

Needing Supervision: The affective/discursive canon of accounting for the urgency of supervision by mental health professionals working with refugees in Greece

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Abstract

Greece in the past three years has been put in a position to address a massive and overwhelming influx of refugees moving mostly from the war afflicted areas of Syria, Afghanistan and Iraq. Such a massive movement came at a time of the most severe financial crisis, when little state attention or funding could be provided for the medical, mental health and psychosocial care, accommodation and integration of migrants or refugees. This condition opens up many issues for qualitative inquiry both with the mental health professionals as well as on the organisation of psychosocial services. The proposed submission draws on an ongoing post-doctoral project on the supervision needs and best practices of the mental health professionals working in the Greek refugee regime. We will focus on the accounts of mental health professionals who participated in the pilot phase of this project. Our data comes from a corpus of 35 in-depth, qualitative interviews, effected through purposive homogeneous sampling, designed to elicit their experiences supporting the refugees, their needs, their emotions and their ways of coping, while taking into account the local context of the embodied intersubjective relationship of researcher-participant. Through an interdisciplinary, critical psychosocial lens, drawing on recent theorising by Wetherell et al., we will address the research question of the affective/discursive practices mental health professionals mobilise to account for needing supervision, i.e. a structured relationship with experienced professionals with the goal of helping supervisees to cope in the field and gain the skills to be more effective. In our critical discursive psychological analysis, we will employ the concepts of the affective/discursive canon and the tropes of accounting to analyse the affective/discursive practices of mental health professionals as in situ, embodied and relational meaning-making work. Our findings suggest that participants mobilise taken-for-granted and common-sense tropes to position themselves as in urgent need of supervision due to the workload and the traumatic narratives of the refugees. They construct certain 'affected' positions of their professional practice with the refugees, oscillating between development and trauma, while establishing a relational canon of need. Such a normative positioning is discussed as evident not only of the affective economy of the Greek refugee regime, but also of the structural organisational deficits in its political economy. Finally, we aim to address the implications for policy-setting of psychosocial services and health care for the refugees, on the issue of the organisation of peer supervision practices for mental health professionals, with an inclusive multicultural and social justice approach.

Keywords: refugees, supervision, mental health professionals, subject positions, affect

Introduction

The refugee context in Greece

In the midst of the most severe financial crisis of the last 40 years, the influx of refugees and migrants fleeing poverty, dispossession and war mostly through the Aegean Sea became overwhelming for Greece as of 2015. Such a massive refugee movement came at a time when the state could provide little or no attention or funding for the psychosocial support of migrants or refugees. Nonetheless, Gkionakis (2016), in accordance with Sitaropoulos (2002), Skordas and Sitaropoulos (2004) and Baldwin-Edwards (2002), argue that the Greek state had a history of not providing due care for the refugees: the country had an insufficient and underdeveloped legal frame since asylum seekers usually had to wait for an extremely long period of time (10-15 years) before their applications were even examined; in the meantime, no social care was provided regarding even their basic needs and the living conditions available were very bad, giving the impression of a country hostile to the integration of refugees. According to Puggioni (2005), Greece is in fact similar with other Southern European countries, for which the issue of the reception and integration of refugees is a fairly recent phenomenon. Such countries lack in a long tradition of immigration and strict reception or integration systems, which is characteristic of the Northern European countries. Countries such as Malta, Greece, Italy, Spain, are characterised, according to Mestheneos & Ioannidi (2002), by an inability to develop a well organised system of reception due to the lack of support by the public sector, resting on N.G.Os to fill the void and cover the refugees' urgent needs. This situation opens up many issues for qualitative inquiry with the mental health professionals working on the organisation of psychosocial services, to investigate their needs, their attitudes and feelings vis-a-vis supporting the refugees. In this paper, furthering our recent work (Kesisoglou, Metallinou & Issari, 2018; Kesisoglou & Issari, 2018, forthcoming) we will draw on qualitative data from a pilot study to discuss how mental health professionals account for the need of supervision, vis-a-vis their work with migrant and refugee clients in the refugee regime¹ of Greece.

Supervision in Mental Health Services for Refugees

Migrants and refugees are notably occupying particularly vulnerable positions in the host country, as they are characterised by their triple otherness, i.e. being in the migration condition, coming from

¹ The notion of 'regime' is employed in our study to refer both to the government and the autonomy of refugees' and migrants' movement, life, policy/ing and integration. Regimes consist of 'principles, norms, rules and decision-making procedures' (Wolf, 1994, p. 423, cited in Tsianos & Karakayali, 2010). Walther (2006, p. 124) states that the notion of 'regime' "relates to existing institutional settings that have a history structured not only by conflicts and the interest of specific social actors but also by the set of values and interpretations which they constantly reproduce. Institutions and concepts merge into what is conceived of as a 'normal' in a given context, which also includes a 'normal' relation between individual entitlements and collective demands. Herein, cultural and social patterns are also concerned with influencing individuals' biographical orientations".

different ethno-cultural origins and/or having mental health issues (Gkionakis, 2016). A tension has been identified in the literature concerning the issue of refugees' mental health: on one side, it is documented in various reviews and meta-analyses (eg. Steel et al., 2009; Fazel, Wheeler & Danesh, 2005; Porter & Haslam, 2005; Moisaner & Edston, 2003) that they may be particularly vulnerable to psychotic disorders, while they tend to have more mental health problems than the host country natives or non-refugee migrants, including post-traumatic stress disorder and common mental disorders, due to the increased likelihood of having experienced conflict, persecution, violence or other forms of psychosocial adversities. On the other side, Hollifield et al. (2002), in a critical review of the literature on refugee trauma and mental health morbidity argue that data on the field are conflicting and difficult to interpret: they are overly descriptive while using instruments with limited or untested validity and reliability for this population, lacking theory-based construct definitions specifically for the refugee populations. Hence, Papadopoulos and Hildebrand (1997: 209), drawing on Bracken and Petty (1998), Muecke (1992) and Summerfield (1999, 2001) argue that the usual conceptualisation of refugees is within a 'pathology or deficit model', which articulates a 'trauma discourse' vis-a-vis their mental health; this discourse erects an unavoidable background wall of noise in every therapeutic endeavour with refugees (Papadopoulos, 2002a). The migration condition comprises a reality of particular complexity, uniqueness and totality (Papadopoulos, 2002b). The existing literature on mental health professionals working with refugees acknowledges that exposure to trauma on an ongoing basis can have significant negative effects on both physical and psychological well-being (eg. Cieslak et al., 2014; Van der Veer 1998). Terms used to describe these effects include compassion fatigue, vicarious traumatisation, secondary traumatisation or secondary traumatic stress, empathic stress, burnout and traumatic counter transference. Such concepts have been used interchangeably in the literature and they are suggestive of the 'pathological or deficit model' (Papadopoulos & Hildebrand, 1997) discourse identified above on the issue of the refugees' mental health.

The importance of arrangements and frameworks of supervision for mental health practitioners working with refugees were particularly stressed in studies by Schweitzer, van Wyk & Murray (2015), Robinson (2013) and Guhan & Liebling-Kalifani (2011). Supervision has been defined theoretically as a structured relationship between a supervisor and supervisee with the goal to help the supervisee gain the attitudes, skills, and knowledge needed to be a responsible and effective therapist (Morgan & Sprenkle, 2007). Usually in supervision there is a double focus (Bertrando & Gilli, 2010). In the first place, there is a focus on the case. Therefore, the supervisor is expected to provide case- specific reflections and recommendations. Secondly, there is a focus on the therapist's development as a professional. This involves the facilitation of the development of skills, competences, and insights. Finding a balance between these two foci is essential for the supervisor

(Rober, 2017). Formal supervision in protected time was constructed as preferable (Robinson, 2013) by mental health professionals, but participants in all the above studies noted that they engaged in informal peer supervision, peer support and group-work to sustain their everyday practice. Supervision was appointed the following objectives: to support the professionals to tolerate uncertainty and manage difficult emotions; to help in managing the impact of the work through education, guidance and normalising; to increase the professionals' skills in working with refugees through reflexive practice. Supervision was also constructed as a relationship of holding, trust and support by participants in the study of Schweitzer, van Wyk & Murray (2015). However, in all the previously mentioned studies, most participants admitted to difficulties in accessing appropriate supervision in their work settings. In Robinson's study (2013), the absence of formal supervision was directly associated with rapid organisational change and high staff turnover. It is evident thus that the experiences of mental health professionals revolve around the gravity of the emotional impact of the work with refugees, the difficulties contextual factors create for the therapeutic practice, the importance of the therapeutic relationship and the qualities it is attributed and finally the need of supervision, support and training. Given the distinction of North and South refugee reception and integration systems which Puggioni (2005) proposed, it would be useful to explore whether such findings of Global North settings (U.K. - Australia) are coherent with the experiences of mental health professionals of countries in Southern Europe. There is an evident lack in the literature for Greece for studies using a qualitative lens to investigate the supervision needs of mental health professionals working with refugees, a lack that we aim to address.

Method

Our study was initiated in the fascinating discussions and questions that arose out of a postgraduate research methods in counselling course: students were curious regarding the changes in counselling practices when working with multicultural clients in vulnerable positions such as the refugees of the fourth wave in Greece (Kiagia, Kriona & Georgaka, 2010). To learn by doing, we involved the students² in a research project to explore the mental health professionals' lived experience working in the Greek refugee regime. In this paper, we will present findings regarding the supervision needs participants articulated in the semi-structured interviews. We employed a pluralistic psychosocial framework centred on Wetherell's argumentative threads and affective/discursive practices concept (Wetherell, 2012; 1998) to analyse the accounts of the participants.

² We would like to thank the following student researchers for their insightful participation in the research process: Maria Voulvouli, Aggeliki Zacharia, Athena Alexopoulou, Athena Galika, Evropi Euthimiadou, Vana Labrogianni, Katerina Loudovioti, Zoe Siouti, Maria Fragakaki.

Participants

There were 15 participants in the study, employed as mental health professionals (psychologists, psychotherapists, psychiatrists and social workers), aged from 22 to 55. We opted for purposeful sampling in order to better grasp the experiences of the mental health professionals working in N.G.Os, delivering psychosocial services to refugees. Having completed elaborate workshops on interviewing skills as part of their postgraduate training, the student members of the research group reached out informally for the participants through their professional and social networks, personal contacts, as well as through snowball sampling. A prerequisite to participate in the study was having rich experiences working with refugee clients.

Data Collection

After this informal personal inquiry, the researchers sent the interested persons brief information regarding the research and a formal invitation to participate. The participants that responded to the invitation were given thorough information about the research. Subsequently, an interview schedule was developed, and each person was accorded a date of interview. The interviews took place in their preferred locations, enabling their undivided expression in a safe and familiar setting. We asked for their written consent to participate, while we stressed that they had the right to withdraw at any time and request their interviews to be destroyed. Next, the researcher and the participants together agreed on a code name as the participants were assured that their true identity would be kept private. The data were collected through hour-long, in-depth, semi-structured, open-ended interviews while the interview topics covered a comprehensive description of their actual experiences working with refugee populations, how they made sense of them and the emotional impact of those experiences. Participants were treated as experiential experts and any novel areas of inquiry they opened up were followed, hence the questions were used to guide rather than dictate the course of the interview. Data collection lasted approximately 2 months (April-May 2017). The interviews were recorded onto professional digital recorders. All interviews were immediately transcribed verbatim by the interviewers using a simplified form of transcription. Extracts presented in our analysis were translated by the first author and corroborated by the second author.

The psycho-social lens on the data

In the paragraphs below we will describe the pluralistic methodological framework for the analysis of the interviews, centred on Wetherell's concept of affective/discursive practices (Wetherell, 2015; Wetherell, McCreanor, McConville, Moewaka Barnes, & le Grice, 2015). Wetherell, using the concept of practices, outlines a 'truly psycho-social', capacious but fine-grained analytic approach, integrating the critical discursive social psychological analysis with psycho-social insights and a

close focus on affect and emotions in a pluralistic synthesis³. Wetherell suggests that analysts need to investigate embodied practices of meaning-making, or ‘embodied semiosis’, in order to focus on the particularity of embodiment, the ways in which (affective) practice mobilises, recruits and stabilises brain/body states, and the kinds of translation processes involved as a particular form of emoting emerges (Wetherell, 2012). She conceptualises ‘affective-discursive practices’ as patterned forms of human activity articulating, mobilising and organising affect and discourse as a central part of the practice (Wetherell, McCreanor, McConville, Moewaka Barnes, & le Grice, 2015). They are figurations where body/brain landscapes, meaning making, feeling, communication, and social action entangle and become figured together in emotion episodes. The affective and the discursive intertwine (Wetherell, 2014), in an organic complex in which all the parts relationally constitute each other (Wetherell, 2012, p. 19). This approach closely investigates the everyday language practices and their patterned nature for the constitution of the self and identity.

The analysis of affective/discursive practices

Wetherell (1998, 2005, 2007) is one of the principal advocates of critical discursive (social) psychology, a discernible strand of theoretical developments and empirical analyses (see Bozatzis, 2016; Bozatzis, 2009; Edley, 2001; Wetherell, 2013; Wetherell, 1998; Wetherell & Edley, 1999), that cross-fertilise micro, meso and macro viewpoints to the analysis of identities. This approach to discursive psychology (Potter, 2003; Edwards & Potter, 1992) combines the conversation analytic spirit of inquiry with the political–genealogical import of post-structuralism. Within this strand of work, ‘analyses focus on ways in which historically constituted representations, implicated in power/knowledge nexuses, come to be mobilised within conversational contexts through speakers’ reflexive, vis-a-vis their accountability, rhetorical actions’ (Bozatzis, 2009, p. 434). This strand of work attempts to describe the configurations of identity and subjectivity which result at particular chronologies and which might be maintained for shorter and longer durations. It also attempts to describe the cultural resources, struggles, interactions and relations that the person is working with and how these have been mobilised, temporarily stabilised and turned into their own personal order (Wetherell, 2007).

In terms of the analysis of affective-discursive practices Wetherell advocates focusing both on the micro and the macro level. When people speak their talk reflects, not only the local pragmatics of that particular micro context, but also much broader or more global patterns and threads in collective sense-making and understanding (macro). The study of situated affect in the micro-

³ One of the founders of the field of psychosocial studies, Stephen Frosh, affirms that psychosocial studies provide ‘a space in which notions that are conventionally distinguished - “individual” and “society” being the main ones – are instead thought of together, as intimately connected or possibly even the same thing’ (2003, p. 1547). For other studies and suggestions exploring a similar pluralistic, psychosocial perspective, see, inter alia: Mcavoy, 2015; Taylor, 2015; Taylor & Mcavoy, 2015; Scharff, 2011; Kaposi, 2011).

context takes off from ‘the socially visible sense that a person is trying to make in the immediate situation’ (Katz, 1999, p. 5): in our interviews, we investigate whether their articulation and intermeshing is careful, repetitive and predictable, i.e. canonical or ‘contingently thrown together at the moment with what else is at hand’ (Wetherell, 2012, p. 90). Situated affective practices build psychologies, identities, reputations and subjectivities; participants make meaning in their accounts, just as they build social orders, histories and institutions in the macro context. The accounts are theorised as the practical discursive activities of descriptions, justifications and explanations of activities that make up the interview’s interaction. Accountability is a routine feature of interaction (Edwards & Potter, 1992), as speakers ordinarily deal with issues of agency and responsibility when offering reports of events. As people talk and emote, they routinely demonstrate their implicit or explicit understanding of what is going on in the piece of social life in which they are engaged. The local order, loose pattern and method of organisation of any particular practical moment are resources that participants draw upon and can orientate to. Analysts need to explicate this argumentative thread through trying to make clear how the participants appear to be interpreting the situation turn by turn. Hence, the notion of the ‘affective-discursive canon’ we draw from Wetherell, McCreanor, McConville, Moewaka Barnes, & le Grice (2015), indicates exactly this canonical patterning, the normative common sense, the established, immediately familiar and orthodox procedures for emoting and making sense mental health professionals typically orient to regarding issues of supervision when accounting for their actions. Another argumentative thread suggested for analysis are the interpretative repertoires (Gilbert and Mulkay, 1984; Potter and Wetherell, 1987; Wetherell, 1998). They can be defined as a form of discursive practice or a recurring way of talking about a topic, characterizing and evaluating events and actions, through an often used lexicon of terms, metaphors, descriptions, tropes, clichés etc. Like steps in a dance, they constitute a regularity that leads to the analyst’s sense, when working with a corpus of data of reaching saturation- ‘having heard it all before’ (Wetherell, McCreanor, McConville, Moewaka Barnes & le Grice, 2015). Most of all, we will focus our analysis on the participants’ positioning, which refers to the articulation in the micro level of the accounts of affective-discursive positions to speak and emote from, affected and affecting identities, and positions for others who are spoken about (Wetherell McCreanor, McConville, Moewaka Barnes & le Grice, 2015). A text very frequently formulates, for example, not just a way of understanding the world but also a position from which to speak which affords the speaker a particular kind of emoting character. These are the argumentative threads and practices we will focus in our analysis of accounts about supervision. Further, we draw on Zembylas (2014, 2008) for the concept of critical emotional reflexivity to warrant the analyst’s claims in the entanglement of emotions with power relations and reflexive processes, occurring in order to legitimize or delegitimize certain practices (Zembylas, 2014) in the research field that matter (Lutz,

2017). This concept acknowledges that reflexive processes are deeply emotional, both in the participants' accounts and the analyst's claims. Critical emotional reflexivity is grounded in a historical and political understanding of the role of emotions in power relations (Zembylas, 2014). It consists in the ability to question emotionally charged, cherished beliefs exposing how privileged positions and comfort zones inform the ways in which one recognizes what and how he or she has been taught to see or act (or not to see/act), and 'highlights critical reflective practices as social [and emotional] acts of empowerment' (Harrison & Lee, 2011, p. 201).

Affective/discursive practices

To effectively present the findings from our analysis of the affective/discursive practices participants mobilise to account for their supervision needs, we will single out and present in full the account of one mental health professional that participated in our data collection (coded as P1), as she explicates the ways supervision is helpful in the field of psychosocial services for refugees. P1 is employed as a psychologist — psychotherapist in the Athens-based day centre of an international NGO, providing psychosocial support for victims of torture. The extracts analysed below can be found in the middle of the interview, where she accounts for the supervision needs and practices of her workplace. We opted to translate and number the lines of the extract, omitting certain passages for brevity (indicated by [...]), and then analyse it in terms of its canonical argumentative threads.

Extract:

1 **Q:** Usually what needs ... what supervision needs do you feel in your practice?

2 P1: All Supervision Needs (Laughter). In your practice, you need things from the very
3 general like what I was telling you just now, on what is your attitude to work and what you
4 need and what is the part of self-care you need, etc., to very specific things on the
5 incidents. How to work with intense trauma, how to work with this despair, what
6 interventions you can do when everything is bad for the person ... such things. And for the
7 teams that go on, we need supervision.

[...]

8 **Q:** The feelings you experienced in the supervision of one of those incidents you describe as
9 difficult or hard to address, let's say. Do you remember any specific supervision where you
10 felt, what did you feel?

11 P1: It is usual that you also enter into the loss and the helplessness that people have themselves, and
12 here not even the supervision can be effective afterwards. Because no matter what the supervisor
13 tells you, you have entered again into a role that I do not know what to do, I do not know what
14 can be done, nothing can happen ... this is what I can remember very strongly as an incident and
15 when the despair at a session is immense, specifically in a series of sessions you have with a
16 person, then you get into it.

17 **Q:** Do you physically remember how you were then in some, in some such cases, of
18 helplessness?

19 P1: Usually in a depressed state, as if the body is too heavy, as is ... very intense fatigue as if I had
20 been beaten. Many times when ... this happens more when there are a lot of stories of torture you

21 have heard within a short period, then you may feel, which is happening to me many
22 times, now not so much, to tell you the truth, but previously I felt it in my body, as if I've been
23 beaten a little, because you can not be unaffected. It is a job from which you cannot be
24 unaffected.

[[...]]

25 **Q: In what ways would you say that supervision has helped you after experiencing an incident**
26 **or a series of incidents in this way and when you have felt both physically and emotionally**
27 **the way you described me, how did supervision help?**

28 P1: First of all, as in every job, in all the psychotherapeutic jobs there is the part that it is not a job
29 you do and then that you can go somewhere to speak about it easily. There are, of course, the
30 multidisciplinary groups that you can say a few things, but again many times this does not allow
31 you to tell the whole story of a person. You will say what is relevant for the other professionals.
32 So it is a space to share and you say that this has happened, that has happened. Somewhere then
33 this thing is discharged, there is somewhere that I can share it. Getting a boost that it's okay the
34 situation is too difficult, but we do what we can and that is often enough. That is, it's the part of
35 the feedback that okay there is somewhat despair but not everyone shares that desperation, this
36 kind of thing. In the part of self-care, but even in the part of someone suggests to you
37 something more to study you need to sustain yourself. Stuff like that.

Supervision as emotional discharge

The 'affective/discursive canon' (Wetherell, McCreanor, McConville, Moewaka Barnes, & le Grice, 2015) of the accounts for supervision in our data was its framing as a 'discharge' of the professional's feelings of helplessness and despair. This affective/discursive repertoire is most evident in lines 19-24, where P1 asserts her affected position by the therapeutic labour. It is noteworthy that P1 categorises psychotherapy as a 'job', hence framing the work-related aspect of her professional practice. In her account, following on the questions of the interviewer, she assumes a 'charged' affective/discursive position of 'helplessness', being at a 'loss', in immense 'despair', in a 'depressed state', 'as if the body is too heavy', 'very intense fatigue', etc in working with certain incidents. She asserts emphatically: 'you cannot be unaffected. It is a job from which you cannot be unaffected'. In line 33, she explicitly claims: "this thing is discharged". Thus, in her account she constructs this canonical position to argue for the necessity of supervision, as a professional practice aiming to discharge yourself of the distressful feelings working with refugees/victims of torture has charged you with. The participant is thus positioning herself within a 'pathology or deficit model' (Papadopoulos & Hildebrand, 1997) of refugee trauma, enlisting a trauma discourse to account for refugees' mental health. Such a traumatic conceptualisation is in accordance with the existing literature on mental health professionals working with refugees which acknowledges that exposure to trauma on an ongoing basis can have significant negative effects on both physical and psychological well-being (eg. Cieslak et al., 2014; Van der Veer 1998). In essence, this is a subject position on board of the metaphor of the 'emotional roller-coaster' suggested by Guhan & Liebling-Kalifani's (2011) participants. Moreover, such a positioning is in accordance with findings from our own reflexive phenomenological investigation on the experiences and emotions of mental health professionals (Kesisoglou, Metallinou & Issari, 2018). In effect, the mobilisation of this repertoire

and this positioning seems commonsensical in the interaction of the interview. Being negatively affected is constructed as a sine-qua-non of therapeutic practice with refugees, a burden that supervision is placed as suitable to unload. Moreover, in lines 1-3, P1 is stating explicitly that she feels all supervision needs. Another argumentative thread for the need of supervision is discussed in more brevity in the next section.

Supervision as instruction

The second canonical argumentative thread in our interviews framing the practice of supervision was its trope as ‘instruction’ by the supervisor to the professional as supervisee. We can attest it in the lines 4-6, where the explicitly guiding role of the supervisor is described (‘to very specific things in the incidents...such things’). We can discern this trope of accounting in lines 12-14 (‘no matter what the supervisor tells you’... nothing can happen’). Or it is evident in the final line 36-37 (‘someone suggests to you something more to read to sustain yourself’). In this thread, P1 is assuming an affective/discursive position in need of guidance, of instruction, entangled with the feeling of helplessness discussed in the previous thread. This trope constructs supervision as a more top-down relationship of supervisor-supervisee, where the supervisor is positioned as an expert with more experience, skills, and knowledge in the field, able to impart the correct techniques needed by the supervisee to be used in the therapeutic practice on how to handle problematic incidents. This modernist framing of supervision (Kahn & Monk, 2017) is founded on the supervisees feelings of helplessness, uncertainty and despair, in order to privilege the hierarchical, deficit-based supervision practices. According to Redstone (2009), this form of supervision privileges expert knowledge over the local knowledge and life experiences that supervisees bring to the supervision exchange, often silencing their perspectives and preferences for practice. This canonical trope thus positions professionals as in permanent need of instruction as sustenance, always in a position of lack of knowledge, books, correct ways of handling their cases. Thus, in the framework of power in the current refugee regime of Greece, professionals are positioned as in permanent need, as in problem areas to be fixed, to be moved by the supervisor, in an endless pursuit for individualised development, for better skills and practices. What is seldom framed as a need though, is supervision practices of multicultural competence, social justice and solidarity for refugees.

Supervision as self-care

Evident in our data as a repertoire, P1 is also appointing to supervision the objective of ‘self care’, within a multidisciplinary group sharing framework. Found in line 4 (‘what is the part of self care you need’) as well as in lines 33-36 (‘getting a boost... in the part of self-care’), we suggest that this trope is complimentary but entangled with the canon of ‘supervision as discharge’. Self-care is

constructed as an effect linked to the professionals' group feedback that the therapist is doing all they can. Hence, in lines 33-36, aside from the discharge, an affective/discursive practice of a boost is described, which sustains the mental health professional in a difficult situation. The care of the self in such a supervision framework is the task of the group, which 'holds' the professional and normalises their distress. In their study, Schweitzer, van Wyk & Murray (2015), besides from supervision's function of holding, they also documented with their participants the need and practice of self-care, this time as practical techniques and strategies to manage the emotional impact of the work, such as playing sports, relaxation, taking appropriate breaks, etc. We suggest that this affective/discursive position assumed by P1 draws again on a conception of need as individualised, of mental health practice with refugees as a 'charge', a burden that needs a boost, a burden to sustain the person of the therapist. Another construction of supervision can be found in *passim* in line 3: 'on what is your attitude to work'. Due to lack of further meaning attributions, we will refrain from analysing or further presenting this construction.

Discussion

We presented in the previous section the findings from our pilot study on fifteen (15) mental health professionals working in the refugee regime vis-a-vis their supervision needs and practices. Drawing on Wetherell's recent theorisations of affective/discursive practices and 'embodied semiosis' (2012, 2015), we identified three interrelated argumentative tropes, exemplified in an extract by P1, a female psychologist-psychotherapist working in an international NGO with refugees/victims of torture. The affective/discursive canon was that supervision was constructed in the accounts of the interviews as a discharge of emotions of loss, helplessness, despair. Another commonsensical repertoire of accounting was for supervision to be constructed as 'instructive', where the supervisee positioned herself as in need of directions and knowledge, in working with the refugees. A third affective/discursive repertoire identified in our analysis and showcased in the extract was 'supervision as self-care', where the professional positioned herself as in need of normalisation by the group's feedback and of a 'boost'. These findings are in line with the hegemonic 'pathological or deficit model' (Papadopoulos & Hildebrand, 1997) discourse on the issue of the refugees' mental health and the ways it affects mental health professionals' physical and psychological well-being. Our previous study (Kesisoglou, Metallinou & Issari, 2018) documented in the Greek setting this impact on our participants, but we also pin-pointed the transformative process of personal changes which Schweitzer, van Wyk & Murray (2015) also demonstrated. In this process, mental health professionals attest that on working with refugee clients, they have

gained an increased appreciation of their personal circumstances and awareness of global issues, human rights and social justice (Guhan & Liebling-Kalifani, 2011). Hence, we suggest that those three affective/discursive practices stress the importance of supervision for the prevention of stress or burn-out, due to the impact of the emotions of helplessness, despair and loss; they also point to supervision as a practice to promote the professionals' well-being and development.

Nevertheless, drawing on the critical emotional reflexivity concept (Zembylas, 2014, 2008), we have to critically examine those emotions as inherent in the contextual power relations of both the Greek refugee regime and the mainstream ways of psychosocial services provision. We can conceptualise the feelings of despair and helplessness that P1 constructs as in need of 'discharge' as the affects of the professional practice of empathy in this setting. Mental health professionals such as P1 working with refugees in Greece are effectively caught into a double bind relation, employed to provide psychosocial care services, while absolving the distress and vulnerability of the refugees who are unwillingly confined in the country by the European treaties. Oliver in a recent book (2017) discusses the logics of such refugee detention, in lager camps, in open shelters, or in segregated areas, naming it carceral humanitarianism. Ticktin (2011) suggests that empathy, along with compassion, pity, sympathy and other such sentiments form the basis of humanitarian antipolitics, propagating a (professionalised) depoliticisation of moral agency in the context of neoliberal arrangements of international aid and development (Pedwell, 2012, 2014; Fassin, 2012) such as within the Greek refugee regime. Empathy is in essence, an individualised, professional skill and tool of mental health practitioners, exercised in therapeutic training sessions, an affective (ethical) technology according to Kirtsoglou & Anastasopoulos (2018). Mental health practitioners working with refugees, find themselves in a precarious, but privileged position of having to professionally manage their empathetic feelings towards sociocultural others, the refugee recipients of their services, to sustain them in their forced confinement in a country they'd rather leave. Moreover, they have to perform this professional practice, by drawing on mainstream pathological and deficit discourses on refugee trauma, instead of interacting with the clients' unique stories of resilience and focusing on their positive responses to trauma, aiming to foster their Adversity Activated Development (Papadopoulos, 2007) and their own 'vicarious resilience' (Hernandez, Gangsei & Engstrom, 2007). Kirtsoglou & Anastasopoulos (2018), drawing from Pedwell (2014), frame empathy as a sociopolitical relation, that arises within (but also reconstitutes) "social and geo-political hierarchies and relations of power" (2014, xii). Such a conceptualisation of empathy as an affective ethical technology is in line with novel practices of supervision that emphasise solidarity and social justice, recently promoted by Kahn & Monk (2017), as well as Reynolds (2013, 2010).

Thus, it is timely to critically (and emotionally) reflect on the policy-setting implications of such a professional management of empathy and its sustenance through supervision practices. Academics, institutional actors and professionals working with refugees need to address the question of the best settings, arrangements and practices of supervision that will sustain their needs and advance their skills, in a social justice, multicultural perspective. The refugee regime of Greece needs to decide on a system-wide set of policy recommendations for its actors, professionals and/or volunteers, that will establish a protocol of care, including best practices of supervision and self-care, designed to 'uphold' in the long-term their practice of supporting the refugees, in an empowering, developmental horizon.

In our ongoing research project, we aim to elaborate on those questions and further the previous findings and conceptualisations of the affects and emotions in supervision, by identifying the interplay of affective/discursive practices in actual supervision sessions. Since April 2018, we have embarked on a participant ethnographic study, digitally recording the regular supervision sessions of a multidisciplinary group of professionals providing refugees in Athens, Greece with medical, psychological services and psychosocial support. We will analyse those naturally occurring data as discourse in action, entangled with our own attunement with the sessions' affects in order to identify the ways emotions are articulated and performed, the issues and needs participants bring to the fore, as well as the best practices the supervisor mobilises to contain, reflect on and transform these emotions. In this way, we aim to contribute by suggesting evidence-based ways of sustaining the professionals working in the field, while promoting their vicarious resilience.

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