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**Getting Transformation into Good Trouble:
Making new spaces of possibility
with community and in practice**

PROCEEDINGS

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Getting Transformation into Good Trouble: Making new spaces of possibility with community and in practice

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Drawings and Narratives of Life Crises as a Transformational Process

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Abstract: This experiential workshop employs drawings and narratives of life crises as a process of transformation. The process of transformation from immaturity to maturity encounters several internal and external obstacles. Gould (1978) suggested that maturity in itself is a “risky act “ as children’s fantasies, obsessions and assumptions invade the consciousness and inevitably induce mental pain. This is moreover the case, when people are exposed to real life traumas in their developmental pathways that they need to deal with. Mezirow (1978b, pp. 11). This experiential workshop employs individual and group dynamic techniques for facilitating participants through their own life narratives and mapping of crisis moments, choices made and pathways to change. Through mapping their own pathway and life course, participants are also asked to map the pathway and life course of the other (the stranger) (Bauman, 2016) in order to understand similarities and differences, find analogies and cultivate empathy.

Key Words: Transformation, Epistemology, Leadership, Critical Reflection

Introduction

According to United Nations reports, refugee flows have increased significantly in the last decade and refugee children make up 50% of the world’s refugee population. Refugees are exposed to traumatic events, some have lost their families, some are victims of trafficking and others were child soldiers in war zones. These experiences are traumatic and are often related with mental health disorders, post-traumatic stress, depression and anxiety (Almqvist & Broberg, 1999; Ahearn 2000; Beans et. al., 2007; Bronstein & Montgomery; 2011; Björkenstam et. al., 2020; Oppedal et. al., 2020). However, according to Fazel & Betancourt (2018) studies focusing on mental health of refugees are relatively few, the mobility of the refugee population is high and therefore it is often difficult to locate them and the cultural conditions in the host country are complex, resulting in relatively little access to mental health services. In order to understand the effects of the refugee phenomenon, it is important to use a model that links the events before, during and after the refugee experience.

Structural Inequalities

Structural inequalities and barriers to integration are of particular importance as much as the way in which adult education and support is offered for refugees’ integration. Anxiety about the future, the long process for asylum application, fear of rejection is associated with depression and anxiety disorders. In addition, refugees face stress in the process of integration in the new culture. In this process it is important to both, preserve the identity of their cultural heritage and strengthen their intercultural identity that connects the past with the present. In addition, stigma and discrimination that some refugees may face also play an important role, particularly in relation to the development of mental health problems. Some refugees face many mental health issues especially in the first years of their settlement in the host country. Relevant studies have

been conducted since the 1990s (Gonsalves, 1992), showing that it takes at least five years from the date of settlement to reduce mental health issues linked both to the difficulties of settlement and acquiring a new intercultural identity, since the traumas of war are often untreated and thus unresolved. Developing an intercultural identity, that includes both the respect for the cultural heritage that refugees bring along with them, as well as the possibility of substantial integration and the acquisition of a new identity in the host country, is very important for the cultivation of mental resilience. However, this is not an easy process, as refugees may come across the resistance of some of the local populations on equal terms integration. Thus, the occurrence of post-traumatic stress disorder, depression and other psychosomatic problems, as well as the vulnerability of the population to psychological and psychiatric problems, is expected (Ulrich, *et. al.*, 2022; Blackmore, *et. al.*, 2020; Ellis *et al.*, 2018). In Greece, the long fiscal crisis has affected in a negative manner the refugees integration processes (Anagnostopoulos, *et. al.*, 2016). Most agencies working directly with refugees are mainly non-governmental. Their main interventions are to provide interpretation and legal services, psychosocial support and cultural and educational programmes aiming to promote educational and social inclusion. Nonetheless, most interventions seem to lack coping with trauma and improving mental health practices.

Psychosocial Support

Psychological support mechanisms can be provided, since most European countries have agreed to co-shape a common integration policy to be implemented at the European and the national level. Therefore, comprehensive psychosocial interventions are required as well as the restoration of the relations with the social environment in the host country. The indicators that can explain risk factors and protective factors in mental health issues according to Fazel & Betancourt (2018), are two: a) exposure to ongoing unprocessed past trauma and b) the complexity of the host country environment including education, discrimination and the restructuring of family life. Mental health problems, depression, anxiety and disturbed sleep, affect refugees' ability to adapt to the new environment and especially their willingness to learn the language of the country of settlement (Iversen, *et. al.*, 2014). Post-traumatic stress affects development even ten years after settlement in the new country (Carlsson *et t. al.*, 2006). Relevant studies conducted 60 years after the Second World War, showed that mental effects following situations that endanger a person's life and rights followed him/her for the rest of his/her life (Strauss *et al.*, 2011). The effects of post-traumatic stress are transmitted from generation to generation (Sack *et al.*, 1995), while other behavioral problems such as substance abuse (Ezard, 2012) may also manifest themselves. However, resilience of some refugees who may have experienced great losses and hardships and managed to overcome them is also a fact. Almqvist & Broberg (1999), focused on protective factors for mental health and social adjustment and argued that the ability to adapt is related with many different factors and especially with the relationships people develop with their own peers. Fazel & Betancourt (2018), focus particularly on the concept of resilience as a dynamic process dependent on time and space, individual and family characteristics, cultural influences, education and social support networks.

Interventions should focus as much on learning a new language and making friends as on resolving citizenship issues and accept referrals to mental health services. The importance of learning the new language in the country of settlement has been proven by numerous studies to be particularly important for integration and job search. Refugees and migrants are often economically deprived and feel cut off from the environment in which they live and work. They often live in deprived urban areas where violence can be breaded accompanied by severe mental

health problems. Often, barriers to finding a job is followed by frustration, anxiety and depression. The sense of alienation from the environment is a particularly important predictor of mental health problems, just as the feeling of “belonging” is a factor in the prevention of post-traumatic stress and other mental health issues. However, accessing mental health services is particularly difficult as there are personal, family, social and cultural factors that are barriers to access. Especially when refugees come from a culture that stigmatizes mental health issues, it is harder for them to trust services and as a result they often seek informal psychological help from their friends (Piwowarczyk et. al., 2014).

Successful interventions are relatively limited and mainly concern prevention strategies (Anders & Christiansen, 2016) that focus on a) the use of drama and visual therapy, b) trauma-focused cognitive-behavioral therapy and c) narrative therapy. However, there is insufficient evidence that these interventions reduce post-traumatic stress as external stressors seem to predominate. Another important parameter is the acceptance of refugee and immigrant families in the host and settlement country. Several studies support that when families speak the language of the host country and have the necessary skills that can help them integrate into the labor market, then the results are very positive (Ager & Strang, 2008; Stoltz, et. al., 2015). Ager & Strang (2008) argue that the factors contributing to meaningful inclusion are divided into four categories: a) Means Offered such as education, work, housing and health, b) Social Relations that include social ties, social connections and bridges c) Facilitating Factors such as knowledge of the new language and culture, security and stability and d) Fundamental factors, such as rights and citizenship.

Experiential Workshop

The current experiential workshop employs drawings and narratives of life crises as a process of transformation. The process of transformation from immaturity to maturity encounters several internal and external obstacles. Gould (1978) suggested that maturity in itself is a “risky act” as children’s fantasies, obsessions and assumptions invade the consciousness and inevitably induce mental pain. This is moreover the case, when people are exposed to real life traumas in their developmental pathways that they need to deal with. Mezirow (1978b, pp. 11) has argued that *“for a perspective transformation to occur, a painful reappraisal of our current perspective must be thrust upon us”* and in his original study with women at re-entry to education and labor market, suggested that *“there are distinctive psychological patterns of re-entry”* (1978, pp. 12) and concluded that a *“woman becomes a transformation learner when she realizes how the culture and her own attitudes have conspired to define and delimit her self-conception, her life style, and her options in terms of a set of prescribed, stereotypic roles. As a result of recognizing these taken-for-granted cultural expectations and how they have shaped the way she thinks and feels about herself and her relationships, the transformation learner comes to identify her personal problem as a common one and a public issue.”* (1978, pp. 15). However, the risk for fixation to old dysfunctional assumptions is always present. Fixation is a classic psychoanalytic term suggesting that adults who remain fixated on the past may be highly dependent on others, and they are very rigid and strict with themselves and others, often feeling disappointed and frustrated by the demands of external reality. Fixation (Gould, 1978) is reinforced by experiences and internal and external conflicts that cause mental pain and prevent initiatives and action taken. Psychological pain is observed through uncontrollable self-destructive behaviors that limit the capacity for change and the ability of adults for self-fulfillment and self-directed learning. Psychic pain is usually not conscious, and it reappears often in adulthood with a subversive form creating the fear of the uncanny (Freud, 1919). In educational settings, psychic pain might be

manifested as anger towards the adult educator or the group. Adult educators need training in order to understand the difference between adult learner's stress related to actual external pressures and anxiety that is rooted on childhood myths that adults may unconsciously use to construct a defense mechanism against stress. The process of understanding these mechanisms is very important for reaching transformation of false assumptions. Adult learners experiencing fixation at particular developmental stages need counseling or even therapy to process deeper feelings and thoughts that keep them fixated on the past and place obstacles in taking initiatives and action in the present (Tsiboukli, 2020). Mezirow suggests ten phases an individual has to go through in order to reach transformation. These include the exposure to a disorienting dilemma, self-examination with feelings of fear, anger, guilt or shame, critical assessment of assumptions, recognition that one's discontent and the process of transformation are shared, exploration for options for new roles, relationships and actions, planning a course of action, acquiring knowledge and skills for implementing one's plans, provisional trying of new roles, building competence and self-confidence in new roles and relationships and reintegration into one's life on the basis of the conditions dictated by one's new perspective.

Method

This experiential workshop introduces participants (up to 20) to a new method for understanding their internal and external crises and the ways these may lead to change. The workshop employs individual and group dynamic techniques for facilitating participants through their own life narratives and mapping of crisis moments, choices made and pathways to change. Through mapping their own pathway and life course, participants are also asked to map the pathway and life course of the other (the stranger) (Bauman, 2016) in order to understand similarities and differences, find analogies and cultivate empathy.

Aim

In the present experiential workshop, the aim is to cultivate empathy and change dysfunctional attitudes in relation to the refugee crisis. Jack Mezirow's theory of dysfunctional assumptions in relation to religion, ideology and culture is employed in order to understand our personal dysfunctional assumptions. Mapping life crisis and dilemmas is significant for changing habits of mind and understanding the perspective of the other (the stranger). Towards that goal group dynamics are employed together with mapping and representations.

Conclusion

The refugee crisis is a timeless and universal phenomenon with serious consequences at the psychosocial level for the people who experience it. Over the years refugees might be exposed to other aggravating factors along with being a refugee (e.g. abuse, rape, unwanted motherhood). In these cases, the risk of passing on the trauma to the next generation is concrete and visible. In this context, educational attainment, employability, housing and access to health, mental health, social welfare and education services are of particular importance. Therefore, intervention programs need to be long-term and comprehensive in order to be effective. In addition, education and integration interventions are important to consider the need to cultivate and respect intercultural identity, the cultural background of the refugees and the opportunity to integrate in a new culture. In this context, Fazel & Betancourt (2018), ask some important questions that need to be answered in relation to the ability of the interventions targeting refugees when they arrive in host countries to improve community participation and social inclusion, by taking into consideration the particular cultural sensitivities of different groups of refugees. Questions on how to improve refugee's access to health, education and welfare services, remain open. Steps towards resolving stigma and increasing the quality of education and prospects for

integration, are important. Adult educators need to explore various dysfunctional assumptions. This is not an easy process and requires other than didactic means.

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