't have anything to do now. Make a…make plan for your future." Recently I try to do this. But before always I was thinking about my past…Why what this happened to me?" … until now I'm regret, ,because 27 years of my life has been wasted." [Donya, 7/132-139].*
  - *"I cannot say that I will look back because where I come from it's full of darkness. Where I am, when I see where I am, there's light and I see brighter light ahead of me, so I give myself courage. I know that tomorrow is, my tomorrow is bigger than today. I try to see that I need me a strong woman because I know that there are many, many people are looking for me, for me to direct them." [Mary, 13-14/287-292]*

- **Understanding the Mind and Body Through Culture.**
  - *"…you know like they don't care about emotional. Emotional is nothing for them. [smiles]. No one knows what is emotional. They don't know depress[ion]." [8/153-154]*
  - *"When they don't know how to cope with their stress, how they talk about…talking is the best things they can do, and they don't do it." [Hana, 20/428-429]*
  - *"For first thing we have many prophets in the land. So, when something happened like that, they take the person to the prophet and umm […] the solution because you pay nothing. And, you know the cause of the problem." [Mary, 16-17/354-358]*
  - *"In my country… [laughs], there is many…small small things, that can happen to your body that you cannot understand. Even when you went to the hospital, they will not see anything. Is like a…someone cursed you. Or someone who doesn't want to… people who is jealous of you can easily come close to you. That being your friend, one can poison you. And, or two, can go to umm, a one traditionalist to say, "I want this person to get sick, but I don't want… I don't want this person to know that is me who is behind this." So they will give you something like, like this [grabs little figurine from shelf]. See? […] the traditionalist will give her this, "say the name of the person, what you want the person to be, how do you want the person to…" Yes. "What do you want?" say everything in this thing, and give it to me and say, she will give it to him. And then, the rest will happen. [sits back down on couch]. what they – some people can say "I want her dead" or "I want her to get sick, to have a sickness that, even when they went*

to the hospital they will not, do not know what is happening." You understand? Is that." [Emma, 10-11/207-222]

Finding Sanctuary

- **Access to Psychological Services and Support.**
  - *"Because I went to see a psychologist, because of that, I can… it helped me to not keep things to myself. Slowly slowly, in the beginning, I wasn't feeling very very good. And slowly, slowly she talked to me, all these things…and now…before, I was, I was scared to express myself before, now I can express myself […] Acne, back pain, period change. It's help you a lot." [Emma, 6-7/122-128]*
  - *"We feel more* ***alone*** *here. And each person has, maybe we have common problems, maybe we have different problems, but it's difficult each one of us has our difficulty, no one is ready to heard, you know, to hear from someone else problems […] The only option that we have is psychologists. Some people wants to go, some people doesn't want to go" [Hana, 9/109-117]*
  - *"They spoke to me in a very nice way that's such that I felt like I'm a person again and I deserve to live." [Mary, 22-23/494-496]*
  - *"I just keep continuing my therapy, with my psychologist. Like there was a group therapy, and like individual therapy every week I go to my psychologist. I talked to her, I explained to her. I expressed my feeling, my fears, my wishes for the future, my goals…" [Donya, 3/39-42]*
  - *"And…time to time, when I was talking with [translator], we spend many times together, we talk we talk we talk we talk, and she… she tell me "you are free to talk to me, why are you not free to say in the session? you can say" I asked her, "Are you sure?" say*

"yes you can. You will see, it will help you so much". In the start slowly, slowly. It was like that I talk to her first to know her opinion. And also, you…. it's good that when you speak to someone, the person don't judge you, so you can be free to say anything to the person, you know. So, slowly, slowly, I talked to her first after she said "okay, you can say this. You can say this in the session", I say "really?" "Yes, really, you can say", and I started like that" [Emma, 8/154-163]

- *"She always admired me, she always you know, talk to me…and she knows that I can cope with my issue, she says "[Hana], this is nothing that you cannot solve, it you can do it by your own." [Hana, 15-16/334-336]*

- ***Holding Environment***
  - *"Every single things in our life is depend on our emotional. I think we must try to feel safe and feel secure and… emotionally not only physically" [Donya,9/ 185-186]*
  - *"Melissa actually has helped me a lot, you know, just it was not only about the psychologist or group therapy. In any case, Melissa helped me a lot. as I told you, maybe, you know, because already, always I call Melissa as a mom, you know, like I was a child. Already I mentioned you know, like a child fell down, you know. I was like this, and Melissa has helped me a lot, you know? Like that's…that's why… that's the reason I am now here, you know? Melissa's the reason that all this, that many people say I got my success" [Donya, 6/102-108]*
  - *"They don't know how to cope with their stress, how they talk about…talking is the best things they can do, and they don't do it Afghan lady never had this opportunity. They cannot trust easily to the people. Even to the friends, then the friends will, you know,*

blame them, or for example accuse them, or this kind of things…or share with the others. For that reason, they never try to talk." [Hana, 20/428-434]

- *"You know, like some women, they were at Melissa, we have met each other. They had you know like this trauma problem. They were traumatized, and they had…umm… violence situation… but some of them they didn't faint, you know? Like they…they didn't have anything. Why? because they had their parents, their family next to them, you know?…like they had them to tell them "Yes, we are here. We solve this problem together". But some people they don't have someone to tell them you know like to tell them "We are next to you." You know? Like all of this comes over to heart, you know, like this heart cannot make more, you know [smiling], cannot stand anymore…and too late, maybe I can say" [Donya, 6/114-124]*
- *"Because I was, I was thinking if I could stay at home in my house or in the camp, without umm, sharing my… sharing with people, What I was going through, talking to other people, hear from other people, sharing some ideas and views… I could not be where I am. So, for this, I got chance to… and the way to, to bring my children, I applied for it. It took one and a half years, and my children are here. And now, I'm so… I'm a happy mother. And my children are here and I'm still working for those children. So I give them full energy because there's nothing traumatizing me anymore" [Mary, 5-6/101-108]*