

**RESTORING HOPE AND PROMOTING HEALING:  
SPIRITUAL AND JUNGIAN PERSPECTIVES ON REFUGEE CARE**

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## **DEDICATION**

This research is dedicated to Rev. Fr. Lino Cardona, SJ (1944-2020)  
my spiritual father

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## LIST OF ABBREVIATIONS and ACRONYMS

AAD	Adversity Activated Development
ADAPT	The Adaptation and Development after Persecution and Trauma model
AI	Active Imagination
APA	American Psychiatric Association
BBC	British Broadcasting Corporation
CBI	Cultural Bereavement Interview
CD	Cartagena Declaration
CT/T	Counter-Transference/Transference
CUT	Complex, Unique and seen in Totality
CUT – R	Complex, Unique, seen in Totality, and Resourceful
CW	The Collected Works
DPRs	Disturbed Psychological Reactions
DSM	Diagnostic and Statistical Manual
GM	General Meaning
HA	Humanitarian Assistance
HP	Humanitarian Protection
HPG	Humanitarian Policy Group
HR	Human Rights
ICCPR	International Covenant on Civil and Political Rights
ICD	International Classification of Diseases
ICESCR	International Covenant on Economic, Social and Cultural Rights

ID	Involuntary Dislocation
IHL	International Humanitarian Law
Is	Prophet Isaias
JD	Jungian Discourse
M23	Rebel Group of the Democratic Republic of Congo
MAPs	Meaning Attribution Processes
Mt	Gospel of St Matthew
ND	Nostalgic Disorientation
NGO	Non-Governmental Organization
OAU	Organization of African Unity
OES	Onto-Ecological Settledness
OEU	Onto-Ecological Unsettledness
OHS	Ordinary Human Suffering
OS	Orienting System
PD	Psychological Debriefing
PDs	Psychological Disorders
Ph.D.	Doctor of Philosophy
PTG	Post Traumatic Growth
PTSD	Post Traumatic Stress Disorder
RC	Refugee Care
RF	Religious Function
R/S	Religion and Spirituality
SA	Spiritual Assessment

SD	Spiritual Discourse
SDE	Societal Discourse of the Expert
SI/HI	Suicidal Ideas/ Homicidal Ideas
SM	Situational Meaning
SS	Spiritual Struggles
STC	Synergetic Therapeutic Complexity
TD	Trauma Discourse
TF	Transcendent Function
TP	Therapeutic Presence
TW	Therapeutic Witnessing
UDHR	Universal Declaration of Human Rights
U.K.	United Kingdom
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNCHR	United Nations and the Commissioner for Human Rights
U.S.A.	United States of America
USCIS	United States Citizenship and Immigration Services
VD	Victim Diamond
VG	Victim Grid
WAT	Word Association Test
WP	Working Paper
WW I & II	World War I, World War II

## ABSTRACT

The predominant discourse on refugees associates them with “trauma”. However, the loss of home is the only common link refugees share. Refugees lose home as a result of various upheavals and suffer many impacts, but not all develop post-traumatic stress disorder. A multidisciplinary approach is needed to capture their human complexities and to show how they can heal and move towards meaning. Pope Francis’s speech to Congress (2015) and his Encyclical Letter Fratelli Tutti (2020) reveal what is needed and how to get there. In his speech the Pope advocates for HOPE and HEALING, while in the encyclical letter for the four actions: WELCOME, PROTECT, PROMOTE and INTEGRATE as the path to achieving these in practice. These have been both my inspiration and the driving force to examine how Refugee Care (RC), as the alternative discourse about refugees, goes about restoring hope and promoting healing. As a result, I have come to appreciate the RC model as a more balanced approach to refugees and to recommend that it is enriched through the spiritual and Jungian frameworks which can hold these perspectives and make them explicit. These frameworks allow for the understanding of what religion and spirituality are, how they can be addressed, and incorporated into coping. The same goes with the Jungian frameworks: they allow better understanding of the psyche and its processes, of the role of the unconscious, and the way of working with it in practice. Through analysis and synthesis of the three respective epistemologies attached to these disciplines, I have created a fourth, which reflects the synergy between them. Therefore, this study is a synergetic approach to refugees and attempts to answer questions like: Who are refugees as human beings and what are the misconceptions about them? How does involuntary dislocation impact them? How can refugees be empowered to find hope and healing? What kind of therapeutic approaches are needed and can benefit refugees, therapeutic workers and the community at large?

## **Restoring Hope and Promoting Healing: Spiritual and Jungian Perspectives on Refugee Care**

### **Introduction:**

*“In every crisis, doubt or confusion, take the path of compassion, courage, understanding, and love.”*

Amit Ray

### **A. Brief Overview of the World Refugee Crisis and the Challenges Refugees Face**

The global refugee crisis is more poignant than ever before. According to the United High Commission for Refugees' (UNHCR) annual report (2024) at the end of 2023, an estimated 117.3 million people worldwide were forcibly displaced due to persecution, conflict, violence, human rights violations and events seriously disturbing public order. The same source confirms that this represents an 8 % growth or 8.8 million people since 2022, and continues a series of year-on-year increases over the last 2 years. Inside the Emergency Watchlist of the International Rescue Committee (December 14, 2024) has identified the top 10 crises in the world that cannot be ignored. These crises, in order of their severity include: political tensions in Sudan along with regional drought and conflicts; the occupied Palestinian territory as the place of the latest round of conflict between Israel and Hamas; South Sudan with its political tensions with a fragile economy and shortage of basic supplies; Burkina Faso with its rapidly growing and spreading violence between the government and armed groups with deepening food insecurity; Myanmar with resumed clashes of 3 major armed groups with the government causing significant pressure and civilian harm; renewed fighting in Mali between the government and the Tuareg armed groups; Somalia with its ongoing government offensive against armed group al-Shabab which makes it hard for 6.9 million in need of humanitarian aid to access it; Niger with its political tensions with the neighboring countries; Ethiopia with its escalating violence and tensions with neighboring

countries which threaten a return of wider conflict; and the Democratic Republic of Congo following the collapse of truce between the government and the armed group M23 with consequent political tensions, economic pressures, climatic shocks and persistent disease outbreaks. Besides these crises, there is war in Ukraine which is in its 3rd year and leaves in its wake 3.7 million displaced within the country and 6.3 million refugees and asylum seekers (UNHCR, 2024) causing soaring food and gas prices in Europe and North America.

While the causes of forced migration are many, these create a ripple effect: people continue to be on the move, and the flow of migrants and refugees cannot be stopped. No continent is immune to this crisis. Besides the waves of refugees and migrants coming into Europe, there has been a continuous flow of people from South America into North America, and within South America itself. In Africa too people have been on the move from one country to another - not just out of Africa, but moving into Europe or Australia or America. Similarly, people from the middle East have been fleeing, not only into neighboring countries like Turkey and Pakistan, but also to more distant countries like America, Canada and Australia. The latter countries are also the destination for people from the islands in the Pacific where the changes in climate are threatening to force people into having no place to call home or no country/state of their own.

Together with this dramatic view of the world crisis, there are negative perceptions of refugees and migrants and additional violations of their human rights, besides the original ones which led to their exodus (UN Special Rapporteur, 1982), and those which happened along the way (VoA 7/5/24). Evidence for these abides. For example, President Donald Trump is back on the campaign trail and he continues to make negative remarks about refugees and migrants, in particular from South America while threatening to deport them and close the border between the USA and Mexico (ABC news, May 23, 2024). Other European countries view them as a financial

burden and abandon them at sea or on their borders (BBC news 6/17/24; relief-web 4/25/24). Then, there are countries (USA in particular) that suspect them of terrorist activities, and as a result violate their rights to privacy and freedom of movement among other violations (NY Post, 6/11/24).

The countries that end up hosting them, have policies and procedures in place which require refugees to go through lengthy legal procedures during which their status of a “refugee” is put in question, and depending on the evidence they can provide about their situation, is either confirmed or disconfirmed. These ordeals place their lives on hold indefinitely and interfere with their prospects for rebuilding their lives. Living in limbo, without belonging and opportunities to earn a living and use their talents and skills, does not inspire hope and does not promote healing. One particular story comes to mind from the time (2006) when I worked with refugees on the Mediterranean island of Malta. It is a story of a young African man who made a dangerous journey across the African desert, was subjected to various harassments in Libya before paying big money to sail on “a big ship” to Europe, hardly survived at sea because he ended up on a fishing boat which ran out of petrol, to find himself in Malta and spent 1 year in the detention center upon his arrival. After all this ordeal of not knowing what was going to happen to him, he decided to mutilate his hands with caustic soda in order to alter his finger prints. Per his report, he hoped to come out of his misery by making another journey by sea and arrive at a more desirable European location with “new finger prints”, and therefore a new identity.

Additional challenges for refugees come from disciplines that claim expertise in dealing with human pain and suffering. One such issue is the tendency, in psychiatry more than in psychology, to exclusively and narrowly concentrate on the psychological distress and damage at the expense of asking them about their experiences and other facets of their humanity/backgrounds

(moral, spiritual/religious, cultural, aesthetic, creative, etc.). This discourse, is better known as the trauma discourse. It has been exported internationally from North America, via humanitarian assistance, in the 1990s when there was a big movement of people across the globe due to the so called “complex emergencies” (Duffield, 1994). According to this discourse, refugees are seen as damaged/traumatized, in need of repair through specialized services, and then in need of a follow up since they will be in recovery/remission/never fully recovered. With the overemphasis on their psychological well-being over other facets of their humanity, this discourse fails to take into account their strengths and resources, and their capacity for coping, adaptation and meaning making. Along with this, it imposes western approaches they are not familiar with, and which do not allow them the time and space to make sense of their experiences. By imposing meaning on them rather than asking them about their experience and allowing them the time to make sense of it, it prevents them from healing from the impacts of losing their home and all that they went through during the involuntary dislocation process.

The multitude of devastating events in the world and the magnitude of human suffering is overwhelming for all of us, and create questions about what is to be done with refugees who can be seen everywhere and in almost every context. While the governments have their own policies and procedures to mediate public disquiet, they have their own agenda that does not necessary take care of refugees or us. The media too, even under the best circumstances is limited since it tends to emphasize certain aspects of a given situation, and even foster certain political agendas. In the end, the media offers a compartmentalized view of the situation at hand, is limited in scope, and does not follow epistemological guidelines. Both leave us without hope and a reliable model for better understanding of the key actors in the public tragedies (Papadopoulos, 2021), of who

refugees are, what they deal with, and what they need. This situation forces us to resort to our own devices for finding hope.

### **B. Pope Francis' Speech to Congress and His Encyclical Letter as the Inspiration for this Study**

For me personally everything crystalized with Pope Francis' s speech to Congress of 2015 and His Encyclical Letter "Fratelli Tutti" or Fraternity and Social Friendship of 2020. In the speech the Pope directly addresses the humanitarian aspect of refugees by reminding us that refugees are people with faces and stories, hopes and dreams. He urges us to respond to them in the ways of hope and healing, of peace and justice by referring to the Golden Rule "Do unto others as you would have them do unto you" (Mt. 7:12) as the guideline. In His Encyclical Letter the Pope reminds us that we live in a world which has lost its spiritual identity and moral consistency, and all kinds of unhelpful attitudes which have set in such as: selfishness, pride, arrogance, racism, bystanderism, and complacency among others. The Pope highlights the loss of human values and moral compass, and the need for stepping up personal as well as national responsibility, and more investment in the global community towards making our world a better place. More specifically, he focuses on what hope looks like and how we can foster it and contribute to the healing in the world. He sums up his recommendations under the heading of four actions: to WELCOME, to PROTECT, to PROMOTE and to INTEGRATE. By referring to the parable of the "Good Samaritan" (Lk 10:25-37), He calls us to step up personal and national responsibility towards our refugee brothers and sisters given our collective identity and our human bond with them.

His speech and the Encyclical Letter spoke to me, not just as a practicing Catholic, but also as someone who has fled my war-torn country (ex-Yugoslavia) and who participates professionally in the healing of others (including refugees) with training in nursing, psychology, pastoral

counseling, and psycho-analytic studies (Jungian). Therefore, both as a person who is religiously affiliated as well as embracing the spiritual through the symbols of the unconscious, I continue to look for a wholistic approach to healing. Above all, the Pope's messages have inspired me to study Refugee Care (RC) and to learn about this model which offers rich insights into the complexities surrounding involuntary dislocation (ID). More specifically, the Pope's messages have motivated me to examine RC in terms of how it goes about inspiring hope and promoting healing, i.e. how it welcomes refugees, protects their dignity, promotes their integral development, and how it helps them to integrate into our communities. In addition to singling out the RC model, I have also been inspired to identify its spiritual and Jungian perspectives, to create related frameworks for them since they are only implicit in RC, and to bring forth these neglected aspects of refugees. With my focus on refugees, I have also been concerned about therapeutic workers who find themselves overwhelmed by complexities, limited in the face of multiple demands, misguided by the psychological interventions, and demoralized by continuously witnessing human suffering. By making explicit the spiritual dimension in RC and showing how it can be incorporated into therapeutic work with refugees, I aim to contribute towards their self-care since working with this dimension does not require of them to deliver expert opinions, but instead asks for openness to learn from others through sharing and dialogue, to witness and contain human suffering, and to assist people to activate and actualize their strengths and resources. More specifically I recommend a framework for spiritual assessment together with the frameworks for spiritual coping and for meaning making in the context of stress, and thus provide them with some tools. As for the Jungian perspectives, given that Jung focuses on the "whole psychic being", I make connections between his ideas about the psyche and the central themes of RC. I explore how these ideas enrich our understanding of refugees and their potential for adaptation and healing, and draw attention to

various tools for working with the unconscious (myths, fairy tales, pictures, sand tray, movement therapy).

### **C. What I Intend to Investigate and What are the Questions I wish to Answer?**

In view of the above stated considerations my rationale for this study is:

- (i) to examine the legal discourse, the trauma discourse, and the alternative models of care in order to determine what these models say about who refugees are, what refugees deal with during involuntary dislocation (ID), and how refugees can heal from their multiple losses, violations, and suffering;
- (ii) to examine how RC, as a multidisciplinary model, conceptualizes refugees, the method it uses to explore their experiences, and the frameworks it relies on at the implementation level in order to help them transform their suffering;
- (iii) to search within the RC model for its Spiritual and the Jungian perspectives, to critically discuss the meaning and importance of these perspectives, and to introduce related frameworks which can enrich RC at the implementation level;
- (iii) to identify the synergy between RC and the Spiritual and the Jungian discourse, and translate it into the fourth epistemology which reflects synergetic understanding of who refugees are, what they deal with during ID, and how they can make sense of their losses and suffering;
- (iv) to discuss Pope Francis's messages from His Speech and the Encyclical Letter in connection with the synergy between these three disciplines.

The questions I want to answer in this study are:

- (i) Who are refugees as human beings and what are the misconceptions about them?

- (ii) How does the loss of home and other events of ID impact them?
- (iii) How can refugees be empowered to find hope and healing?
- (v) What kind of therapeutic approaches benefit refugees, therapeutic workers and the community at large?

#### **D. Key Terms and Research Context**

As I have indicated above, I use the term “involuntary dislocation” which features in RC discourse as opposed to “forced migration” used in refugee studies. In RC, the word “involuntary” is used over “forced” and addresses the *intention, awareness and control* over one’s actions and “..delineates the process inside of them.... that makes them ‘decide’ to become dislocated, contrary to their own ideal choice” (Papadopoulos, 2021, pg. 40).

Furthermore, Papadopoulos (ibid) writes that:

...the term involuntary ‘forces’ us to consider all these shades of meaning and ambiguities with regard to people’s decision to flee, instead of simply accept that they are forced out (as in ‘forced migration’) as if they were inanimate objects, such as pieces of furniture, discarded and thrown away into a skip (ibid, pg. 41).

As for the term “dislocation” over the term “migration”, Papadopoulos (ibid) writes that:

...migration refers to any individual or mass movement from one location to another, by humans or animals (across land, through water or air) which can be either a regular and repeated seasonal phenomenon or set off by adverse conditions”; while dislocation “covers a much wider range of phenomena; it has a more specific focus and, hence connotation [which brings focus to] the actual human experience of home, of feeling at home, in all its meanings and significations (ibid).

The other key terms in this study are: religion and spirituality (R/S), coping, psyche, psychological adaptation, transcendent function of the psyche (TF), religious function of the psyche (RF), and synergy. I explain these complex terms in some detail in chapter 4 and 5. As for the terms of hope and healing, I discuss them as I go along in each chapter.

Regarding the research context, since RC is a multi-disciplinary psycho-social approach which is informed by social and cultural psychiatry and various branches of psychology, this study builds on the insights from all these disciplines. With my plan to enrich this model with the spiritual, I intend to add to this list, studies which support the importance of this dimension in relationship to the study of refugees. Some of the evidence comes from research into resilience (see Masten, Best, and Garmezy 1990; Lalonde and Pepler, 1993; Boyden and Mann 2005; and Tedeschi and Calhoun, 1995, 1998). Additional supportive evidence comes from anthropological and ethnographic research (Mabe, 1994; DeVoe, 1997; Gozdzik and Shandy, 2002; Eastmond, 2002) and refugee studies (Porobic, 2012, 2018). Along the way I also gather evidence that pertains to the definitions of religion and spirituality (Schneiders 1989, Zinnbauer 1999 and 2005; Thoresen 2007; Oman 2007 and 2014), and the reasons behind the exclusion of this dimension (see Feifel, 1958; Shafranske and Malony, 1990; Worthington, Jr., 1990). Since this dimension cannot be discussed without a reference to spiritual development and wounding, I refer to the related research (see Fowler 1981, Rizzuto 1991, and Johnson and Boyatzis 2005 for spiritual development; and Doehring 1993, both for spiritual wounding). As for a better understanding of how to work with this dimension I draw upon research findings from psychology of religion, large number of studies done by the American psychologist K. I. Pargament (1992, 1995, 1997, 2000, 2005, 2006, 2007, 2010, 2013) and his many associates (C. L. Park, G. M. Magyar, N. A. Murray Swank, A. Mahoney, E. Benore, J. Cummings, G.G. Ano, K. M. Desai, and K.M. McConnell). As for Jungian and post-Jungian perspectives I draw insights from Jung's Collected Works and from prolific post-Jungian writers such as: L. Corbett (2000, 2004, 2005, 2007); M. B. Stein (1999, 2005), J. Hollis (1993, 1994, 1996, 1998, 2001); D. Kalsched (1996, 2013), E.F. Edinger (1984, 1985, 1995, 2000, 2004); and D. Tacey (2013, 2019).

Outside of the research context, there are references to ID in the Holy Scriptures such as the Torah, the books of the Old Testament, the Holy Quran (the prophet Mohammed's flight from Mecca to Medina), the New Testament (Jesus's family escaping prosecution by King Herod in Bethlehem /their flight to Egypt), and Hindu Eposes (e.g. The Ramayana of Valmiki tr. Pollock et al.1988, 122-123). These references indicate the universality of ID experiences. It is also well known that world religions have their own specific ways of dealing with the existential questions which arise from these experiences, i.e. provide answers, explanations and the means for coping and endurance of various forms of human suffering. Additionally, there is evidence (Jaeger, 2001) which suggests that refugee protection prior to the Universal Declaration of Human rights (1948) and the Refugees Convention (1951), was managed by faith based/charity organizations before it shifted to governments, and that these organizations continue to aid refugees to this day.

#### **E. The Outline of the Chapters**

In chapter 1, I discuss the legal definition of the term refugee since legal/humanitarian protection of refugees is tied to it. I also identify the instruments of protection for refugees both prior to the Refugee Convention (1951) and its Protocol (1967) and come up to the present day, to illustrate that the instruments for protection of refugees exist, but access to them is limited given that the application for asylum does not always result in refugee status. Additionally, I discuss the meaning of humanitarian assistance, types, factors that shape it, and its core principles, since humanitarian assistance is not one and the same. I also provide a brief overview of the effects of humanitarian aid on refugees in order to highlight that the care refugees receive is not necessarily the care they need. Lastly, I discuss the implications of this discourse with regards to refugees, therapeutic workers and the society at large.

In chapter 2, I review the introduction, development, and transmission of the trauma discourse, since these explain how refugees came to be seen as “traumatized”. I also review the recommendations made to this discourse and explain that this discourse continues to dominate over other discourses on refugees, despite recommendations made to humanitarian workers as how to adapt it to the people from various cultures. Furthermore, I discuss alternative models of care for refugees which emerged in the mid-1990s but no longer exist except for some of their elements that became incorporated into RC. In the end I bring in the insights from political scientists, psychologists, psychiatrists, and social workers about the trauma model as I draw conclusions about the implications of this discourse for refugees, therapeutic workers and the society at large.

In chapter 3, I outline in detail the meaning of ID and RC’s main themes: refugees, home, identity, Adversity Activated Development (AAD) and trauma; the impacts of the loss of home such as onto-ecological unsettledness (OEU), nostalgic disorientation (ND) and the risk refugees run during ID for developing victim’s identity. With these I highlight the complexities surrounding refugees, the importance RC puts on one’s experience over the events, and on seeing them in context (their totality). I also discuss RC’s method for processing refugee experiences and its implementation techniques, since with this method RC braces against various epistemological errors. Last, but not least, I discuss RC’s frameworks which could be used at every step of its epistemic processing to show that RC has tools for processing complexities related to the events, home, identity, responses to impacts, and meaning making. Finally, I pinpoint its spiritual and Jungian implications, and how this model can be enriched by these frameworks at each of its three epistemological levels.

In chapter 4, I provide a brief literature review which supports the idea that the spiritual dimension has been neglected but is an integral aspect in the study of refugees, together with a

brief history behind the terms “religion” and “spirituality”, the challenges behind conceptualization of these phenomena in psychological research together with implications and recommendations; and introduce my working definitions of religion and spirituality for RC. I also explain what spiritual development is, as well as what the trauma of the spirit is, and draw attention to the need for fostering people’s search processes and spiritual development since only in this way they can hold onto their spiritual identity. Furthermore, I emphasize the importance of doing spiritual assessment since religion and spirituality can be both a source of strength, resilience and coping as well as a source of spiritual struggles. Since I am after enriching RC with this dimension at the implementation level too, I introduce frameworks for religious coping and for meaning making to complement the existing framework for meaning making of RC.

In chapter 5, I focus on some of Jung’s ideas about the psyche pertaining to its structures, dynamics and nature, since these ideas help me to make connections with the central themes in RC, and to show that besides people being complex, unique, and in need of being seen in totality, they are also resourceful and have the capacity to adapt, be resilient, and even grow through adversity. I also discuss Jung’s ideas about religion such as religious impulse and his other ideas on this subject (spiritual problems of modern man and related solutions), which help me to validate the importance of the spiritual dimension of RC. Furthermore, I include some post-Jungian perspectives since they show that Jung’s ideas are still valid, and provide helpful insights into the question of how people can heal in today’s world (western) which tends to be materialistic and needs to be counterbalanced by spiritual attitudes since as humans we cannot live without meaning and purpose in our lives and these come from our connection with something greater than ourselves. With the help of the Jungian method for working with the unconscious and his implementation techniques, I see a way of both supporting and enriching the other two discourses.

In chapter 6, I bring RC, the Spiritual and Jungian discourses together in order to show the synergy between them at each epistemological level, which helps me to draw conclusions about who refugees are and to correct any misconceptions about them; to demonstrate that the care they need is different than the one offered to them; to show the importance of working with a clear and synthetic or constructive method for processing individual experiences as opposed to using a narrow, linear and reductive epistemology alone as it is the case with the trauma discourse; and to demonstrate how this method benefits refugees, therapeutic workers, and the community at large.

In the light of my research questions, I draw conclusions in chapter 7, about what I have accomplished, discuss Pope Francis's speech and His Encyclical Letter in connection to RC as a synergetic model, and outline the limitations of this study and make some suggestions for further research.

## CHAPTER 1: The Legal Discourse on Refugees

*To deny people their human rights is to challenge their very humanity.*  
Nelson Mandela

### Introduction

Refugees inevitably face legal issues. These issues are complex and the processes of handling and resolving them are lengthy, full of challenges, and with significant implications to their lives and safety. These issues determine how they are perceived and treated upon arrival, if they are given a chance to apply for asylum, whether they get refugee status, whether they can keep that status and stay in their host country, and what happens to them afterwards. Therefore, in order for therapeutic workers to better assist refugees, they need to know what these issues/processes are, what challenges refugees face, and what refugees need. These issues also affect therapeutic workers who together with them participate in these processes both indirectly and directly (e.g. when called to testify). These issues also have significant implications for the community at large since refugees interact with various systems of their host country and are looking for stability and belonging. In view of the complexities, contents and implications of these issues, I propose to discuss the following:

- 1) the definition of the term refugee as set in the Refugee Convention Relating to the Status of Refugees of 1951 and its Protocol of 1967, the process one must go through to fulfil this definition to gain the refugee status, and the protection that comes with it together with implications;
- 2) the history of refugee protection and the instruments of protection and implications: pre-Refugee Convention and its Protocol, of the Convention and its Protocol, and under the Human Rights (HR) regime;

- 3) the humanitarian assistance (HA): its history, definition, types, factors that shape it, its core principles and the effects it has on refugees; and
- 4) the challenges refugees face from this discourse, and what they need to be empowered, together with some suggestions for therapeutic workers.

### **1.1A The Definition of the Term “Refugee”**

The widespread view is that the first refugee crisis of the modern world occurred during and after World War II (WW II) when about 60 million people were displaced by Nazi aggression and persecution and later by various military conflicts throughout Europe. In response to this crisis, the international community adopted the 1951 Convention Relating to the Status of Refugees and provided the definition of the term refugee. This Convention was geographically and temporally applied to individuals fleeing the events of WW II in Europe. At the time of signing, the signatories of the Convention could have chosen to broaden its scope, but since many did not, the Convention applied primarily to the 60 million Europeans displaced because of the war. The 1967 Protocol Relating to the Status of Refugees recognized that new refugee situations had arisen since WW II, and in view of the likelihood that they will arise in the future, modified its scope and extended protection beyond events occurring in Europe before January 1951 while keeping the same definition.

The definition itself can be found in the Article 1A (2) of the 1951 Convention and applies essentially to any person who has a:

well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself to the protection of that country; or who not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (pg. 14).

This definition is important because of the legal protection attached to it. In order for the person to gain access to this protection, s/he has to apply for asylum. This application starts the process of the refugee status determination. The latter can take time (sometimes many years), and requires of the person to fulfill all four elements of the definition. These four elements are: fear; persecution; 5 grounds for persecution; and being outside of one's country of nationality/lack of protection and unable or unwilling to return to that country of nationality and/or being outside of one's country of habitual residence and unable or unwilling to return to it. Each of these elements has its own complications.

Its first element "fear", shows that the first thing the person is asked to prove is her/his fear of persecution, which is a subjective experience. In the words of the overseer of refugee protection, the UNHCR, as stated in its Handbook (1979):

...an evaluation of the subjective element is inseparable from the assessment of the personality of the applicant, since psychological reactions of different individuals may not be the same in identical conditions. One person may have strong political religious convictions, the disregard of which would make his life intolerable; another may have no such strong convictions. One person may have an impulsive decision to escape; another may carefully plan his departure (ibid, par. 40).

With this, the UNHCR introduced the need for the objective element which pertains to the conditions in the applicant's country of origin. According to this objective element, one's fear is considered well-founded if one can establish:

...to a reasonable degree, that his continued stay in his country of origin has become intolerable to him for the reasons stated in the definition, or would for some reasons be intolerable if he returned there (ibid, par. 42).

The obvious complications here are that one has to prove one's future fear of persecution based on the past fears of persecution (which do not automatically mean future fears); that everyone has

such history; and because fear is a psychological term (this implies assessment of one's mental condition and expert opinion/diagnosis).

In the same document, the UNHCR warns that: "...there is no universally accepted definition of 'persecution', and various attempts to formulate such a definition have met with little success" (ibid, par. 51). In the same paragraph, the UNHCR points to Article 33 of the 1951 Convention (the principle of non-*refoulement*-meaning no forced returns), which protects asylum seekers from being expelled or returned to the situations where their life or freedom would be under threat. This presents a contradiction because the UNHCR correlates persecution with the right to remain in the host country/protection, while narrowing down the notion of fear to five grounds and excluding other types of fear, e.g. of economic collapse, civil war, etc.

The five grounds on which persecution happens represent the third element of the definition. They are: race, religion, nationality, political opinion or membership of a particular social group. These grounds pose difficulties given that the meaning of each of these grounds is complex and may overlap with the meaning of other grounds. The first thing that comes to me is that one's racial and religious identity is associated with persecution and politicized as something negative; when it is much more than that. One's nationality can mean citizenship as well as one's ethnic or linguistic identity, and may overlap with the term "race". One may have more than one nationality or may not have any (stateless); or, one's nationality is tied to one's membership of a particular social group-racial, religious, ethnic, linguistic, and yet one may feel persecuted by the very same group (ethnic minorities). Membership of a particular social group could mean that a particular group holds opposing political or other views than the government, and is held as an obstacle to the government's policies. The same goes for proving persecution on the basis of political opinions

since one may not be persecuted only on the basis of held “opinion” but for alleged crimes against the ruling power, i.e. politically motivated acts that are sanctioned as opposed to persecution.

The fourth element of the definition has two parts, and is complicated too. One part refers to being outside of one’s country of nationality and the lack of protection by that country thus one’s inability or unwillingness to return to that country. The other part refers to being outside of the country of one’s habitual residence without nationality, thus unable and unwilling to return to that country. The first part reveals the link between the 5 grounds of persecution and the serious violations of human rights which can happen on the same grounds. This overlap then creates a link between persecution and the right to “protection” and creates a complication for refugees since under the Convention one has to prove both persecution and the lack of protection. The British Professor of International Refugee Law, Guy S. Goodwin-Gill (2008) confirms this difficulty as he writes:

...fear of persecution and lack of protection are themselves interrelated elements. The persecuted clearly do not enjoy the protection of their country of origin, while evidence of the lack of protection on either internal or external level may create a presumption as to the likelihood of persecution and to the well-foundedness of any fear (pg. 3).

Additionally, he writes that:

...the notion of inability to secure the protection of the State is broad enough to include the situation where the authorities cannot or will not provide protection, for example, against the persecution of non-State actors (ibid).

Furthermore, he states that:

...persecution under the Convention is thus complex of reasons, interests, and measures. The measures affect or are directed against groups or individuals for the reasons of race, religion, nationality, membership of a particular social group, or political opinion. These reasons in turn show that the groups or individuals are identified by reference to classification which ought to be irrelevant to the enjoyment of fundamental human rights (pg. 4).

British Professor Emeritus of Refugee Studies and the founder of the Journal of Refugee Studies, Roger Zetter (2007) confirms similar problems with the definition as he offers his own insights. First, he points out that the term “refugee” is a label which is conducive to various prefixes, e.g. “environmental refugees”, “tsunami refugees” and “development refugees” and that these prefixes reflect the causes of forced migration. Second, that the word “persecution” has to be differentiated in terms of: its varied causes, its victims remaining inside their countries and its various forms (social, political, and economic exclusion that go without violence and explicit ethnic cleansing), since the mix up of these complexities becomes an additional source of labelling: “economic migrants”, “genocidists,” “guerillas,” and “rapists.” Third, that the part of the definition that reads: “...is outside his country of origin and unable or unwilling to avail himself of the protection of that country” is problematic because we live in a globalized world that facilitates communication, permits electronic transfers of money, and makes travel easier. According to him, these societal issues create difficulties for refugees on many levels: to prove that they are in exile and physically cut off from their social and economic relations back in their countries of origin; raise questions about the meaning of community, home, and belonging; and create concerns for the receiving states to incorporate these ethnically, religiously, and culturally diverse migrants into their communities that pride themselves on national identity. Fourth, Zetter (ibid) writes that:

...labels do not exist in a vacuum [but] are the tangible representation of policies and programs, in which labels are also transformed by bureaucratic processes which institutionalize and differentiate categories of eligibility and entitlements. In this way, labels develop their own rationale and legitimacy and become a convenient and accepted shorthand (pg. 180).

Fifth, that Zetter (ibid) explains that: “...bureaucracies need labels to identify clients in order to implement and manage policies designed for them” (pg.184).

He indicates that “pejorative” labels like: “spontaneous asylum seekers”, “illegal asylum seekers”, “economic refugee/asylum seeker”, “trafficked migrant” and other variations are used to convey images of marginality, dishonesty, threat, unwelcomed.

### **1.1B The Determination of the Refugee Status**

Besides the fact that each country has its own political body for processing asylum applications [the Home Office in the United Kingdom (U.K.) and the United States Citizenship and Immigration Services (USCIS)], it is also important to note that while most countries have agreed with both the 1951 Convention and its 1967 Protocol, some have agreed to just one of them (e.g. U.S.A. agreed to the Protocol only). This leaves them more freedom how to organize this process and interpret the definition.

According to the UNHCR’s Handbook of 1979, the determination of refugee status is a: “...process of ascertaining and evaluating the facts” (par. 205) within the framework of the refugee law. This paragraph outlines the duties for both the applicant and the decision maker. The applicant has the duty to:

...tell the truth and assist the examiner to the full in establishing the facts of his case” and “if necessary, he must make an effort to procure additional evidence”; the examiner should “ensure that the applicant presents his case as fully as possible and with all available evidence”, “to establish the objective and subjective elements of the case” and “to arrive at a correct conclusion as to the applicant’s refugee status (par. 205).

Per paragraph 28 of this document, the determination of refugee status is the recognition, not bestowal, of this status because this paragraph reads that: “...he does not become a refugee because of the recognition, but is recognized because he is a refugee.”

The implication is clear: this adds power to the political system to choose the applicants and decide how many to accept. For instance, the U.S.A. has a very strict immigration system in place. It

relies on the definition of refugee codified by the Refugee Act of 1980 and modified later by the Illegal Reform and Immigration Responsibility Act of 1996. It differs from the Convention in a couple of ways, and while it appears more inclusive it is actually less inclusive. The differences between the definitions are: it includes not just the well-founded fear of future persecution, but also the language dealing with coercive population control (forced abortion or involuntary sterilization), and considers failure or refusal to undergo these procedures as a form of persecution; unlike in the Convention where an individual must be outside of her/his country of nationality or the last habitual residence, an individual can also be referred to the program for in-country processing or overseas processing; and unlike the Convention, it specifies who cannot apply (those who have participated in the execution of others on account of race, religion, nationality, membership in a particular group, or political opinion; also any person who has committed crime against peace, a war crime, or a crime against humanity). Another difference is that USCIS has its own procedures on how it determines one's country of nationality or, if stateless, the country of the last habitual residence.

The British High Court judge Judith Farbey (2002) provides further insights into the implications of this process. She states that this status is both forced and externally defined. She explains that: a) refugees first involuntarily depart their countries and are forced to seek protection of other countries; b) they are forced to submit, in the receiving countries, to status determination processes and have to fulfil the refugee definition (all four parts of it) to become legally classified, which then makes them eligible to live in that particular country; and c) it is unchosen status since it is externally bestowed at the expense of one's individual personal identity and possibly psychological state - past, present, or future (ibid, pg. 64-65). Furthermore, she suggests that this status is more of a "sword" rather than a "shield" because it can lead to labelling people as

“traumatized” or “depressed” and to treating them accordingly while pathologizing their suffering and overlooking other parts of their identity and history. This happens in those cases when the concerned individuals have a hard time with proving their persecution and where mental health professionals are called in to testify or to send their psychotherapy reports with additional evidence which supports their clients’ cases and/or substantiating their claims. The Handbook of UNHCR (par. 206-212), under the heading of “mentally disturbed persons” provides an explanation for what is to be done when there are problems in establishing the facts. In the last paragraph of this explanation, it states that the investigation into the refugee status of a mentally disturbed person, as a rule, must be more searching than in a “normal” case, and will call for a close examination of the applicant’s history and background, using whatever outside sources of information may be available. Additionally, I found out that refugee status is temporary – and hence it can be revoked – as per Article 1, paragraph C, of the Convention which reminds us of the six conditions under which the Convention can cease to apply.

### **1.2A Refugee Protection Prior to the 1951 Convention and its 1967 Protocol with Implications**

According to the former Director of Protection UNHCR Gilbert Jaeger (2001), the international protection of refugees started with the League of Nations, which was established in 1920 by The Paris Peace Conference (that ended World War I) and lasted till 1946 (when it was dissolved). Under the League of Nations various charity organizations provided emergency relief to refugees. More specifically, the four agreements or treaties of the League of Nations (1922, 1924, 1926, 1928) dealt with definition of refugees and Nansen or identity certificates and worked on defining the legal status of Russian and Armenian refugees. These agreements made recommendations to the governments of the countries that accepted refugees regarding various

matters, including the appointment of the representatives of the High Commissioner for refugees. Besides the League of Nations, the Convention of 1933 related to the international status of refugees, also dealt with the issue of refoulement, legal questions, labor conditions, welfare and relief. After the convention of 1933, there was an International Refugee Organization (1946-1952), which was a resettlement agency. After that refugee protection was under the Universal Declaration of Human Rights (UDHR) of 1948 (the right to asylum entered, in Article 14). Therefore, the initial refugee protection had to do with emergency relief, identity certificates (Nansen), with labor conditions, welfare, resettlement, and international refugee status and was managed by charity organizations.

### **1.2B Refugee Protection as of 1951 Convention and its 1967 Protocol until the Present Day**

The Convention and its Protocol tell us that refugees have the right to apply for asylum on the basis of non-discrimination because of their country of origin, gender, age, sexual orientation or other prohibited grounds of discrimination, and should not to be penalized for illegal entry or stay. Additionally, refugees have the right to protection from expulsion against their will to a territory where they fear threats to life and freedom (Article 33), and the right to assimilation and naturalization (Article 34). Other rights refugees have, under these documents, have to do with welfare provisions: access courts, primary education, gainful employment, and access to travel documents. In addition to these rights, the refugees have obligations: to conform to a country's laws and regulations as well as to measures taken for the maintenance of public order. Jaeger (ibid) points out that the refugee protection attached to the definition from the Convention of 1951 is modeled on the Convention of 1933 and the UDHR and entails: non-discrimination on the above stated grounds, protection from expulsion, the right to assimilation and naturalization, and welfare

rights. This is the protection refugees are struggling to access when going through the asylum application. Here I wish to emphasize that refugees go through a lengthy process in order to get respect for their basic human rights, including the right to belong and create a home, which is something that is given to the rest of us.

Besides the Convention and its Protocol, which have 149 signatories, there are other international and regional instruments that protect the rights of refugees. The international ones include: the 1949 Fourth Geneva Convention Relative to the Protection of Civilian Persons in Times of War; the 1954 Convention Relating to the Status of Stateless Persons; the 1961 Convention on the Reduction of Statelessness; and the 1967 United Nations Declaration on Territorial Asylum. The regional ones are: the African Convention of 1969 and the Cartagena Declaration on Refugees of 1984.

The African Convention of 1969 that went into effect in 1974, is one of the regional instruments. It was a humanitarian response to the individuals and the mass character of the refugee problem in Africa. It confirmed that the member states are to receive and protect refugees in accordance with their national legislation. The term “refugee”, in this document, is extended to:

...every person who owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part of the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another country outside his country of origin and nationality (Article I, pg. 3).

The term asylum entered here and is understood as a “peaceful and humanitarian act” that should not be regarded as “unfriendly” by member states (Organization of African Unity/ OAU, Article II, pg. 5).

Another regional document is the Cartagena Declaration on Refugees of 1984, which is not a treaty like the Convention, but is respected across Central America and has been incorporated in

some national laws and the state practices of 14 countries. This document too extended the definition of refugee to apply to:

...persons who have fled their country because their lives, security or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order (CD on Refugee Rights in Exile Program; [refugeelaidinformation.org](http://refugeelaidinformation.org)).

These international and regional documents attest that other continents/nations have considered the changing situation in their parts of the world and have stepped up their responsibility towards them. At the same time, one may ask why are all these people still coming to our shores? The answers may vary: from lack of safety, poverty, the ever need of protection, climate change and an endless list of other issues.

### **1.2C Refugee Protection under the Human Rights Regime, the Instruments of Protection, and Implications**

While the 1951 Convention and its Protocol of 1967 guarantee rights and status to those who fulfill the definition, the UDHR of 1948 and the two international treaties that the UN General Assembly adopted in 1966 (International Covenant on Economic, Social and Cultural Rights/ICESCR and International Covenant on Civil and Political Rights/ICCPR), extend protection to all independently of their refugee status. The UDHR and these two international treaties (ICESCR and ICCPR) form the International Bill of Human Rights. This bill of rights, shields both refugees and migrants from expulsion (refoulement) and gives them access to assistance with the processing of asylum application, legal counsel and aid, physical safety, as well as assistance with repatriation and resettlement. In addition, both have other rights which include the right to life, protection from torture and ill-treatment, the right to nationality, the right to freedom of movement, the right to leave any country (including one's own), to return to one's own

country, and the right not to be forcibly returned. These rights are affirmed along with other civil, political, economic, social, and cultural rights by the UDHR, ICCPR and ICESR. Therefore, in the Western context, while refugees are protected by the 1951 Convention and 1948 UDHR, migrants are protected only under the 1948 UDHR. This is what is so particular about refugees.

While Article 14 in the UDHR from 1948 promises protection because it reads: “...everyone has the right to seek and enjoy asylum from persecution in other countries”. This Article is deficient because it does not explain what asylum is and the grounds it can be granted on, and leaves it open to the governments to determine these. In the end, Article 14 does not guarantee that a refugee will get refugee status, and it draws attention to the possibility of human rights violations (like when people are deported or asked to self deport post refusal of refugee status). This article also does not spare refugees from being violated even if they have refugee status like in instances of racial profiling, religious discrimination, various forms of violence, national and ethnic intolerance.

As of 1980, the General Assembly of the United Nations and the Commissioner for Human Rights (UNCHR) have focused on ways to investigate human rights violations and prevent mass exoduses of people on this account. Since 1982 (38<sup>th</sup> session of the UNCHR) its Special Rapporteur has emphasized the multiplicity and complexity of the origins of mass exoduses and identified human rights violations as the major cause of mass exoduses. In addition, the UNCHR was also concerned with the internally displaced persons. Its compiled reports and the recommendations were meant to ensure a crossover between HR and the humanitarian aspects of protection. As a result of these interventions by UNCHR, the international community started to pay attention to the difficulties refugees face at various stages of their journey: once they leave their country (closed borders), during the process of applying for asylum (lengthy procedures with

no rights to welfare while waiting), as well as after they gain refugee status (intolerance, racism, violence, national and ethnic tensions, and conflicts). This implies hope for both refugees and migrants. At the same time, HR violations continue in their countries of origin as well as in other phases of their journey. Additionally, one of the strategies of UNHCR is to promote repatriation on the basis of objective assessment of their situation in the host country versus the life they can have in their country of origin.

### **1.3A Humanitarian Assistance as the Extension of the Human Rights Regime: Definition, Types, the Factors that Shape It, and Its Core Principles**

The Humanitarian Policy Group (HPG), a service provided by the United Nations Office for the Coordination of Humanitarian Affairs, in its working paper (WP) of 2013 provides a history of the humanitarian system and insights into its origins and foundations. It defines the humanitarian gesture as the will to alleviate the suffering of others. It states that the humanitarian movement traces its beginnings in the 18<sup>th</sup> century, especially in Europe. It distinguishes between 2 main types of humanitarian assistance (HA): humanitarian aid (given to individuals/groups to relieve suffering during emergency situations), and development aid (resources given to countries to rebuild post disasters). It identifies its donors: governments and private foundations, companies, charities, and individuals. It provides insights into the links these organizations have between themselves at the levels of: finances, operations, personnel, and values. It indicates that the categories of beneficiaries have expanded through history to include prisoners of war as well as civilians of other countries under occupation or conflict, to those facing natural disasters, and poverty. Lastly, it points out to the 4 core principles which guide humanitarian assistance: humanity (a right to life and dignity), impartiality (based on identified need), neutrality (does not

favor any side in conflict), and independence (not influenced by political, economic, or military objectives).

Dr. Bosko Jakovljevic (1987), known as one of the contributors to the Additional Protocols to the 1949 Geneva Conventions, in his paper “The Right to Humanitarian Assistance: Legal Aspects” provides a number of clarifications about HA. First, that HA is part of the framework of basic human rights. Second: that the right to HA is implied in the entire system of basic HR, not only in case of emergency (pg. 472). Third: that HA aims at ensuring and restoring certain basic human rights to reaffirm the dignity and equality of men through a peaceful, constructive, international activity based on solidarity and the principle of humanity (pg.473). Fourth: that the law concerning HA in wartimes is very developed because during such times since normal relations between states are suspended and the establishment of special rules is indispensable (pg. 474). Fifth, that rules for humanitarian assistance in time of war differ from those in peace time and are about: “.....the maximum that could be practically achieved” (pg. 475).

Sixth: that the main problem is how to ensure respect and implementation of the rules of HA (pg. 476). Seventh: that rules relating to HR, are seldom invoked in wartime, and they have no specific mechanism of implementation adapted to war situations. Eight: that the system of rules on HR has developed separately from the system of international humanitarian law (which seeks to limit effects of armed conflict, and allows for rapid and unimpeded HA for the civilians during armed conflict), although they have the same objectives (ibid).

From these two sources, it becomes clear that: HA is not one and the same (relief versus development aid); complex dynamics exist between benefactors, beneficiaries, and intermediaries (often humanitarian aid workers); HA is not the same as Humanitarian Protection (HP); that HR law is separate from International Humanitarian Law (IHL) which seeks to limit effects of armed

conflict to allow for the rapid and unimpeded HA to affected civilians; and different rules govern HA during war and peacetime (the UN broker international co-operation to solve international problems). Therefore, when we are speaking of humanitarian aid as a form of refugee protection which is the extension of the HR law, we are speaking of relief aid. The latter consists of basic supplies (food, water, medicine) and psychological aid (psychological debriefing and psychological interventions to ensure psychological well-being). This is something I discuss in more detail in chapter 2 since psychological aid has many implications.

### **1.3B The Effects of Humanitarian Aid on Refugees from an Anthropological Point of View**

American anthropologist Barbara Harrell-Bond (1985, 1986, 1992, 1999, 2002), who has written extensively about issues surrounding humanitarian aid, provides some interesting and reliable insights into HA. In her paper (1999) “The Experience of Refugees as Recipients of Aid” she asks various questions, gathers evidence to answer them, and makes suggestions regarding what can be done about the problems she identified.

One question Harrell-Bond (1999) asks is: “Is it possible that the way refugees are helped is a source of debilitating stress since they have no alternative but to receive?” In looking for answers, she draws on evidence from her own work with refugees as well as from various studies (Hyndman, 1997; Needham, 1994; and Indra, 1988) related to people’s experiences. Her evidence suggests that refugees who were in refugee camps with authoritarian administration and an authoritarian structure, experienced little control over their lives, suffered mental health difficulties, and had a harder time making adjustments to their post-camp life. These stand in contrast to the evidence she gathered from her work with refugees who spontaneously settled and managed their help (like Tibetans in India, Hungarians in U.S.A. and Saharawi in Algeria).

Another question Harrell-Bond (ibid) asks is: What do refugees say about being helped?”

She claims that: "...the gift debases those who cannot return it" and disempowers them. With the help of oral testimonies with refugees and her observations of their interactions with humanitarian workers, she points out their predominantly negative experiences which were on the account of impersonal, hostile, and humiliating treatment by humanitarian workers. With these findings she tells us that the helpers can be a real source of stress and implies that it is because of the Societal Discourse of the Expert (SDE), because the helping relationship is between "clients" and "experts", where the clients are not asked for input but expected to accept help and be grateful, treated as numbers/cases without faces, and even treated with hostility. Along with these observations, she brings up the issue of stereotyping of refugees as those who are docile/grateful/good/ "ideal" and the opposites of these. She also points out the negative impact the perceptions of the workers have on the refugees such as that instead of acting like people who have rights, they are reluctant to admit their status and try to ingratiate their workers and get their approval. She captures this in the following way:

...rather than viewing themselves as heroes who stood up to, and escaped from oppressive regimes, today many refugees are very reluctant to admit their status. Rather than perceiving themselves as persons who have rights under international humanitarian and human rights law, they may feel they are obligated for any help they receive (pg. 143).

Harrell-Bond (ibid) refers to humanitarian aid as the culprit behind re-packaging refugees from the category of "people" (refugees post WWII) into "helpless and dependent victims", whose survival depends on aid. She explains that the modernization project of the 1960s/1970s, created refugees through stripping them off their customary ways of making a life for themselves, and then blamed them for becoming dependent on aid when they could not adapt to the foreign way. She even blames the UNHCR for agreeing with the World Bank for allowing refugees to be handled in this way. Additionally, she refers to the humanitarian agencies as responsible for creating and

transmitting images of refugees in the most destitute conditions in order to attract funding and enlist volunteers for their own gains.

Her recommendations on how these issues can be remedied are enlightening too and include: to strike a delicate balance when giving assistance so that the refugees do not appear better off than their hosts; to carefully consider repatriation (often imposed on refugees with a one-time packaged deal) and to allow it to be voluntary; and to examine the dynamics of giving and receiving due to the unequal power that is at the core of interactions between those who must give and those who have no choice but to receive. She also raises the issue of self-management - offering refugees a chance to manage their own aid since it has the potential to empower them and lift them out of dependency. She makes an additional recommendation to the governments who host refugees to do their own publicity and fund raising versus relying on international agencies.

As much as her research has been done in 1990s and within the setting of refugee camps, her findings point out the problems that still exist, since there are still millions of people trapped in refugee camps for years (see report by development aid of 3/28/23) where the lack of respect for their dignity persists and makes us wonder if HA can ever be humane. Her observations also imply that therapeutic workers need to be empowered as well.

#### **1 4A The Challenges Refugees Face from the Legal Discourse and What They Need**

From what I have established so far, it appears that refugees are challenged on many levels. Beginning with the definition, it is outdated; it conceptualizes them narrowly; the meaning of its key elements is ambiguous. The definition itself is a label which is a source of other labels. They become a source of policies and programs which governments use to restrict access to the “refugee” label, thus rendering it into an exclusive, pricey possession. Besides, refugee label is

used to convey images of refugees as dishonest, dangerous, and a burden, and thus dehumanizes refugees. The process of the refugee status determination is challenging because it puts people's livelihoods on hold indefinitely, and forces them to prove their case without a guarantee that they will get it, or be able to keep it. Given that one has to prove her/his case of persecution and at times need a mental health professional to testify, there is a risk that refugees will end up focusing on their victimization and damage at the expense of other aspects of their humanity. Then, the protection of refugees, which is tied to the definition or to the UDHR, is something that refugees have a hard time accessing. The reasons vary. Very often it is due to the fact that since arrival in a given country, refugees are at the mercy of government representatives who fingerprint them, put them in detention centers, take time to issue them identity cards, make decisions about their eligibility to apply for asylum, and all the rest that is connected with the refugee status determination. In the end, refugees are left on their own, unprotected, suffer all kinds of violations, get blamed for the crimes they did not commit, are feared by the community, and violated by those who give them jobs illegally (these are situations I professionally witnessed when I worked with refugees at the Marsa Open Center in Malta in 2006). This does not allow them to earn a living or have benefits so that they can provide for themselves and their families, or allow them to pay debt which they may have accrued back at home, thus unable to improve their lives and transition into communities. Protracted legal procedures tend to keep them isolated and alienated and predispose them to manipulating their way through the system, sometimes even via illegal means, which push them in harm's way. In these ways they run the risk for additional victimization (various forms of exploitation, human trafficking, dangerous ideologies). Then, as part of their past or current negative experiences with humanitarian aid/workers, they may become distrustful about opening

up, fail to get the help they need, and end up disempowered to the point of giving up on trying (develop helplessness).

#### **1.4B The Implications of the Legal Discourse for Therapeutic Workers**

The legal discourse challenges refugees but it also has several implications for therapeutic workers. To start with, therapeutic workers can work towards offsetting the narrow conceptualization of refugees by considering them more broadly as people, and more specifically as people who lost their home and suffer many other losses and violations. Additionally, to respond to their multiple and multidimensional needs and to recognize them as survivors who have strengths and resources. In view of lengthy legal proceedings, therapeutic workers can assist them with their frustrations and uncertainties by providing hope and preventing them from getting into harm's ways. They can also assist them to remember who they were prior to involuntary dislocation and what their values, beliefs and goals in life are. In this way refugees will be able to remember and piece together the fragments of their experiences and integrate them into coherent narratives which they can use to advocate for themselves with the legal system as well as to orient themselves towards meaning and purpose in life. Given that refugees tend to find themselves isolated and alienated, therapeutic workers can offer them emotional support and help them find the resources and advocates they need, thus pave the way for them to find a community.

In order to empower refugees, therapeutic workers need to be equipped with the appropriate approaches and the right tools. These need to be congruent with the way they conceptualize the people they care for, the care itself, and their role in it.

In this task, (RC) can be instrumental since it has an epistemology which caters both for refugees and therapeutic workers, together with helpful frameworks which facilitate the process.

I discuss this model in chapter 3. But, before I turn to RC, I refer to additional challenges refugees face from the dominant discourse about them: the trauma discourse. In this context I plan to expand on Harrell-Bond's (1999) argument that the way in which refugees are helped is the source of stress for them.

## **1.5 Conclusion**

The analysis of these issues helps me to establish that the legal discourse does not capture the complexities of who refugees are as human beings, nor of their experiences. On the contrary, it reduces them and tries to fit people into the pre-established set of legal categories which further disadvantage them, and puts their lives on hold indefinitely with significant implications for their health, well-being, and safety. Additionally, it helps me to realize that the task of empowering refugees falls on the therapeutic workers, who themselves need to be empowered since according to Harrell-Bond's report they only have SDE at their disposal. Furthermore, I have come to appreciate and recommend RC as the model which can both empower them both, and indirectly benefit the community at large. Before I get a chance to write about it, I turn to the dominant discourse about refugees in order to explain how it came about that the refugees became associated with "trauma" and to discuss other efforts that have been made towards a more comprehensive understanding of them and their condition.

## Chapter 2: The Therapeutic Discourses on Refugees

*“...human pain is a slippery thing, if it is a thing at all. Mental health frameworks, and the discourse of ‘trauma’, cannot contribute to its elucidation in particular when it is too much for a person as a biopsychological organism to bear. Nonetheless, the transcending reality is that counting the human costs attached to adverse experience invokes not technical considerations but philosophical and socio-moral ones: these differ radically across cultures, but also do not stand still over time in one culture or indeed in an individual life course.”*

Derrick Summerfield (2000, pg. 430)

Involuntary dislocation (ID) is a traumatic experience that can produce multiple stress, losses and suffering. People suffer throughout this process as their losses and suffering accumulate (Papadopoulos, 2021; Silove, 1999, 2000, 2005). The predominant view of refugees is that many suffer from Post Traumatic Stress Disorder (PTSD) and that this suffering is likely to continue for generations (Ager, 1995). This view is informed by the literature on survivors of the Jewish Holocaust which is held to demonstrate that extreme events such as war and mass atrocity may induce lifelong psychological effects in victims, and that these effects can even be transmitted to the victim’s children and grandchildren (Summerfield, 2000, pg. 427). This view is also a part of the larger discourse which has developed around this diagnostic category (PTSD) which claims to capture and address the effects of ‘traumatic’ events such as wars, political violences, natural disasters and the like. However, this discourse has come under increasing criticism from various disciplines which claim that the concept of trauma originated within a specific cultural setting (North American) and does not translate in other social, cultural and political contents (Eyber and Ager, 2004).

The British social psychiatrist Derrick Summerfield (2000), whom I quote above, argues that the mental health dimension of refugees has been exaggerated to the point that medicine and psychology have displaced religion in western culture, and this leaves people without a source of coping. Similarly, the Scottish psychologist Alastair Ager (1997) has written about the limitations

of this discourse and advocates for the culturally sensitive approach to refugee and its impacts over the western psychological approaches, and for expanding focus from women, children and elderly (the targeted population) to the wider community. The same goes for the American team which consists of a political scientist and a social worker, John Williamson and Malia Robinson (2006), who argue in favor of integrated programming for the overall well-being of refugees over too much emphasis on the psychological well-being. Then, there have been alternative frameworks for capturing the complexities of the refugee experience. One such framework is the Cultural Bereavement Interview (CBI), which comes from the Australian cultural psychiatrist Maurice Eisenbruch (1990), who developed it out of concern that people's losses and grief will be mistaken as simply being the result of stress or psychiatric disorders. The other framework is the Survival and Adaptation (ADAPT) of the Australian social psychiatrist Derrick Silove (1999, 2002, 2005), who was concerned that the psychosocial effects of various traumas (torture, human rights violations, refugee trauma) will be attributed to PTSD, depression, grief, and personality disorders. The third alternative model is Refugee Care (RC), which comes from the British psychologist and Jungian Analyst Renos K. Papadopoulos (1996, 2002, 2021), who was concerned that complexities surrounding refugees are not reduced, since these can lead to epistemological errors and result in the limited and inaccurate views of refugees, and negatively impact their care.

Besides these, there are studies from related disciplines which support the idea that medicine and psychology displaced religion and through that neglect perpetuate the view of refugees as damaged and without resources. For instance, ethnographic research with refugees in different phases of ID shows that religion/spirituality can be a source of coping and resilience (Mabe, 1994 and DeVoe, 1998). Anthropological studies by Eastmond (2000) and Gozdzik and Shandy (2002) show that spirituality can be a source of emotional and cognitive support as well

as of resilience. A number of refugee studies show that religion/spirituality can be a source of coping and adaptation in the post settlement phase if they manage to hold onto their spiritual home and identity (Mc Machael, 2002; Ai, Peterson, and Huang, 2003; Shoeb, Weinstain, and Halpern, 2007; Porobic, 2012; and Hasan, Mitchke and Ravi, 2018). Then, there is evidence from psychological studies, which looked at development of the immigrant and refugee children who had been exposed to extreme adversity, which shows that one's social and cultural contexts are the protective factors which buffer one's risks, thus are a source of resilience (see Masten, Best, and Garnezy, 1990; Lalonde and Pepler, 1993; and Bodey and Masten 2005). Furthermore, positive psychology studies, which looked at the link between factors such as active cognitive coping strategies, personal predispositions (such as optimism), and social and cultural resources (religion/spirituality) and adversity, point to outcomes associated with Post Traumatic Growth (PTG) such as a new self-perception, changes in one's relationship with others, and a changed life philosophy (see Tedeschi and Calhoun, 1995, Tedeschi, Park and Calhoun, 1998, Emmons, 1999, 2005; Park and Fenster 2004).

Given these differing views of refugees and their experience, I find it necessary to examine how it came about that refugees are seen as "traumatized"; to identify the implications this discourse has for all parties involved; to identify what can be learned from the critics of this discourse and the alternative discourses; and to reflect on what a more balanced approach would look like to refugees. My objectives are:

1. To discuss the introduction of PTSD, its development into a larger discourse, the transmission of this discourse on refugees, and the implications this discourse has for them, therapeutic workers and the community at large;
2. To identify its main critics and their recommendations to NGO workers;

3. To discuss alternative frameworks: CBI and ADAPT and the common links between them; and
4. To reflect on the care needed by refugees.

### **2.1A The Introduction of Psychiatric PTSD**

PTSD is one of the diagnostic categories in the Diagnostic and Statistical Manual (DSM) which is used to guide mental health professionals towards a diagnosis of psychiatric disorders, and for communication with other health professionals. This manual is mostly used in western countries (Europe and North America) besides the International Classification of Diseases (ICD) and other specialized diagnostic manuals (e.g. the Psychodynamic Diagnostic Manual and Operationalized Psychodynamic Diagnosis). The American author and renowned national speaker on PTSD, Glenn R. Schiraldi (1999) writes that:

...PTSD results from exposure to an overwhelmingly stressful event or series of events, such as war, rape, or abuse. ... the traumatic events that lead to PTSD are typically so extraordinary that they would distress almost anyone. These events are usually sudden. They are perceived as dangerous to the self or others and they overwhelm our ability to respond adequately (pg. 3).

He goes on to explain that as a diagnostic category, in its initial conceptualization (i.e. in DSM III of 1980), PTSD was an anxiety disorder which consisted of 6 pre-determined categories, each with a list of symptoms or requirements. These 6 categories were: A-exposure to stressor; B-event re-experienced; C-avoidance; D-arousal; E-duration of symptoms in criteria B, C, D; and F-life disrupted. Each of these categories included a number of symptoms that needed to be present in order to meet the requirements for the full diagnosis. For example, symptoms in category B are: recurrent images, thoughts, or perceptions of an event; recurrent distressing dreams of an event; intense psychological distress upon exposure to internal or external cues which resemble an aspect of trauma; and psychological reactivity upon exposure to such cues. In category C, the symptoms

are: efforts to avoid thoughts, feelings or conversations that remind one of trauma; efforts to avoid activities, places, or people that arouse recollections; diminished interest or participation in previously enjoyed activities; feeling detached/estranged from others; restricted range of affect; and sense of foreshortened future. And in category D, the symptoms are: difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance; and exaggerated startle response. This means that the person who gets diagnosed with PTSD is someone who has experienced, witnessed, or learned of event/s that involved actual or threatened death, serious injury or violation of the body of self or other; and is responding to it with intense fear, helplessness and horror (both of these requirements need to be met in category A). Following this, s/he re-experiences the event in some form (1 symptom out of 5 has to be present in category B); demonstrates persistent avoidance of stimuli associated with trauma (3 out of 7 in category C); experiences increased arousal that was not present before the trauma (2 out of 5 in category D); her/his symptoms develop within 1 month (for an early onset) or within 6 months (for delayed onset) of the exposure (in category E), and is significantly socially and occupationally impaired in her/his functioning (category F) (ibid, pg. 5). However, these do not show the complexities associated with one's background and how these background factors mediate how one will experience, be impacted, respond to adversity, and what s/he will make out of their overall experience. These will become clearer below.

For clarification purposes, the American Psychiatric Association (APA) introduced this diagnostic category in 1980 in its third edition of the DSM (i.e. DSM III). Prior to it there were the DSM I (of 1952) and the DSM II (of 1968). In these 2 previous versions of the DSM there was no PTSD but a similar diagnostic category under the name of "Traumatic Neurosis".

The introduction of PTSD happened against the background of psychiatric establishments being accused of: “policing society by enforcing social conformity imposed by authoritarian establishment”, and at the time when the American soldiers were returning from Vietnam after losing the war there (Papadopoulos, pg. 223). In other words, PTSD was introduced to capture the impacts of war in Vietnam (1955-1975) on American soldiers who fought there. Summerfield (2001) writes that this diagnostic category remedied the unease of the general public towards their soldiers whom they saw as ‘baby-killers’ and ‘psychopaths’; it eased the anger of those who were against the war, and blamed military psychiatry for serving its own interests versus those of the soldiers; it helped the anti-war campaigners to end the war in Vietnam; the psychiatrists were given a brand new and a more inclusive diagnostic category for easier diagnosing versus having to use various other diagnoses when dealing with complex clinical presentations (e.g. anxiety states, depression, substance abuse, personality disorder, or schizophrenia); and the image of veterans was restored (from perpetrators to victims), along with enabling them to get compensation (disability and/or pension) based on their history of trauma (pg.95). According to Papadopoulos (2021) this diagnostic category has also shifted focus from internal causes of mental disfunction (like one’s personal history and intrapsychic processes), to external causes (such as wars with their traumatogenic effects), and moved the blame from one’s neurotic personality structure to the external stressors (pg. 224).

### **2.1B The Development of PTSD**

By solving these many problems on the home front, PTSD proved itself worth investing in. National Centers for PTSD in the U.S.A. provided funds for research on related topics (moral injury, spiritual distress, vicarious victimization, complex PTSD) including research in the area of

conflict and policies related to refugees and their psychological health and development. Besides research studies there was a proliferation of training manuals and various training opportunities. While topics such as moral injury and spiritual distress were pushed to the side (Chandler, 2012, and Harris et al., 2021) along with research findings from the resilience studies and research into more positive aspects of personality (optimism, hope) and their importance in overcoming trauma, research on PTSD marched on. It is worth noting here that the spiritual dimension entered DSM IV (1994) as a V-code (V 62.89) entitled: Religious and Spiritual Problem, which means it was considered as the potential stressor with negative impact on mental health. PTSD stayed in the DSM and was updated with each of its revisions even though each time it appeared more inclusive in terms of the stressors and the symptoms it emphasized. More specifically, in the initial definition of PTSD, the event/stressor was clearly stated (objective and recognizable as out of the norm (e.g. war as the stressor; trauma as not an every-day experience). In the subsequent revisions of the DSM, this changed. First came DSM III-R in 1987, then DSM-IV of 1994 and DSM-IV-TR of 2000 (expanded by 57 pgs.), and DSM 5 in 2013. For example, in the DSM III-R, the emphasis was on the re-experiencing of the original trauma over avoidance and arousal symptoms. In the DSM-IV there was even more removal from the original stressor and its effects. Various other traumatic situations, (e.g. threats, injuries) became the stressors, i.e. the stressors no longer had to be external and extreme. Here, the emphasis was on the exposure to the stressor over the external characteristics of the stressor/event and the requirement was to fulfill 2 criteria (out of 6 in the initial conceptualization):

- (i) a person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death, or serious injury, or a threat to the physical integrity of the self or others; and

- (ii) a person's response involved intense fear, helplessness or terror (DSM-IV-TR, 2000, pg. 218-219).

In the current DSM 5, PTSD is no longer an anxiety disorder, but a trauma and stressor-related disorder; which has 8 categories as opposed to 6 in the previous DSM. The emphasis continues to be on the exposure to an adverse event (this category became even more inclusive in terms of what could be considered as adverse) with added emphasis on behavioral symptoms that accompany PTSD. This version also includes specifiers such as with dissociative symptoms (depersonalization and derealization) that were not there before. Besides this change, the religious/spiritual dimension was completely eliminated from DSM5. Yet, despite all changes and associated problems, a larger discourse (the Societal Discourse of the Expert) developed around this diagnostic category and the word 'trauma' became a part of the everyday vocabulary in many Western countries, which invades the social and cultural arena through television, commercial movies and even talk shows (Eyber and Ager, 2004, pg. 190).

### **2.1C The Transmission of PTSD onto Refugees and the Facilitating Circumstances**

The export of this diagnostic category from North America internationally happened via humanitarian assistance. Humanitarian workers use it to capture the pain and suffering of those who were exposed to wars and other forms of violence in remote corners of the world in the same way it is used back at home. More specifically, along with relief aid (basic supplies), the affected population is given psychological aid in the form of psychological debriefing (PD) and then the sufferers are offered psychological interventions (trauma counseling and treatment with medication for those with severe mental illness).

For clarification purposes, Bison and Deahl (1994) define PD as a: "...structured intervention designed to promote the emotional processing of traumatic events through the ventilation and normalization of reactions and preparation for possible future experiences" (pg. 717).

They explain that PD is usually used with individuals, families and couples, for 2-3 days after the trauma as a single meeting that lasts approximately 2 hours. They write that: "...these calls are based on the hypothesis that the earlier the interventions occur, the less opportunity there is for maladaptive and disruptive cognitive and behavioral patterns to become established" (ibid).

They also indicate that PD: "...at best, affords some protection against later sequelae and, at worst, makes no difference" (pg. 179).

They are not alone in this view of PD as ineffective. Others who share this view are: Raphael, Meldrum, and McFarlane (1995) and Wesley, Rose and Bisson (1998) (cited in Summerfield 2000, pg. 428).

From the history of the humanitarian system (western origins and foundations), which can be found in the Humanitarian Policy Group - Working Paper (2013), we learn that the factors which facilitated transmission of this discourse represent a mixture of poverty, wars, political violence and natural disasters. More specifically, the shifts in global economy in the 1970s and the 1980s, and then the evident disparity of resources between the nations (wealth in North America, Western Europe, East Asia; poverty in Africa, Middle East, East Europe, former Soviet Union), contributed to the rise in migration for economic reasons. The growing political instabilities in the world of that time (wars, internal more than external and protracted) intertwined with these economic issues, created huge displacements of people, both within and outside the countries. The

unsettling events of the 1980s (such as Iran-Iraq war, African food crisis, Armenian earthquake, Russian withdrawal from Afghanistan, fall of Berlin Wall), were the third facilitating factor.

The British Prof. Emeritus of sociology, politics and international studies Mark Duffield (1994) explains that the international community was not prepared to handle these events as he writes:

...the UN and the international aid apparatus were shaped in more certain world. They are now strained to the limit in the face of new complex emergencies characterized by unprecedented levels of object poverty, political insecurity, conflict, state disintegration and population displacement (ibid, pg. 2).

Additionally, he explains that:

...so called complex emergencies are essentially political in nature: they are protracted crises resulting from sectarian or predator indigenous response to socioeconomic stress and marginalization. Unlike natural disasters, complex emergencies have a singular ability to erode or destroy the cultural, civil, political and economic integrity of established societies. They attack social systems and networks. Humanitarian assistance itself can become a target of violence and appropriation by political actors who are organic parts of the crisis (ibid, pg. 3).

Furthermore, Duffield indicates that this was long in coming because:

...for several decades, the modernist paradigm has dominated the international aid apparatus. Simultaneously, however, this apparatus has been powerless and uncomprehending in the face of growing systemic crisis and political fragmentation, a trend that is the antithesis of the developmental worldview. The stage has now been reached where transcending the development crisis is the main challenge for progressive aid policy. Understanding complex emergencies is central to this task (ibid, pg.3).

Here he implies that besides being unprepared to deal with the magnitude of these events and their impacts cooperation between nations (economic first of all but on other levels too) was needed.

The Humanitarian Policy Group Working Paper (2013) confirms this by stating that instead of development aid:

...in 1990s the members of the Security Council showed greater willingness to authorize military operations to halt or prevent the widespread suffering or death of civilians without the consent of the government concerned (pg. 13).

This implies exerting power over already disadvantaged nations. This same source also reminds us of the failed military operations e.g. in Yugoslavia, Somalia, and in Afghanistan and the bigger influx of refugees who had to be airlifted.

### **2.1D The Implications of the Trauma Discourse for Refugees, Therapeutic Workers and the Community at Large**

As I stated previously, one gets diagnosed with PTSD based on her/his exposure/witnessing to/of the out of the ordinary distressing event, and on the basis of fulfilling the pre-set criteria for this diagnostic category. This translates into losing sight of the type, intensity and duration of events, and into confusing between the impacts of and the responses to the events which can be traumatizing for some.

Janoff-Bulman (2012) makes a difference between human induced victimization and victimization as a result of natural disasters, and between being victimized as a child as compared to not having had such history. She also makes a difference between ordinary and out of the ordinary stressful events (i.e. intensity of stressors). Furthermore, she differentiates between the impacts of events and recovery or responses to the impacts as she considers the duration of events. By not differentiating between these complexities this discourse sees all events as equally traumatic, exposure to them as automatically traumatizing, and people as capable of one and only response - the trauma. In the case of refugees, this is one more label beyond those they are likely to receive in connection to the legal discourse. This is also problematic because refugees have lost their home and family members or have become separated from them, have lost their communities and ways of life, and have been exposed to many other distressing events along the way, none of which is pathological. These are as stressful and painful, but are not even categorized as 'traumatic events' in this discourse (Eyber and Ager, 2004, pg. 203). By labelling refugees as traumatized,

passive, helpless and dependent victims, this discourse imposes on them a new identity (that of a victim) and meaning, thus forecloses the space for them to remember who they are in totality and to make sense of their experiences. Then, by not asking them about their backgrounds and resources, which most certainly inform how they experience, respond to, and come out of adversity, this discourse creates problems on two levels. On one level, it discounts their rich cultural backgrounds which could be instrumental in providing them with the pathways to express their suffering, resolve their spiritual struggles, and make sense of their experiences. On the other level, it may predispose them to becoming blindsided by their culture/ideologies and work with them in the ways that are not life giving (like it happens when experiences are not psychologically registered and digested).

Janoff-Bulman (ibid) also points out to some of the normal reactions people have in response to events that are life shattering (like ID is) which include physiological responses (hyperarousal and hyperactivity), psychological (disillusionment, depression, pessimism), and even existential (loss of faith in humanity, feeling unsafe in the world, having doubts about their own goodness and worth, have divine struggles). These reactions overlap with some of the symptoms in the pre-established categories of PTSD and with some of other psychiatric disorders and can easily be misdiagnosed. By categorizing one's rather appropriate psychological reactions as pathological, this discourse adds stress to refugees. More specifically, by categorizing one's impairment in social and occupational functioning as a sign of trauma, this discourse may aggravate one's already existing feelings of failure, shame and guilt. Besides these, with the focus on the past events one's present concerns and future aspirations can easily be overlooked and are unhelpful because refugees have aspirations and dreams and need to plan for the future and have hope.

Regarding normal psychological and existential reactions to out of the ordinary life events, Janoff-Bulman (2012) writes under the heading of shattering of one's basic assumptions (e.g. about the benevolence of the world, meaningfulness of the world and the worth of the self), and their associated impacts such as denial, emotional numbing, self-blame, guilt. She advocates for dealing with these impacts since if left unresolved they may have devastating effects on one's health and wellbeing. This implies that refugees need assistance to resolve their spiritual struggles. She even recommends that assisting people means helping them to learn to strike a delicate balance between confronting and avoiding trauma-related thoughts, feelings and images. Her recommendations stand in contrast to the approaches this discourse promotes which aim at symptom reduction and requires follow up to monitor their recovery. Additionally, as ethnographic studies show (Eisenbruch 1990, DeVoe 1998, and Eastmond 2000 in particular), these treatment approaches are inadequate given the beliefs and the preferences some populations have for the traditional healing practices. These same authors also remind us that western treatments on their own may even aggravate them and they recommend that their traditional methods be incorporated into western approaches. As Harell-Bond (1999) pointed out, the helping relationship promoted by this discourse is in itself disempowering since it consists of 'experts' and 'clients' where the experts have all the knowledge and the skill and do not ask for input.

Besides not helping refugees, this discourse does not help therapeutic workers on the same account. Operating in this role may put a lot of pressure on them and can predispose them to burn-out. This implies that therapeutic workers need to be empowered too (see Pupavac 2004; Emmens and Porter 2009; Guhan and Liebling-Kalifani 2011). And as for the community at large, refugees who do not get appropriate help can become a liability (unemployable, working with their cultural backgrounds in destructive ways, etc.).

In summary, by focusing on external traumatic events, this discourse does not welcome people's experiences and backgrounds; by pathologizing their suffering and characterizing them as traumatized, passive, helpless and dependent victims, it does not protect their dignity; by imposing meaning on them and by treating them with psychological interventions which aim at symptom reduction, this discourse does not promote their integral development; and by projecting an image of them as damaged and a burden, it does not pave the way for their integration into communities. In these ways this discourse does not restore hope and promote healing.

## **2.2A The Main Critics of the Trauma Discourse**

Summerfield (2001) writes that once the trauma discourse became the dominant discourse for capturing and addressing the impact of events like wars regardless of the background culture, current situation, and subjective meaning brought to the experience by survivors, and once distress became conflated with PTSD, it paved the way for people to present and be presented as 'medicalized victims' versus 'feisty survivors' and this led to medicalizing, psychologizing, pathologizing human suffering (Summerfield, 2001, pgs. 95-96).

Papadopoulos (2021) echoes Summerfield's observations as he writes that refugees:

...became a commodity that is 'traded' in society, consumers of specific services offered to them, and the activity of assisting them became embedded in the humanitarian and other systems of care. One of the main conditions for such commodification of refugees and migrants is for them to play their role according to the stereotyped perceptions, so that they fit into the societal discourse as passive and vulnerable victims (pg. 188).

Additionally, in his scholarly article "Political Violence, Trauma and Mental Health Interventions"

Papadopoulos writes about problems with the trauma discourse such as:

a) an assumption that the degree of psychological damage is linked to intensity, severity and duration of the violent event and taken as the measure for the degree of assistance (psychological) needed to be offered to the sufferer;

- b) the confusion between the events and experiences;
- c) psychological distancing;
- d) pathologizing the survivors or victims (in an attempt to condemn the perpetrator exaggerating one's symptoms);
- e) and failing to see that there are 3 possible responses to adversity (trauma being one, but also resilience, and a new meaning).

At a later date (2021) Papadopoulos also refers to these as common epistemological errors which need to be avoided when dealing with complexities surrounding refugees. He also refers to the tendency of therapeutic workers towards “psychological distancing” from the victims of political violence, he throws more light on the helping relationship which is at the heart of this discourse. He explains that this tendency consists of differentiating between “them” and “us”, where “them” are the “traumatized” and “us” are “not traumatized”; with the aim of increasing psychological distance from “them” since “their experience is distant, foreign and exotic”; so that:

...this process shields the person from disturbing material that is related to oneself by projecting it onto another which is very distant, different, and then approaching the same material with curiosity and compassion as if it is completely unknown (Papadopoulos 2005, pg. 50).

With these observations, he suggests that the trauma discourse sets the stage for therapeutic workers to become one-sided (i.e. to identify with the position of power and expertise while disowning vulnerability such as that they do not have all the answers), and by doing this set in motion powerful dynamics associated with the Drama Triangle (Papadopoulos 2021, pg. 187). The latter is a framework put forth by the American psychiatrist Stephen Karpman in 1968, which models the connection between personal responsibility and power in conflicts, and the destructive and shifting roles people play such as persecutor, rescuer and victim. In other words, Papadopoulos alludes to the potential danger for relating to refugees only through power and expertise since this

mode of relating can trigger in them past feelings of victimization and predispose them to act as either victims and fail to take active role in their own healing (which can shift the role of therapeutic workers to rescuers), or trigger their power complex and predispose them to victimize or persecute therapeutic workers (which can shift the role of the workers to the one of the victim). Here Papadopoulos echoes Harrell-Bond's observations from chapter 1, about the complex dynamics between refugees and humanitarian workers which lead to disempowerment, dehumanization and stereotyping of refugees as well as to their own detriment (e.g. victimization, burnout, demoralization, etc.). Here he also alludes to the need for a more balanced therapeutic approach to refugees which will see them as people who have both strengths and vulnerabilities, and points to the importance of creating a containing and validating environment, and of working in collaboration with them towards transforming their losses, violations and suffering into meaning and purpose.

The British political scientist Vanessa Pupavac (2004) confirms the politics behind the global spread of PTSD when she writes that international psychosocial work is far from being "apolitical" and she offers insight into what drives this discourse. She writes that this is the result of "cultural projection" according to which people are: "...universally vulnerable and in need of emotional processing to mediate psychosocial dysfunctionality" (pg.494).

Pupavac elaborates on this by pointing out that western cultures lack firm convictions (moral, religious, ethical, etc.), and as a result approach social issues through the prism of emotions, and by doing so, they emphasize emotional vulnerability and emotional functionalism in an attempt to regain some sense of coherence and meaning in life. Furthermore, she states that this may work for them at home, but imposing their values internationally is highly damaging because when it is applied to people in the war and conflict areas, it pathologizes their suffering; discounts their

cultural values, beliefs, and resources, and opens them up to various vulnerabilities with long-term consequences that add weight to the losses they already sustained. She sees this as also tempering with the autonomy of aid workers over their own activities, undermining their confidence in the rightness of what they are doing, and demoralizing them, which in consequence leads to a persecutory approach whereby they don't listen or offer support, they impose their views and interventions, and they use only mirroring feedback to resonate (pgs. 494, 496, 497).

Silove (2005) confirms the criticism of others. What bothers him about trauma discourse is that it prioritizes psychological interventions over immediate survival and adaptation of refugees, and undermines their cultures and their own communal strategies for social recovery (pg. 33). With the help of evidence from various studies he shows that war affected and displaced populations survive without long-term disability such as PTSD; which shows that even if they do show some signs of it, these resolve spontaneously; and that the symptoms fluctuate over time in those with persistent PTSD.

The international scholar in the interdisciplinary study of migration (religion and migration) Selma Porobic (2012, 2018) similarly identifies the narrow focus of the trauma model, and argues in favor of a broader understanding of the psychosocial wellbeing of refugees across and beyond the refugee process. She writes:

...by putting a focus on the pre-immigration events, the medical trauma discourse connected to the introduction of the diagnostic criteria of post-traumatic stress disorder (PTSD) tended to overlook other stressful changes prompted by forced migration and relocation, particularly those in the context of adaptation to what was often a new sociocultural context, but even the actual process of reorganizing life after displacement which involves resilient practices and resources (pg. 107).

This observation is grounded in her Ph.D. thesis in which she confirms the link between forced migration, religion and resilience among Bosnian refugees resettled in Sweden and points out that

despite being non-practicing Muslims in pre-war time, they turned to religion for coping in the post settlement period.

## **2.2B The Recommendations made to the NGO Workers**

Besides these criticisms there have been efforts to adapt this discourse to refugees by minimizing its negative impacts. For example, Summerfield (1995), in his “Notes on ‘psycho-social’ issues for NGO workers”, offers a number of insights in order to help them better understand the experiences of people who have been affected by wars, violence and brutality and who come from other cultures. One such insight is that these events most of all cause damage to their social, economic, and cultural institutions and their ways of life, and make ordinary people into near-destitute and render them initially helpless and unsure of what to do. Second, that silence could be one of the ways for them to survive and cope with what has happened to them, so not to pathologize it. Third, that their multiple injuries are not registered in psychological but in social terms; they do not necessarily need immediate interventions (like PD); and fourth, how they are impacted by devastating events depends on their background culture and social norms. He also cautions against fast psychological interventions (diagnosing) since the initial meaning one makes of one’s predicament may shift over time. Instead of interventions, he recommends that it is better for the helpers to focus on deepening their knowledge of various cultures and their capacity for accurate empathy. His other notes to NGO workers include: the need for reflecting on their own assumptions about the impact of war, atrocity, torture; for seeing distress and suffering as a normal and appropriate response; and for avoiding generalizations of minority responses (e.g. of those who break down) to all since many pull through without developing psychiatric disorders. Instead, he invites them to see people’s need for human comfort and solidarity as normal; and their suffering as a social rather than individual phenomenon which needs a social context in which to

be transformed. His notes also include a general recommendation to drop the psychological from the “psycho-social” in favor of only the ‘social’ since the wounds of war are collective. In support of the social over psychosocial, he reminds them that most people regain a measure of dignity, control and autonomy over their lives once they are able to reconstruct their family and other networks and structures and when they are allowed to become active and contributing members of the society.

In response to Summerfield, Ager (1997) identifies 3 particular tensions in the psychosocial discourse in its application to the war-affected population. According to him these tensions are between: the generalizable and the unique, the technical and the indigenous, and between the targeted (individual) and the community-based. Ager (ibid) explains that the first tension pertains to staying away from planning “one-size-fits-all” interventions in favor of cultivating cultural sensitivity. The second pertains to the need for indigenous understandings of trauma and difficulties over technical western psychological framework (the trauma discourse). The third tension points out to the need for expanding the focus from women, children and elderly to a wider community. Ager’s main point is that “programmes that focus on indigenous understanding of assumed unique circumstances are more likely to work on a community-wide basis” (ibid, pg. 403). In addition to these tensions, Ager (ibid) also writes about the implications of imposing a western cultural model on the non-western populations. More specifically, he writes:

...if therapy is no more than a Western mechanism compensating for the increasing failure of familial and social support in the developed world, it clearly has little place in more traditional societies where such familial and social mechanisms are still operative, or at least arguably more readily restorable (pg. 404).

He also proposes 4 phases for planning psychosocial programs for refugees. In the first phase there should be minimal disruption of the intact protective influence (those community structures, meanings and networks that survived); in the second, the focus should be on the reestablishment

of protective influences (family reunification programs, community development initiatives, vocational trainings, etc.); and in the third phase, provisions should be made for compensatory activities to replicate the function (not the form) of preexisting community patterns (e.g. if a woman's study did not exist, it can be created as a way of reestablishing women's networks and support which was disrupted by warfare). Regarding the fourth phase, Ager (ibid) writes that:

...only when the above phases have been implemented, and particular assessed needs have shown to remain unmet, does there seem a clear case for considering a fourth phase of response: targeted therapeutic interventions (pg. 406).

Williamson and Robinson (2006) see it as problematic that psychological wellbeing is seen as a separate sector since various aspects of well-being are integrally related. They list the following issues with keeping it separate: it compartmentalizes mental and emotional issues from physical and material questions; it tends to create more confusion than clarity in work with populations not familiar with western concepts of psychology; it is neither a necessary nor a useful starting point for addressing what practitioners define as psychosocial issues; psychosocial is a term with no literal translation in the languages of most communities affected by armed conflict; its implication of medical expertise leaves a lay person with a sense of alienation and perhaps intimidation; consequently this term is misunderstood and put in the domain of the so-called "experts" category; using technical terminology further reinforces the idea that help needs to come from outside (due to specialized expertise) and therefore diminishes communities' confidence in their ability to care for their own members which can erode resilience and at worse do harm. The result is that imported interventions run the risk of being self-defeating, even in emergencies doing the wrong thing quickly is neither efficient nor effective (pgs.5-6). Towards an integrated programming for well-being, they propose that: the results should be decided together with the affected population, and the collaboration among practitioners is needed who are addressing

physical and psychosocial needs of others. They write: “We believe that the biological, material, social and psychological dimensions of human functioning are interrelated and cannot be addressed effectively if they are not addressed in an integrated way” (pg. 7). In elaboration, they offer that in an emergency it matters both *what* needs are addressed and *how* they are addressed. They warn that an emergency response can create longer term problems especially if those in need of help are treated as helpless victims and made dependent on external aid. In their perception, the harm consists of undermining and distorting them and their relationships (family and community), and by doing that adding stress on top of the negative psychosocial impacts generated by violence, losses and displacement. They advocate for a new paradigm that consists of:

- a) framing all interventions in terms of a common objective-well-being;
  - b) recognizing that different and separate areas (biological, material, social, spiritual, cultural, mental and emotional) are interrelated;
  - c) considering the aspects of well-being that are meaningful to the population concerned,
- and
- d) measuring program results in an integrated way.

From the reflection below, it becomes clear that humanitarian workers did not heed any of these recommendations.

### **2.3A Alternative Model Number 1: The Cultural Bereavement Interview (CBI)**

Besides these recommendations there have been also alternative discourses. Eisenbruch (1990) introduced CBI for dealing with the refugee experience because he was cognizant of the enormity of their losses and the need for grieving them. He starts from the premise that too many refugees around the world are diagnosed with depression and PTSD in the aftermath of being uprooted from their homes and writes that:

...although western treatment may be appropriate in some cases, psychiatrists are finding that many victims of forced migration manifest a pervasive suffering that can have widespread effects on personality and behavior”, and that this is “not simply a result of stress or psychiatric disorder but seems to arise from their feelings of massive loss (pg.715).

He carefully considers what it means to lose one’s family, primary social and economic structures, and one’s basic system of cultural meanings, and combines these considerations with his clinical practical work with refugees spread across 3 continents: U.K., U.S.A., and Australia. As a result, he came up with the framework he calls Cultural Bereavement Interview (CBI). He uses it to explore reactions to the above stated losses and how they are dealt with in the refugee’s language and cultural construction. His framework consists of 11 constructs. These constructs serve as the context within which culturally specific presentations of grief are contrasted with the western conceptualizations of them. He uses these constructs to explore feelings associated with loss (mostly guilt, but also anxiety and anger), and to demonstrate the support one can find in one’s culture.

The first construct in CBI is *Memories of Family in Homeland* and focuses on what refugees remember or imagine when thinking about the family, who and what they miss, and what triggers off their memories and feelings. The second construct is *Continuing Experiences from the Past* which brings out the preoccupations a culturally bereft person has with the past that could be so intense that s/he can be seeing or hearing the loved ones. These powerful perceptual distortions can lead one to believe that either her/his loved ones are present or that s/he is transported to the past. Unlike in the western world, where these “hallucinations” about the dead, are normalized up to one month from the loss of the loved one, in other cultures they can persist for months and years, and therefore when dealt with as refugees’ these “hallucinations” can be understood as psychosis and treated with psychotropic medication to the detriment of an individual, community and culture. The third construct is *Ghosts or Spirits*, it is a more common

one, seen in many cultures as the means of communication between the dead and the living, and can open a discussion about what is going on and whether there is anything to be concerned about. The fourth construct is called *Dreams*, and is explored in terms of actors, actions, contents, outcomes, feelings, etc. The fifth construct is called *Guilt*, it is a particularly important one since refugees could be suffering from the survivor's guilt that might persist for years. For this reason, asking about it and about how it is expressed is very important. Eisenbruch (ibid) writes:

...refugees may feel sorry to have left their land, worried to distraction about the welfare of relatives at home, and weighed with responsibility for getting those relatives to safety or returning to seek them out (pg. 724).

In addition, refugees could be struggling with remembering what their loved ones look like. They may also worry that the loved ones will not recognize them due to maturation, acculturation, physical disfigurement, and because of the lack of cues, such as photographs. This is where the sixth construct can be useful: *Clarity with which Appearance of Relations is Recalled*. This construct is in place to help reorient the affected person by commenting on this problem and asking about her/his difficulties in remembering and if s/he worries about war-caused scarring and disfigurement. This construct provides also an opportunity to ask if one has any tangible reminders of the past (souvenirs, photographs, or amulets). Then, the seventh construct *Structuring of the Past in the Homeland* helps with discussing one's possible idealization of the past and/or of certain periods in it in order to promote life in the new country. Eisenbruch explains that this is so because:

“...some refugees appear to transfer their ‘cognitive map’ from the past to the present, particularly if they are fearful of danger” (pg. 725), and as a result, fear other survivors, other refugee groups, or other migrants in the host society.

The eighth and ninth constructs are: *Personal Experience of Death, Funerals and Graves* and *Anxieties, Morbid Thoughts, and Anger in response to Separation from the Homeland*. With the help of these constructs, refugees are asked to talk about culturally appropriate leave-taking ceremonies, if they performed them and/or had a chance to say goodbyes to those they lost. These facilitate conversations such as if they are sure their loved ones are dead, or still hope they are alive; if they have witnessed deaths or participated in them; if they feel angry about what and whom they lost; and engage in violent and nihilistic thoughts, risky behaviors and even thoughts about death.

Two additional constructs, the tenth and the eleventh, are: *Comfort Derived from Religious Beliefs* and *Comfort Derived from Participation in Religious Gatherings*. The tenth deals with values and beliefs and their influence on coping. The eleventh focuses on the ceremonies through which one can complete various obligations with respect to the deceased, for example to channel and regulate anger, and resolve guilt. One such ritual (found among Cambodians) is exchanges with ancestors. Regarding this ritual, Eisenbruch (ibid) writes:

Refugees suffering survivor guilt because they abandoned family and homeland can expatiate that guilt by ‘paying back’ or canceling the debt” or “to transfer merit to his or her ancestors, a ceremony known to almost every person with a Buddhist background (pg. 730).

He points out that CBI deals with the complexity of this ritual by exploring guilt on a continuum (in 4 stages): identifying bad action or sin in the past life or incarnation; regret or realization of these actions; evaluation of wrong doings and remorse; and only in this final stage the need for compensatory action. He writes: “...in merit transfer, the transfer of merit to the dead relatives helps both the living and the dead. And the death wish is a desire to cross the brief gap between death and speedy rebirth” (pg. 731). With this he establishes how a death wish does not have to be a symptom of psychiatric disorder (depression).

### **2.3.B Alternative Model Number 2: The Survival and Adaptation Model**

While Eisenbruch was more concerned with issues that belong to later stages of dislocation-relocation, Silove (2005) was more concerned about the relief activities in the immediate aftermath of dislocation. Given his interest in supplementing and combining three existing models of mental health (trauma, severe mental illness and psychosocial model), it is no surprise that he came up with the framework that consists of 5 systems that cover 2 key relief concerns: survival and adaptation. The 5 systems he identified are: security-safety, attachment, justice, identity and role, and existential meaning. For each of these systems he came up with corresponding interventions (social, psychological and psychiatric). After all, he is a psychiatrist and it is hard for him to stay away from interventions as we will see as the down side of this model.

His first system is *the security-safety system* and concerns itself with providing a safe environment in aftermath of the traumatic event/s. It specifically caters to the severely mentally ill, those with physical injuries (including brain), and those with acute and culture-specific psychological reactions (such as those who suffer with SI/HI, who are gravely under-functioning, not eating or drinking, not attending to basic daily needs, who are irritable, distracted or immobile). In other words, to the most vulnerable people who are found in any community, and as such should not be overlooked because this population can place itself and others (family and community) in danger and complicate lives for those who left them behind (in terms of guilt and other issues). His social interventions for this system are: material protection, emotional support and education for family and network, maximizing and securing opportunities to regain control. Its psychological interventions include: crisis intervention for extreme reactions, comprehensive assessment, community follow up, collaboration with traditional healers. Its psychiatric interventions include:

treating underlying issues and adjunctive psychiatric treatment for severe cases (i.e. additional psychotropic medications).

His second system is *the attachment system*, which he considers as the most disrupted during ID since refugees go through separations and multiple losses (actual and symbolic), not just through death, but also through the loss of connection with family members, the loss of home, property, and possessions, the loss of belonging, of social cohesion, of connection with the land and ancestors (all those which Eisenbruch identified in his CBI). Here the social interventions include: tracing and reuniting families, restoring social networks and rituals. The psychological interventions include grief-counseling for extreme reactions. Psychiatric interventions include adjunctive psychiatric treatment in minority for persistent severe dysfunction.

Silove's third system is *the justice system*. This is very important since during the ID people can become subjected to torture, massive human rights violations, and other traumas (see above on the trauma discourse) where they are dehumanized, humiliated and degraded. Then, they may end up in chaotic postwar societies, refugee camps, and detention center without legal assistance. He is concerned that chronic anger which they may feel due to unmitigated injustice will result in their angry outburst towards others which can produce ripple effect (guilt, shame, desolation and despair) and worst of all subject them to psychological treatment for depression, grief or personality disturbance. Social interventions in these cases can be: truth reconciliation, indictment, punishment, and forgiveness. Psychological interventions can be: group therapy for anger management and for those with severe dysfunction. Psychiatric interventions can be: psychotropic treatment for complications such as paranoia and depression.

His fourth system is *the identity and role system* and deals with issues related to one's identity because oppressive regimes undermine one's sense of identity, agency and control and

cause physical injuries, mutilation and even divest the person of her/his customary roles, social positions, possessions and prospects that in consequence may induce feelings of helplessness and passivity and shape psychopathology. Through this system he advocates for empowering refugees on various interpersonal and socio-political levels, so that pathology does not develop. Social interventions consist of: training, work, and skill development. Psychological interventions consist of: individual counseling and family therapy in minority. Psychiatric interventions consist of: adjunctive treatment for complications such as depression.

His fifth and last system is *existential-meaning system* which deals with the impacts of being exposed to the inexplicable evil and cruelty such as shaken faith in the beneficence of life and humankind to which they can respond with feelings of alienation and become emotionally isolated, thus distrustful of external agencies and of authorities. Through this system he gives a warning to mental health workers to be careful in their use of power since mistrust and feelings of alienation take time to heal and require collaboration from various social institutions (religious, political, tribal). Here he refers to the issues that are of archetypal proportions and implies the need for working with these energies (thus the need for Jungian perspectives on RC). Social interventions can be: religious and political expression, and cultural reconnection. Psychological interventions can be: humanistic and existential therapy in severe cases. Psychiatric interventions can be: to treat clinically severe depression with psychotropic medication.

#### **2.4 The Care Refugees Need versus the One Given to Them**

From these critics of the trauma discourse, it can be seen that its respective limitations are that: it neglects the background culture of refugees, pathologizes their suffering, makes gross epistemological errors, imposes its own western culture, it disregards a large portion of the refugee experience, and fails to recognize that refugees are capable of other responses to ID. In particular,

it imposes its values of emotional vulnerability and emotional functionality over social harmony and cohesion; its individualistic ways of being over the interests of the family and the community; its beliefs in a scientific/rational approach to life over traditional beliefs such as belief in magic, spirits/ghosts, witchcraft, and reincarnation, its own psychological interventions (trauma counseling) over traditional healing practices (purification rituals, rituals for accruing merit and decreasing demerit, rites of passage to mark life transitions, burial ceremonies, merit transfer and other); and its emphasis on material over spiritual well-being. Additionally, the critics of these discourses allude to the need for different therapeutic approaches to refugees which validate their suffering and assist them to activate their resources (in particular spiritual) and translate them into strategies for coping, adaptation and even transformation of some of their experiences (especially those dealing with the injustices they have suffered). Furthermore, these criticisms indicate that there is a need to include the spiritual dimension and Jungian perspectives into care for refugees since with the help of these dimensions we will have a more complete understanding of refugees and their resources, and how these can aid them in dealing with complex phenomena which are also universal/archetypal (war, cruelty, home, healing, suffering), and can even account for healing and the possibility of a religious experience.

From the recommendations made to NGO workers, which have not been heeded (as evidenced by the fact that the trauma discourse continues to operate in the same way), it can be seen that a different therapeutic approach is needed with refugees. From Summerfield's account, it can be argued that it is important to differentiate between events and the experience of events, to focus on people's unique experiences over the events, and to allow them the time and space to make sense of their experiences instead of imposing meaning on them. These also explain why he advocated against fast interventions that deal with initial responses, and against generalizing from

the minority of responses. Given that he is a psychiatrist, it is refreshing to learn that he advocates for a broader understanding of suffering (as a social and collective to be dealt with related means), and through this approach promotes dignity and autonomy of refugees and their integration into communities as the way of rebuilding their lives. Ager too, with his own expertise in the psychology of the family (as well as in global health and development), recognizes some general trends in psychosocial models, writes about them and tries to combat them with suggestions that as a result honor the uniqueness and richness of people's backgrounds and foster collaboration between them and their western benefactors. He is in favor of those resources that have hitherto been sustaining. Williamson and Robinson also show an understanding of the ill effects of emphasizing mental health and psychosocial well-being separately from other aspects of one's being. Their proposal for a model that deals with overall well-being is what is needed in order for refugees to be seen in totality as human beings. Their advocacy for collaboration between the practitioners and the affected population, towards jointly deciding what needs to be addressed and how to address it is important since people need to be empowered on all levels of their existence. The interventions they propose appear to be more balanced than psychological interventions and cater to distinct aspects of one's well-being, and aim at development that goes beyond individual safety (which is indispensable for well-being), and participation (in their own safety and well-being), i.e. considers them in context with their wider environment (natural, social, economic and political).

Also, CBI, with all its constructs, points to the central theme of the refugee experience: the loss of home and the complex unresolved feelings such as anxiety, guilt, shame, anger, sadness and the need for digesting, processing, and integrating these experiences. In chapter 3, I will mention all these ideas again when I write about RC and its approach to the loss of home and

related impacts that sum up these complex feelings under the concept of nostalgic disorientation (ND). Similarly, the ADAPT model captures a wide range of impacts related to the loss of home and demonstrates that it has incorporated the ideas from CBI (its attachment system). It also shows that it goes beyond it by considering other adaptive systems of one's life that get impacted and are in need of repair. In Chapter 3, I will refer to these ideas when I write about RC. I recognize that RC accounts for these adaptive systems through its concept of onto ecological unsettledness (OEU) and Meaning Attribution Processes (MAPs). In chapter 4, I will refer to all these again in relation to the spiritual dimension since these aspects of life can be seen as sacred and when violated or lost can be a source of spiritual struggles, as well as in reference to how people with the help of their spirituality can cope and make sense of their experiences. In chapter 5 where I discuss Jungian perspectives, I will shine light on how the psyche (collective unconscious) can aid them in adapting to these impacts as well as how it can help them to transcend them and even grow through them and even provide them with the possibility for religious experience.

Therefore, based on all these findings, refugees need care which restores hope and promotes healing.

## **2.5 Conclusion**

Besides revealing the history of PTSD, how it was transmitted internationally, and applied to refugees, this chapter has identified additional challenges refugees face besides the legal issues. It has also revealed that while PTSD is a helpful diagnostic category in the western context for capturing acute reactions that need immediate professional attention, it does not however work with refugees who are surrounded by complexities. It has also been instrumental for writing how

RC together with the spiritual and Jungian perspectives can be of more use to refugees, their workers and the community at large.

### **Chapter 3: Refugee Care as A More Balanced Approach to Refugees**

*“Homelessness is a state that encompasses not only physical and mental dimensions but it contains psychological and existential characteristics as well.”*

Renos K. Papadopoulos

I have previously characterized Refugee Care (RC) as a more balanced approach to refugees which captures the complexities of them as human beings as well as their experiences, while it also empowers therapeutic workers and has the potential to benefit the community at large. In order to explain how this is so, in this chapter, I discuss the introduction of RC as a model and its subsequent and latest developments. I also reflect on how RC touches on previously discussed models (CBI, ADAPT) and draws on insights from other disciplines to highlight its multidisciplinary nature. Given my interest in the spiritual and Jungian dimensions to RC, I look within the model for indications of these and point out why it is important to make them explicit.

#### **3.1A The Introduction of RC as a Model and its Initial Focus: Therapeutic Approaches to the Survivors of Political Violence**

RC emerged in the mid-1990s when the world experienced many serious conflicts, influx of refugees, and witnessed the failure of international community to appropriately understand and intervene with the so called “complex emergencies” (Duffield, 1994). The chief characteristic of this time was political violence that aimed at creating a state of terror that would penetrate the entire fabric of society, including one’s mental life, and become the means of social control (Summerfield, 1997). The trauma discourse was the dominant discourse: “...for capturing and addressing the impact of events like these and wars regardless of the background culture, current situation, and subjective meaning brought to the experience by survivors” (Summerfield 2001, pg. 95-96).

In response to these circumstances, professionals from the fields of cultural psychiatry, psychology, anthropology, and political science made their contributions in order to offset some of the limitations of the trauma discourse, thus foster a more accurate understanding of refugees. Renos K. Papadopoulos, whom I introduced in chapter 2 as the exponent of RC, was among these professionals.

Papadopoulos begun by writing about topics such as change (1996), destructiveness/atrocities (1998), and alternative therapeutic approaches (1997, 1999). In this task, he relied on the disciplines of his expertise such as systemic family therapy and analytical psychology. These disciplines helped him to enlarge the meaning of various phenomena refugees deal with, and in return influenced his thinking about the epistemology for RC.

In reference to the topic of change, Papadopoulos (1996) writes about the complexities associated with this multifaceted and multidimensional concept which on the flip side has constancy/stability, its effects on refugees, and the ways of working with it therapeutically. In particular, his intent is to show that refugees have too much change in their lives and may succumb to the pressures (internal/external) for more changes, and in the process destabilize their own lives. His intent is also to support therapeutic workers who are operating out of the Societal Discourse of the Expert (SDE), and thus do not have the right epistemological tools at their disposal to account for these complexities. He advocates with them to abstain from delivering expert opinions, and work instead on containing their own tensions (whether personal, or arising from therapeutic interactions) in order to provide stability for those they are seeking to help.

Papadopoulos and Hildebrand (1997) even conducted a study with two Bosnian refugee families, who settled in the U.K. in the aftermath of the Bosnian War (1992-1995) to show how this works in practice. Their interest was to learn from these refugee families about their experience

of losing home and being resettled. The families they studied, who were most heterogenous, presented them with two opposing narratives about their experience. One of the narratives reflected refugees' loyalty to the past and read: "we will always be Bosnians and never will fit into the society of our host country". The other narrative reflected how they felt about their present situation: "we cannot turn the clock back, undo what is done, and therefore have to look forward to the future". As therapeutic workers Papadopoulos and Hildebrand were cognizant that they will be looked upon as experts, so they abstained from delivering expert opinions, and instead allowed these refugee families to deal with the tension on their own. This study allowed them to point out the tension associated with the changes, to emphasize the importance of not trying to remove it, and to model a more appropriate approach to dealing with it. Along with these aspects, they pointed out to the possibility that some families may not be able to handle changes/tensions on their own, thus they need assistance. Regarding this possibility they write that: "...families that find it hard to hold this tension and choose one direction only, are likely to lose their vitality because both tendencies are psychologically and pragmatically indispensable" (pg. 232). With this study they recommend that a more appropriate way of assisting refugees is through containment and validation of their struggles.

Along with the above recommendations, Papadopoulos also proposes that an alternative way for conceptualizing change can be through the alchemical model of change, where change takes place through a series of processes which have their own language, images, perspectives and epistemology (1996, pg. 8). He explains that this approach is helpful because it places this phenomenon outside the usual dichotomy of good or bad, and allows the time and space for refugees to make sense of their experience. He also discusses the concept of 'cultural bereavement' (explained in chapter 2) and expands on it by introducing an alternative framework

which he refers to as “nostalgic disorientation” (ND). He considers ND to be more inclusive and writes that: “...it is not only culture that refugees might lose but their whole home environment with all its practical and symbolic components and functions” (ibid, pg. 213). He expands on the enormity of this loss by referring to the 3 overlapping realms of home (intrapsychic, interpersonal, and socio-political), as well as the conflicting archetypal polarities associated with home (joys-sorrows, love-discord, proximity-distance). Furthermore, he links the loss of home to a ‘nuclear explosion’, which evokes an image of the widespread devastation. With these observations he points out the effects and the archetypal energies associated with this loss, and shows why time and space are needed. The impacts of the loss of home become clearer below as well as the usefulness of this framework.

For Papadopoulos (1998) destructiveness is also a multifaceted and a multidimensional image which is situated outside the polarity of good and evil, and one that none of us can afford to be neutral about. He advocates for understanding it through the notions of “shadow” and “the problem of evil” (universal/collective phenomena) since these go beyond the conceptualizations that are offered by classical psychoanalysis such as aggressive impulses, drives and instincts. He refers to survivors of these acts as being shaken to the core of their being, and struggling to hold onto their faith in humanity, as well as struggling to have confidence in their own capacity to read and predict life. He warns against pathologizing these impacts and the range of responses to them such as frozenness, dissociation, and regression. He advocates for validating survivors and facilitating the thawing and reconnection of the various parts of their personal and collective narratives as the way to prevent more debilitating impacts and the actual trauma (PTSD and other psychiatric disorders). Once again, he considers the vulnerability of therapeutic workers, because of their lack of tools, and offers them a way out: to conceptualize destructiveness as a part of the

larger system (the unconscious), which they become a part of when interacting with survivors of these acts. He also recommends them to be constantly vigilant of the powerful dynamics associated with victimization (the persecutor, the victim and the rescuer) in order not to reenact them. Besides vigilance, he also advocates for containment and validation of these energies.

Regarding alternative therapeutic approaches to survivors of these acts and refugees in general, Papadopoulos (1998, 1999) writes that therapeutic presence and witnessing are the way to go. While he conceptualizes therapeutic presence (TP) as the maximum presence within a professional context that does not follow the traditional psychotherapeutic framework, therapeutic witnessing (TW) for him is the extension of TP which provides an actual human witness who can facilitate (with minimal intervention) the thawing and re-connection of the various parts of their personal and collective narratives (pg. 470-472). He proposes that these approaches can be used at in individual, group and community setting. He is particularly keen to show its usefulness in group setting, since the groups have the potential to become a community where people witness each other, derive support, and gain a sense of belonging which can initiate them into healing. To expand on the potential of the group, he writes about the “storied community” and defines it as: “...the group of people who are joined together by certain shared narratives”.

He writes that: “...by belonging to a storied community individuals can retain their sense of sanity and meaning even whilst leading an isolated life in exile, knowing that they are part of this community” (1999, pg. 10-11).

With these observations, Papadopoulos points out those complexities surrounding refugees which have not been accounted for by the trauma discourse. More specifically, he shows the importance of staying away from: “...resorting to what is familiar and oversimplified, in order to explain a complex and painful phenomenon” and from: “...pathologizing those we want to help”

(i.e. misdiagnosing them). He considers these to be typical epistemological errors in addressing adversity (out of some seven errors he identified when writing about epistemology for RC). Besides these, he points out that these alternative therapeutic approaches can be as effective, if not more effective, since they validate survivors, and allow them to integrate their adverse experiences into their life narratives (i.e. promote integration of personality) while they also help therapeutic workers to shift their role from experts/observers to witnesses/participants who assist people to activate, and actualize their strengths and resources (e.g. to psychologically register their experiences, digest them and integrate them). In reference to the storied community, Papadopoulos shows that the group approach can be more helpful than targeting individuals (which is something the trauma discourse does), because the group can serve as their first community. In summary, he shows that the empowerment of refugees lies in the hands of therapeutic workers and their approaches to them (i.e. a humane approach over expert approach). This initial focus of his appears to me to have been centered on the implementation techniques (TP, TW and narratives), which represents one part of his 3-part circular epistemology (1999. 329-332).

### **3.1B Subsequent Developments in RC: Conceptualization of Refugees and Refugee Phenomena**

Subsequently, Papadopoulos (2002) has focused on restoring more complexities which have been reduced by linking refugees with trauma. He writes that:

...whenever one thinks of refugees, from a psychological perspective, the first association is to trauma, rather than to home. Home, after all, is not a psychological concept as such. Yet, the loss of home is the only condition that all refugees share, not trauma (pg.9).

With these observations he proposes a new definition of refugees as “people who lost their home”.

With this definition, he humanizes them and their suffering and broadens the conceptualization of refugees beyond those of the legal and the trauma discourses.

In order to explain what is at stake for refugees when they lose their home, Papadopoulos (2002) writes about the many meanings of home. In this task he turns for inspiration to poets, psychoanalysts and philosophers. Inspired by Homer he writes that:

...home is constituted by two opposites: a most tangible and grounded element, the earth, the land, and the most tangible image of an intangible form of home-smoke. This powerful combination of the tangible and intangible, concrete and ethereal, physical and imaginary, inflexible/immovable, substantial and indefinable make the image of home a most potent and resilient cluster of psychological dynamics (pg. 13).

With the help of psychoanalytic concepts (from Bowlby, Winnicott, Bion, Stern, and Jung) he writes about the psychological functions of home by referring to home as a:

...secure base”, a “transitional space”, an “early matrix upon which human experiences are built”, a “space within which early separate networks of repeated experiences become integrated”, and as the “archetype of ordered wholeness (pg.20-22).

And, with the help of philosophical reflections, he points to the characteristics of home as the background: a setting that is: “not a passive background but an integral part of the picture and our own formation”, as the “psychic envelope”, the “consciousness of the self”, and the “heimat” that is both “taken for granted” and can be destroyed by “dread” that creates a state of feeling “not at home” (pg.22-24). With these amplifications he makes it clear that besides tangible/material losses, people also lose the symbolic and intangible aspects of home which stir up all kinds of fantasies and affects, and need to be appropriately discerned and grounded both by refugees and their therapeutic workers, and the need of frameworks which can account for them.

As a side note, Papadopoulos (2021) provides a number of helpful frameworks to refugees and therapeutic workers to aid them in the discussion of these complex phenomena: the Home Grid (which shows 3 types of home: home of origin, current and aspired); the Cartography of Homeness (which shows the shades of homelike qualities and dimensions of the past, present and

aspired home); and the “relational space-time” framework (which provides structure within which to remember that time and space and relationships of home are intimately interconnected).

Additionally, Papadopoulos (2002) writes about the functions of home such as:

- a) continuity, safety, stability, reliability and predictability in life;
- b) the place that enables interactions with others both within the family and outside of it (interpersonal realm); and
- c) the whole home environment (social, cultural and sociopolitical and corresponding roles/identities).

With these ideas he (2021) links home to identity and to onto-ecological settledness (OES). Regarding the link between home and identity, he explains that home holds in place two differing parts of our identity: the intentionally perceptible, and the hidden or *mosaic substrate* part which allows us to feel a sense of familiarity and stability of who we are as persons, while also enjoying a sense of predictability in our lives. He refers to this state, when our identity is integrated, as onto-ecological settledness and defines it as: “...a dynamic relationship between two parts of identity undergoing constant change while retaining an overall relative stability” (2021, pg. 132). With this reference he implies that our identity consists of the conscious (ego) and the unconscious parts (personal and collective) and their dynamics, and as such is multiple, flexible, dynamic, constant, coherent, consistent and clear, provided that we are not exposed to out of the ordinary stressful events. He uses these six characteristics of identity as the guide to track alternations in one’s identity in addition to two other frameworks such as: the basic and the diagrammatic frameworks. The basic framework refers to the four themes/pairs of polar opposites for our identity that are self-explanatory such as: personal-collective, sameness-difference, constancy-change over time, and construct as opposed to essence. The diagram of identity depicts identity in the form of an

upright cylinder (which shows the intentionally perceptible elements) which sit on the round plate (the imperceptible elements or *mosaic substrate*, which become visible only when reshuffled).

With regards to the impacts of the loss of home on one's identity (i.e. due to the changes in the *mosaic substrate*), Papadopoulos (2021) refers to: onto-ecological unsettledness (OEU), nostalgic disorientation (ND), and the risk for developing victim's identity.

Papadopoulos (2021) writes that OEU develops as a result of all the changes people undergo during ID, and this is a type of disorientation that is difficult to comprehend, because it is new and unexpected and out of the ordinary. He captures this as he writes that:

...when *onto-ecological settledness* [italics in the text] is disturbed beyond the safe margins of usual adjustment over time and manageable changes, people most definitely feel that something else changed in them, something that is not agreeable, but at the same time they do not know what this is about, how to eradicate it, or how to minimize its negative impact. Their ability to 'read' life is impeded, and they feel lost (pgs. 142-143),

when ND is left unrecognized and is accompanied by a range of reactions from panic, despair, apathy, suspicion, and splitting to a feeling of being lost within oneself, in life, and in the world.

To illustrate how debilitating OEU can get, he refers to a Somali woman he worked with who was acting in a very confused way response to the shortening of daylight periods in the U.K., something neither she nor the professionals she saw before seeing Papadopoulos, could make sense of. He uses this example to point out that OEU is not pathological, but that it can become so if left unattended, i.e. it can develop into psychological and even psychiatric disorders. With these he advocates for helping refugees to account for the changes in both parts of their identity as the way of preventing both ND and OEU.

Beyond what Papadopoulos wrote about ND in 1997, he refers to ND as a gap and a painful yearning which one feels almost immediately, not only for the home of the past but also for a new home. He draws attention to the urgency and the pressure one feels towards any form of settledness

and points out to the associated symptoms which include: pain, grief, discomfort, anguish, disproportional emotional reactions, engaging in inappropriate relationships, addictions, and even switching off completely and living in lethargy. Along with these, he lists five signs for recognizing ND: persistence in pursuing a goal regardless of the goal's outcome; claiming a causal connection between one's discomfort and the goal the one is pursuing; the lack of specificity in what one is pursuing; using the "as if" claims in terms of what will help to feel better; and giving too much importance to the goals which appear not to be relevant. Furthermore, he refers to the ways of easing ND which are: not to treat its manifestations as pathological and thereby validate it; to normalize discomfort; to create conditions for people to metabolize it; to converse with the affected person in a normal way about their previous life; to itemize and differentiate between as many disorienting factors and pressures as possible; and to help the affected person to construct and reconstruct her/his narrative, so that s/he can integrate her/his experiences of home, homelessness and feelings about the present home. With these he demonstrates how to work with the complex /archetypal influences.

Papadopulos (2021) also claims that the trauma discourse does not differentiate between the victim of circumstances and the victim's identity. For easier navigation of these complexities, he developed two related frameworks: the Victim Grid (VG) and the Victim Diamond (VD). His VG consists of five elements:

- a) degree of victimization (realistic, pragmatic and victim identity);
- b) basic description for each type of victimization;
- c) overall effects of victimization;
- d) responses to the victimized persons; and
- e) responses by the victimized persons.

According to the VG, realistic victimization applies to the persons who have been exposed to acts and circumstances that victimized them, but who maintain an overall balance between the effects of victimization and other facets of their being. In other words, the realistic victims are ordinary people who happened to get victimized. Realistic victims are victims of circumstances, who do not necessarily rely on others for assistance and support, except in some situations (in which cases they show gratitude for assistance). Pragmatic victimization applies to those who use their victim status and history of victimization to obtain assistance. Pragmatic victims still have access to other aspects of their being but to a lesser extent. They are seen by therapeutic workers as victimized persons who make appropriate use of their victim's position. While they do not entirely rely on others for assistance and support, they do make use of them extensively and appropriately. The victim's identity applies to those persons who extended their victim's status beyond the appropriate time and context. Their entire being is dominated by the victim's identity. They are seen as those who make appropriate use of their victim position to get assistance. They are seen as having "hidden" resources and looked upon negatively. They take it for granted that they should be given assistance and support, present themselves as entitled and demanding, and respond indignantly when they do not get these. Papadopoulos (ibid) reminds that VD is built on the premise of the Drama Triangle and its three roles (the victim, the persecutor, and the rescuer) with an added fourth role, that of the audience, since the audience is not a passive spectator but also a participant. He refers to these four roles as the "interactional matrix of interventions" and uses them to explain the archetypal dynamics of the victim drama. With these observations he advocates for helping refugees to recognize and differentiate these dynamics in order to build a healthy/integrated identity which will enable them to regain onto-ecological settledness, and a sense of belonging to a community.

As we have already seen, in reference to “refugee trauma”, Papadopoulos (2002) draws attention to the tendency of the trauma discourse, because of its causal reductive and linear epistemology, to make simplistic connections between events and psychological experiences; to ignore systemic complexities while focusing only on individuals; to polarize positions regarding the causes of trauma; and to restrict “refugee trauma” to only the initial devastating events while disregarding the wider spectrum of refugee experiences.

In order to restore related complexities, Papadopoulos (2007) writes that: “...becoming a refugee is not a psychological phenomenon *per se*, rather it is exclusively a socio-political and legal one, with psychological implications” (pg. 301). With this observation he makes it clear that there are various upheavals which force people to reluctantly abandon their homes in search of safer and viable ones. His (2021) classification of upheavals includes six categories such as: political, criminal, climatic, environmental, socio-economic, including psychosocial marginalization and psychological exile. He also points out that these upheavals have psychological implications, i.e. that it is not these upheavals/events which are ‘traumatic’, but that it is one’s experience of them which can be ‘traumatizing’ for some. Furthermore, he differentiates between ‘refugee trauma’, ‘psychological trauma’ and ‘societal trauma’. Regarding these he writes that while ‘refugee trauma’ covers the whole spectrum of phenomena connected with the specific refugee reality and range of experiences, ‘psychological trauma’ refers to the psychological effect of being traumatized regardless of the external causes (2007, pg. 303). Regarding ‘societal trauma’ he writes that: “...this kind of trauma implies that a whole group of people, a community or even an entire society has been traumatized” (ibid, pg. 304).

As I have already indicated, Papadopoulos (2021) introduced the umbrella term of “involuntary dislocation” (ID) and uses it to refer to various phenomena refugees deal with. He captures the meaning of this term as he writes that it is:

...a descriptive phenomenological term which merely ascertains the fact that persons, due to various forms of adversity, a) have been made to experience their intimate spaces no longer as viable homes, b) were compelled to move away from these spaces and seek new, more viable ones; further, it suggests that c) if they were to have a genuine choice, they would not have abandoned these spaces (pg. 38).

Besides this he explains that ID is a process which consists of two moments such as: internal (initial dislodgment from the experience of feeling at home), and external (the actual movement away from the space that no longer feels like home). In addition to these two moments, he refers to six segments of ID such as: internal dislocation; external dislocation; the yearning for a new home-space that is safe and more viable; locating to a new space that appears to have those attributes one associates with home; the struggle of settling in a new home-space; and the painful process of trying to make sense of all the six combined. Then, in addition to two moments and six segments, he describes this process as one which consists of four phases: anticipation, devastating events, survival and adjustment (previously described as four phases of refugee experience). He points out that during the anticipation phase, people are under a lot of pressure to make life-death decisions given that there are many unknowns regarding impending dangers as well as the future, plus they are making decisions which affect their whole family and can have long lasting repercussions. He describes the phase of devastating events as a very complicated one because it is during this phase that the worst fears materialize, and it is this phase that is commonly referred to as the “trauma story”. But in actual fact this phase cannot be taken as the “trauma” because some people flee before the actual events strike. He considers the survival phase as the most unsettling period in a refugee’s life even though in this phase they are free from danger. He

explains that it is the most unsettling period because during that time people's lives are put on hold indefinitely, they face many uncertainties, and may fall victim to other violations (like those I have described in chapter 1 when they are waiting for asylum). Finally, with regard to the adjustment phase he reminds us of the many difficulties refugees face while settling in a new location and grasping new ways of being (new language, new codes of interpersonal relating, new status), since in addition to these they also have to deal with all that has happened to them in the past, plus they feel the pressure to plan for the future. With these observations, he clarifies that refugee trauma is not a product of only one phase, but is the product of all phases of involuntary dislocation, a constructed response which is mediated by various background factors which affect how one experiences events, is impacted by the experience, responds to the impacts, and what meaning one is going to give to her/his experience.

Unlike the trauma discourse which does not take into consideration people's background factors, Papadopoulos does and refers to them as (Meaning Attribution Processes (MAPs)). He writes that these:

...include all the conscious and the unconscious interactions of a wide network of factors that contribute to the specific way one experiences and responds to adversity and to the initial reactions to adversity (2021, pg. 258).

Under MAPs he lists nine factors such as: personal factors; relational factors; gender, race, age, ethnicity, class, disability, poverty; power position; predictability, anticipated duration, and lasting effects; set systems of meaning; current conditions, circumstances, and relationships; future prospects and hope; and a host of socio-political, cultural, legal factors. With these he implies that the structuring principles of the psyche (the archetypes), under the unconscious factors, affect conscious processes and personal variables (something that I will expand on in chapter 5 when I write about the Jungian perspectives).

Papadopoulos (2007), unlike the trauma discourse, considers refugees as resourceful on the account of their backgrounds and “psychological immune system” which lends them strength and allows them to remain resilient in the face of adversity and even develop new strengths, which translates into not all refugees develop PTSD. With the help of the *Trauma Grid* (renamed to the *Adversity Grid in 2021*), he differentiates the responses they are capable of in response to the impacts of adversity such as: negative, neutral and positive. Under the negative responses, according to the degrees of seriousness, he differentiates between: psychiatric disorders (PTSD included, which need professional attention); distressful psychological reactions (which are less severe and do not necessarily need professional attention); and ordinary human suffering (which is natural and most common human response to tragedies in life). He regards resilience as a neutral response which pertains to retaining both positive and negative strengths. Finally, he points out the positive responses to adversity, which represent new strengths that were not previously there. This new development he calls the Adversity Activated Development, or AAD for short, and distinguishes it from PTG (something I explained in chapter 2). Here he implies that it is the psyche that is one’s ‘psychological immune system’ which facilitate negatives, neutral and positive responses to adversity (something I also discuss in chapter 5).

With all these observations, Papadopoulos shifts the discourse about refugees from dangerous, damaged, helpless and dependent victims, to refugees as people who are complex human beings, with unique experiences, who need to be seen in their totality, and resourceful (CUT-R). By restoring complexities related to the meaning and functions of home, he draws attention to the complex feelings refugees have to contend with and the need for assistance which aims at helping them to register, to relate and to integrate their experiences into existing life narratives in order to make conscious connections with them, thus achieve adaptation to them. He

shows that this is necessary given that the goal is integrated identity (as opposed to the partial identity of the victim) as well as OES. By reminding therapeutic workers that refugees have strengths and resources with the capacity for other responses, he paves the way for them to witness resilience and growth, and thus combats the possibility of vicariously traumatization (which features in SDE). With all these aspects, Papadopoulos points out to the alternative way RC conceptualizes refugees and their experiences (united under the umbrella term of ID). This represents the second circle in his 3-part circular epistemology for RC.

### **3.1C The Latest Developments in RC: Its Method for Processing the Refugee Experience**

The above-mentioned developments reveal that Papadopoulos was thinking about a method for processing refugee complexities as early as 1998 (when he wrote about destructiveness, atrocities and epistemological and clinical issues), but that it was not until 2021 that he explicitly refers to his epistemology, or more specifically epistemic processing which represents the last circle in his circular epistemology.

The method for understanding the refugee experience consists of 5 elements: a) events; b) experiences of events; c) impact of the experiences; d) response to the impact, and e) communication of all of the above. Regarding these, Papadopoulos (2021) writes:

...this means that we need to appreciate these elements as being actual successive stages of the process from dislocation to relocation: not as abstract chronological landmarks, but as phases full of new experiences which substantially reshape a person. This reshaping affects not only one's psychological or mental functioning, but also the entire person including, *inter alia*, alterations in one's outlook to life and human nature, in one's sense of self and identity and many aspects how one conceptualizes key events and experiences (pg. 232).

Here he is referring to "refugee trauma" as the result of all stages of ID and recommends that these five steps of epistemic processing are related to the six segments of ID and to the four phases of ID in order to fully process the impacts of the actual chain of events, and of the relevant events

and experiences. For each of these steps he provides helpful frameworks (some of which I have already identified and explained when referring to home, identity and impacts such as ND, and victim's identity, and response to impacts).

With regards to the processing of the first element (the events), in addition to providing a classification of upheavals which lead to the loss of home, Papadopoulos (2021) relies on 4 different but interdependent categories of attributes of an event such as: a) the absolute objective features of the event; b) the general perceptions, inferences and judgments of events made by people using general norms and acceptable standards of conduct; c) specific group interpretations; and d) individual interpretations. With these attributes of an event, he shows that he is looking for both an objective and a subjective meaning of events. While the first two attributes of events pertain to the objective meaning of events, which can be discerned by sifting through the information from various public sources (media, historic accounts), the subjective interpretations require consideration of various processes (conscious and unconscious), i.e. MAPs, since these processes influence how one experiences events, is impacted by experience, responds to the impacts, and what meaning one will give to her/his experience. This means that MAPs also need to be considered while processing the second element (the experience of events), the third (impacts of experience), the fourth (response to experience). For these three elements of epistemic processing, I have stated that he provides frameworks such as: the Home Grid, the Cartography of Homeness, the relational time-space framework, identity frameworks, ND frameworks, AG, VG, VD). As for the fourth element (response to the impact), Papadopoulos provides the Adversity Grid (which I mentioned previously). As for the fifth element: communication of all of the above, this element indicates the synthesis between the objective attributes of an event and the subjective experience of that event into the initial subjective meaning of one's overall experience of a given

adverse event. This is captured by the “constructed (prolonged) response to adversity” framework, which Papadopoulos (2021) uses to show that while the trauma discourse accounts for only the initial exposure to devastating events and the initial reactions thus takes the essentialist approach to trauma; RC considers MAPs and the influence of these processes on one’s experience of events, impacts of experience, responses to experience, and on the initial overall meaning, and therefore represents a constructivist approach. He captures this as he writes that:

...the ‘trauma’ (i.e. the initial reaction to adversity) is not only the *mark* (i.e. the effect) that is caused by the adversity, but also constitutes a *sign* of what follows, signaling the direction of what subsequently unfolds (pg. 266).

With these observations Papadopoulos demonstrates that RC allows for interpretations both at the objective level (adversity, devastating events causing initial reactions/symptoms), and at the subjective level (with the help of MAPs), and for synthesis of the meanings (objective/subjective and initial/subsequent). In other words, it relies on the synthesis/construction of overall meaning which is a part of the energetic approach to the psyche (i.e. the psyche has its own goal or *telos* which is future development of personality). In this approach, trauma/suffering has a prospective function unlike in the trauma discourse. With this last reference, Papadopoulos shows that he has been influenced by Jung’s synthetic/constructive method for coming to terms with the unconscious in practice (something I discuss in chapter 5).

One final observation here is that Papadopoulos advocates for synergetic therapeutic complexity which he translates into: working in synergy with refugees to discern their strengths and resources (e.g. the old, existing and retained as well as the new ones) and to activate them through collaboration; using approaches that are therapeutic but without doing psychotherapy *per se* (e.g. therapeutic presence and witnessing and epistemic processing). In other words, for practicing discernment of complexities as opposed to confusing or reducing them. With these he

makes a distinction between mechanistic or medical model of healing (where the experts have all the knowledge and skills for how to treat their patients while the patients and focus on repairing damage, fault, pathology), and synergetic approach (where both know and do not know, where the focus is person-centered and people are seen as resourceful and creative with the potential to heal, and work together to discern and activate strengths and resources), as he aims at eudaimonic well-being as opposed to hedonic well-being (2021, pgs.295-296) . The latter term was most commonly used in traditional psychology and was concerned with decreasing the amount of negative affect, and increasing positive affect that a person experiences. Eudaimonic well-being, on the other hand, is connected to the Greek word *Eudaimonia* which was used by Aristotle to describe the good life or living well, and belongs to positive psychology (cited in Werdel and Wicks 2012, pg.11). This type of well-being is equivalent to increasing meaning, purpose and growth in life in an attempt to promote psychological flourishing. This is an indication that Papadopoulos also considered the recommendations of Williamson and Robinson, two critics of the trauma discourse who wrote about the integrated programming for well-being (something I explained in chapter 2).

### **3.2 How RC touches on Other Models (CBI and ADAPT) and How It Goes Beyond Them**

Regarding my second objective, how RC touches on other models and how it goes beyond them, I have a couple of additional observations to make about the similarities and differences between RC and CBI, besides those I referred to above. One such observation is that like Eisenbruch, Papadopoulos recognizes the role of family (mostly helpful, but could be otherwise) in the course of involuntary dislocation, and concerns himself with family dynamics and family functioning, and strives to empower individuals and their families and communities through narratives and TW. Two: he too conducts his work in various cultural settings, practices cultural

sensitivity, draws upon the resources in local communities, collaborates with the local representatives, and by training locals (see Papadopoulos, 2002). Three: unlike CBI, RC has no specific framework (except 3 used to work on the loss of home) to offer to refugees/therapeutic workers to explore and working with one's cultural beliefs (e.g. in reincarnation, in intercession of spirits, ghosts, merit making, spiritual possession), practices/rituals (culturally appropriate leave taking ceremonies regarding death, funerals, graves) which can help to make sense/meaning of their losses in culturally specific ways. This implies that RC as a model can be enriched with the spiritual dimension as well as with the Jungian perspectives since these offer rich additional insights. They provide helpful frameworks for assessing the role of one's religious/spiritual beliefs in one's life, and offer pathways for dealing with these, thus implying working with people's culture and practicing cultural humility. Four: while Eisenbruch offers the CB framework to help people to adjust in the post settlement phase, Papadopoulos is not so much concerned with the adjustment to one particular phase of ID, but with the whole process of ID.

Similarly, in reference to Silove's Survival and Adaptation model (2005), Papadopoulos is not concerned with relief activities in the immediate aftermath of dislocation, but with the entire process. While he considers trauma to be one of the possible responses to the impacts such as OEU/ND he is also not after medicalizing human suffering, but after processing complexities, differentiating between the impacts, validating people's suffering, and helping them to transform it by giving meaning to their experiences and integrating it into their existing life narratives. By writing about OEU, Papadopoulos demonstrates that he has incorporated the 5 systems from Silove's ADAPT model: security-safety, attachment, identity and roles, justice, and the existential meaning. He discusses the securing-safety and attachment systems in relation to the loss of home. Regarding the identity and roles system, he has written extensively, and links them to home. About

the justice system he writes about the Drama Triangle/Victim Diamond. He touches upon the existential meaning system when he refers to the loss of faith in humanity and confidence in reading/predicting life. All these systems according to RC are both adaptive (i.e. linked to home, identity and OES), and can become disturbed (i.e. linked to loss of home, disturbances in identity, ND, OEU and can lead to victim's identity), and need repair. Unlike Silove, Papadopoulos advocates away from interventions (social, psychological and psychiatric) and for TP/TW and for using narratives. Silove's remark about the lack of diagnostic category for chronic and debilitating anger that is seen in survivors of injustice is better accounted for in RC by Jung's concept of the "shadow" and the "problem of evil".

In comparison to both CBI and ADAPT, RC is more effective because it concerns itself with other complexities related to the refugee experience; it has its own method for processing them and many helpful frameworks to be used along the way; goes beyond the only 2 phases (survival and adaptation) of dislocation; and aims at empowering both refugees and therapeutic workers. Additionally, Papadopoulos demonstrates that he has incorporated the recommendations of Summerfield, Ager, Williamson and Robinson, Pupavac and Porobic (critics of the trauma discourse discussed in chapter 2). These show in his acknowledgement of refugee backgrounds; by focusing on subjective experiences versus generalizing responses, by using alternative therapeutic approaches versus psychological interventions, and by privileging group approaches versus targeting individuals (women, children, elderly); by fostering eudaimonic well-being through synergetic therapeutic complexity versus only psychological; by paving the way for people to arrive at the meaning for their experiences over imposing on them meaning/western culture on them; and by attending to the whole process of ID. RC even validates the usefulness of PTSD diagnostic category and considers it as one of the possible responses to adversity.

Therefore, RC demonstrates that it is a more suitable approach to refugees than the trauma discourse because it welcomes all of their experiences and backgrounds; protects their dignity (by validating their suffering); promotes their development (by allowing them to integrate their experiences into existing life narratives, to identify, activate and actualize their strengths/resources); and promotes their integration into communities (storied and real). Besides, it empowers their workers to shift their role from observers to participants, provides them with a complete epistemology for expanded conceptualization of refugees and their experience and their own role in it, for processing complexities, and provides them with useful tools/frameworks to aid them in the process of activating and actualizing their strengths and resources. In these ways, it predisposes them to witnessing human resilience, fosters enriching dialogues, and decreases their risk for burnout. It helps the community at large by empowering refugees to see themselves as people who have something to contribute, to hold onto their rich cultures and to share their cultural diversity. By drawing on insights from cultural and social psychiatry, various branches of psychology (positive, family, analytic), and psychoanalysis (TW was originally pioneered in 1991 by Dori Laub and Shoshana Felman, Freudian psychoanalysts), RC also demonstrates its multidisciplinary nature.

### **3.3A RC and Its Spiritual Implications and the Importance of Making Them Explicit**

The spiritual is implied in RC in reference to home, identity, OES/OEU/ND, trauma, MAPs (under the set systems of meaning) and responses to adversity (resilience and AAD besides trauma). In reference to home, the spiritual forms a part of one's home environment and a part of one's identity, which is inevitably affected when the person gets involuntarily dislocated. It is implied in the impacts of adversity (ND, OEU, Victim's identity) that the person will experience

these impacts at the spiritual level too with varying outcomes (spiritual disorientation as part of the overall disorientation and unsettledness). In reference to the responses to the impacts, spirituality can lead to spirit trauma, but it can also be a source of strength, coping, resilience and even PTG since spirituality and other factors (MAPs) mediate how one is going to emerge from ID.

These are important to make explicit because RC can extend its conceptualization of refugees and their experience from people who lost their home to refugees as spiritual beings who inevitably suffer impacts at the spiritual level, and depending on how they deal with these impacts they may or may not lose their spiritual home and identity. In other words, that with the help of spiritual assessment (which I explain in chapter 4), therapeutic workers can assess the type of spiritual struggle and help them to resolve it in order to foster their resilience, and even spiritual transformation/PTG. Besides, with the help of their spirituality help them to make sense of their experiences and to find meaning with the help of their spirituality.

The evidence for inclusion of the spiritual dimension into the study of refugees from other sources abides. I have already referred to some of the studies which make connection between refugees, home, identity and spirituality in chapter 2, but have not focused on details. Here I take the opportunity to review these studies. Mc Michael (2002) in his study with Somali women in Melbourne (Australia), shows that Islam was an enduring home and identity that carried these women through dislocation-relocation. More specifically, that through the use of space, daily practices, forms of interacting, and modes of thinking about their lives, they were able to transcend relational time space dimension of home. Similarly, Shoeb, Weinstein & Halpern (2007), in their study with Iraqi refugees in Dearborn, Michigan (U.S.A.), show that the refugees through their identification with *muhajirin* (those who leave their home in the cause of Allah) were able to infuse

their daily lives with Islamic morality and practice, and rely on their religion as a source of identity and transcend the difficulties in their host country (especially that it was in the aftermath of 9/11), and reconnect with the feeling of being at home. For them God's kingdom was a true home where health and healing are promised to the faithful. The presence of this alternative world lifted their hopes and relieved their suffering. Ai, Peterson and Huang (2003) in their study with adult Muslim refugees from Kosovo and Bosnia resettled in the state of Illinois and Washington states, show that spirituality/religion helped these refugees to maintain positive attitudes (hope and optimism) as they were coping with traumatic experiences from the war in their country, and the stressors in their host country. In the study by Hasan, Mitschke and Ravi (2018) conducted with Syrian refugees resettled in the United States, their Islamic faith was an essential part of their identity and served as a source of comfort, strength, pride and humility. The study done by Rayes, Karnouk, Churbaji, Walther and Bajbouj (2021) with Syrian and Iraqi refugees who resettled in Germany, shows that refugees relied on their spiritual/religious beliefs for stability, coping and meaning through all the 4 phases of ID. In fact, these researchers structured their findings around 4 themes: faith-based coping during fight, changes in faith practices upon arrival, faith-based coping during integration, and advice for German mental health providers.

These studies demonstrate that during ID people do not necessarily lose their spiritual home and identity, and that spirituality can aid them in navigating the challenges of ID (i.e. that people can be resilient and even grow through adversity also because of spirituality), which supports the position RC takes that trauma is the result of all phases of ID and only one response to adversity.

### **3.3B RC and Its Jungian Implications and Why It is Important to Make Them Explicit**

Jungian implications too are present in RC and seem to be more visible in Papadopoulos' writings. They are implied in how he writes about refugees as human beings (in the complex, unique and the need to be seen in totality); in reference to the phenomena refugees deal with (change, destructiveness, home, identity, the impacts related to the loss of home, the responses to impacts); and in reference to RC's therapeutic approaches. Then they are implicit in the method for processing the refugee experiences.

These implications are important to make explicit because they will provide finer understanding of who refugees are in totality. Also, of how they are resourceful on the account of their unconscious, in particular the collective unconscious (the archetypes). These considerations can also provide a finer understanding of the energies that can get constellated during ID and of the ways of dealing with them. It can also provide a finer understanding of the potential responses to the impacts of adversity. That is how refugees can cope, adapt and even transcend the worse of adversity. Additionally, Jungian perspectives allow for reflection on how adversity can be a trigger for spirituality and how it can even set people on the path of new developments. Furthermore, Jung provides helpful insights into suffering and healing and advocates for collaboration. These considerations can enrich RC at all 3 epistemological levels. Jung's ideas about religion and the spiritual problems of modern man also validate inclusion of the importance of working with the spiritual. These aspects will be dealt in more detail in chapter 5.

### **3.4 Conclusion**

This systematic review of Papadopoulos's writings helps me to show how RC developed as a model. In particular, its epistemology which allows for a more accurate conceptualization of

refugees and their experience, offers a more effective way of processing their complexities, and provides a more humane way of treating refugees. This chapter also allows me to highlight the complexities that would have otherwise remained unnoticed if the discourse on refugees remained on the level of the legal and the trauma discourse. Furthermore, this chapter allows me to point out its spiritual and the Jungian considerations and explain why they are important, and anticipate what the synergy between these disciplines can do for refugees, their workers and the community at large.

#### **Chapter 4: The Introduction of the Spiritual Dimension into Refugee Care (RC) or the Spiritual Discourse on Refugees**

*“Whether we view religion as wish fulfilment with God as a projected father image of humanity, a collective obsessional neurosis with the God-belief as its center, or man’s attempt to approach and understand a transcendental God-regardless of our own religious commitments or attitudes - we need to accept and understand the individual’s religious situation as a significant area in his life”.*

Herman Feifel (1958, pg. 565).

In chapter 3, I have established that the spiritual dimension is only implicit in RC and is considered as one of the set systems of meaning which mediates one’s experience of adversity, the impacts of experience, responses to the impacts, and the meaning one will give to her/his overall experience. My goal in this chapter is to create the spiritual framework for RC which will allow me to make these perspectives explicit as well as to enrich RC in a number of other ways. One obvious way is to define the meaning of religion and spirituality (R/S) and account to what it means that refugees are spiritual beings, and thus expand RC’s conceptualization of them. With the help of this framework, I will be able to explain other complexities associated with this dimension such as: how this dimension can be explored/assessed, and how it can be integrated into coping and meaning making. In this task I am guided by the work of the American psychologist Kenneth I. Pargament and his many collaborators who have worked extensively to define R/S phenomena in a way that does not polarize them and avoids their negative implications to the sacred, which is their common core. Pargament et al.’s work on related issues is also helpful in defining: what is sacred, how something ordinary becomes extraordinary/sacred, why people struggle when sanctified aspects of their lives are threatened/violated/lost, what are the implications of spiritual struggles to one’s health and well-being, and what factors determine how one is going to emerge from spiritual struggle. Pargament also offers extensive frameworks for spiritual assessment (SA) and religious coping that together with his definitions of R/S represent his epistemology for

religious coping. While his framework for SA can be helpful with assessing how refugees define themselves spiritually, and how they work with this dimension in their lives, the framework for religious coping can be helpful with assisting them to access and translate their orienting systems into methods of coping and adaptation, thus transform their struggles related to their many losses and violations. Complementary to Pargament's (1997) framework for religious coping is the model for meaning making in the context of stress and coping provided by the fellow psychologists Crystal L. Park and Susan Folkman (1997), which I also recommend to be included in RC since it makes it explicit how people go about making sense of their experiences, and provides finer understanding of the important role spirituality has in it.

Based on these considerations, I have four objectives for this chapter. My first objective is to provide a research context which will allow me to point out to some of the reasons which led to the neglect of this dimension, but also to its importance in the study of refugees; the complicated history between the terms "religion" and "spirituality"; the difficulties in conceptualizing these phenomena in psychological research (which I draw from), and the alternative way for approaching them. My second objective is to introduce Pargament's definitions of religion and spirituality and explain their elements; to provide three perspectives on the R/S search processes and explain what represents faith/religious/spiritual development and why these processes must go on; to draw attention to the obstacles in the search for significance/sacred and the implications spiritual struggles can have to one's health and well-being; and to discuss two possible responses to spiritual struggles. My third objective is to discuss Pargament's (2007) framework for spiritual assessment which I have divided into the 'what', 'how' and 'why' of it. My fourth objective is to introduce Pargament's definitions related to coping together with his framework for religious coping, and Park and Folkman's framework for meaning making and explain them. Along with

the work of Pargament et al. I refer to other authors who help me to add another perspective or highlight an issue, like for example what represents faith/religious/spiritual development, the tacit dimension of spiritual assessment, or the issue of spiritual bypass among others.

#### **4.1A Spirituality as a Neglected but an Integral Aspect of Refugees**

In the legal discourse the spiritual dimension of refugees is addressed only in terms of its negative implications - that is, how one's religious/spiritual background is the cause of persecution with the added challenge - that one's religious identity can be politicized. Similarly, in the trauma discourse this dimension has been explored in terms of its negative implications to one's mental health and then in Diagnostic Statistical Manual in its fifth edition (DSM-5) completely eliminated. In chapter 2, I have also stated that this discourse has generated a lot of research which shows that exposure to an adverse event inevitably leads to Post Traumatic Stress Disorder (PTSD), and the additional oversight for people's strengths and resources including the spiritual. Summerfield (2000), whom I introduced previously, confirms that matters have gone so far that medicine and psychology have displaced religion. He captures it when he writes that:

...the religions of the world traditionally provided frameworks to capture pain, and the terminology with which to express it; over the last century in the secularizing west, this role passed to medicine and psychology (pg. 430).

In chapter 5 when I write about Jungian perspectives on RC, I will show that Jung and post-Jungians support this view as they write about the spiritual problems of the modern man, and psychotherapy as one of the pathways for working with this dimension in the western world which is dominated by the material/scientific/rationalistic approach to life.

The alternative discourses on refugees such as the Cultural Bereavement Interview (CBI) and the Adaptation and Survival model (ADAPT) acknowledge the importance of the spiritual and

offer the pathway for engaging with it, but their method of addressing it has not been considered by the trauma discourse. The critics of the trauma discourse too have recognized the potential of this dimension to aid people in coping, adaptation and meaning making. Some of them advocated for the context where social and cultural meanings (including religious/spiritual) can emerge and be used for coping and meaning making (Summerfield, 1995/1996; Ager, 1997), others advocated for integration of the religious/spiritual into the larger system of well-being (Williamson & Robinson, 2006) to serve one's totality. Their recommendations have also not been heeded either by the trauma discourse. Likewise, Porobic's research (2012), which convincingly confirms that religion can be a source of strength, coping and resilience, has fallen on deaf ears.

RC, unlike the trauma discourse, has considered the recommendations of these critics and incorporated some of the concepts from CBI and ADAPT, and even developed them further. However, despite this and its own epistemology, which allows for assisting refugees to make sense of their experiences, RC lacks the framework which will allow therapeutic workers to work with this dimension on all its epistemological levels. In fact, coping is not even a topic in RC since it privileges therapeutic approaches that are non-interventionistic. With regards to the meaning making, RC draws attention to the meaning attribution processes (MAPs) which contribute to both the initial and the future meaning one will construct of her/his overall experience of adversity (trauma), but does not explicitly state what this process entails, and as such this framework cannot be used to explain the role of spirituality in it. For this reason, I am creating this framework for RC to hold these perspectives in it, thus enable RC and its workers to incorporate this dimension and work with it. I believe that the discussion of religious coping and the meaning making processes can provide a finer understanding of the role R/S has (both positive and negative), and

how they are behind responses to adversity: negative (spiritual struggles/spiritual decline), neutral (resilience), and positive (post-traumatic growth/adversity activated development).

Additional evidence which suggests that this dimension is an integral part of the study/work with refugees comes from ethnographic studies such as: Mabe's study (1994) of Mozambican refugees in Tongogara Refugee Camp which points out that the spiritual well-being of people in refugee camps is the most neglected component (cited in Porobic, 2012); and De Voe's (1997) research with Lao refugees on arrival in the U.S.A. which points out to the important role of this dimension in dealing with the stresses associated with the encounter of, and adaptation to, a new and diverse culture (also cited in Porobic, 2012). Similarly, social anthropologist Eastmond (2000) in her work with Chilean refugees in northern California and Bosnian refugees in Sweden, considers this dimension to be important for making new meaning. Gozdziaak and Shandy (2002), in their editorial introduction to the *Journal of Refugee Studies*, refer to religion/spirituality as a source of emotional and cognitive support, a form of social and political expression and mobilization, and as a vehicle for community building and group identity. In another journal article Gozdziaak (2002) refers to her work with Albanian Kosovars at Fort Dix (New Jersey, U.S.A.), after they had been airlifted during the Kosovo conflict (1998-1999), and explains how through her "anthropological" approach with them, which consisted of setting up "spiritual emergency rooms" (places for people to gather, pray and perform rituals), she provided refugees with the outlet to express their suffering and to make sense of their physical pain, personal losses, and worldly defeat. She reminds us that it is not enough to have R/S in one's background, but that people need a context in which they can express this part of themselves.

Psychological studies which looked at the resilience and development of the immigrant and refugee children who have been exposed to extreme adversity (see Masten, Best, and Garmezy,

1990; Lalonde and Pepler, 1993; Boyden and Mann 2005) claim that one's social and cultural contexts (including religious/spiritual) are the protective factor that buffers one's risks, and thus are a source of resilience.

Similarly, refugee studies that focused on the link between religion/spirituality and coping with refugee experiences (see McMichael, 2002; Shoeb, Weistein, and Halpern, 2007; Walker, Mazurana, Warren, Scarlett and Louise, 2012; Hasan, Mitchke, and Ravi, 2018; Raves, Karnouk, Churbaji, Walther and Bajbouj, 2021) point out to R/S as the protective factor (which provides spiritual home and identity) in times of stress, and as a source of coping in different phases of involuntary dislocation.

While these studies show that spirituality can be a source of coping and meaning, of cognitive and emotional support, a form of social and political expression and mobilization and of resilience; they do not indicate that it can be also a source of struggle with trauma. These studies do not state that spirituality is a part of integral human development, and that refugees need to resolve their spiritual struggles in order to grow and become whole. Therefore, these studies also indicate that to include this dimension in the work with refugees this cannot happen without a spiritual framework, which will explain what this dimension is, what its role is in one's life, how to assess it, and how to work with it.

#### **4.1B The History behind the Terms “Religion” and “Spirituality”**

Other factors which may explain the neglect of the spiritual dimension in the therapeutic work with refugees are: the complicated history behind the terms “religion” and “spirituality”; the difficulties with conceptualization/operationalizing of these phenomena; as well as that this dimension can be unconscious in some people, and therefore inaccessible.

From the account provided by the American theologian and feminist Sandra M. Schneiders (1989) in her scholarly article “Spirituality in the Academy” the complicated history between the terms “religion and “spirituality” becomes clear. Schneiders writes that the term “spiritual” was first used by the apostle Paul to distinguish “the person under the influence of the Spirit of God” (*pneumatikos* in Greek) from the “merely natural person” (*psychikos anthropos*) (pg. 681). This theological distinction persisted for centuries and gave rise to the Latin adjective *spiritualis* (breath of life) and the noun *spiritualitas* (spirituality). From the 12<sup>th</sup> century onwards, the spiritual stood in opposition to the material/corporeal aspect of existence. In the 13<sup>th</sup> century it was related to ecclesiastical goods and jurisdiction, and stood in contrast to the secular property and power. It is in this period that theology and spirituality were separated. That separation stayed until the 17<sup>th</sup> century, the “golden age of spirituality”, when this term was applied to the interior life of the Christian. In the 18<sup>th</sup> century, spirituality was used to refer to a life of perfection as opposed to an “ordinary life” of faith, where a spiritual director with his theological expertise, guided the mystic. In this period, it was also sometimes pejoratively contrasted with similar terms such as *devotion*, *perfection* and *piety*, because of its perceived association with heresies or excessive emotionalism (e.g. Quietism). These ideas of spirituality persisted through the 19<sup>th</sup> up to the early 20<sup>th</sup> century just prior to Vatican II (1962-1965). With Post Vatican II, this term became adopted by other Christian and non-Christian religions and expanded; it stopped to refer exclusively or primarily to prayer and spiritual exercises, but referred to: “...the whole life of faith and even life of the person as a whole, including its bodily, psychological, social, and political dimensions” (pg. 679). As the 20<sup>th</sup> century progressed, the term spirituality became increasingly respectable and widely used in titles of textbooks (e.g. Tanguery’s *The Spiritual Life: A Treatise on Ascetical and Mystical Theology* 1930), the scholarly book series (*Classics of Western Spirituality* that begun in 1978),

scholarly societies (Society for the Study of Christian Spirituality established in 1992-) and journals (Studies in Spirituality 1991- and Spiritus (2001-) (cited in Oman 2013, pgs. 27 and 42).

Spirituality in these academic formats was used as:

...descriptive - critical” that is, “to understand religious experience as it occurs” in contrast to “spiritual theology” that “aimed to apply unquestioned principles derived from revelation and tradition to the life of the Christian (Schneiders, 1989, pg. 692).

Spirituality also became a recognized and a studied construct in the fields ranging from psychology, psychiatry, and sociology to medicine, nursing, and gerontology, but without the consensus on how to define it (cited in Oman, 2013, pg. 28). In the late 20<sup>th</sup> century, the word spirituality began to acquire an additional meaning as something that can be explicitly pursued not only within a formal religious tradition, but also outside of traditions (ibid). One such example, per Oman and Thoresen (2007), is that spirituality can be pursued within the health care system in order to redress health care compartmentalization and imbalances. They refer to spiritual modeling as the technique that can facilitate learning from spiritual models for health benefits such as reduction of stress, anxiety, anger, boosting mood, etc. Schneiders, finishes her account by writing that:

...spirituality stands at the junction where the deepest concerns for humanity and the contemporary concern with interdisciplinarity, cross-cultural exchange, interreligious dialogue, feminist scholarships, the integration of theory and praxis, and the hermeneutical turn come together (pg. 697).

With this statement she indicates that while there are many approaches to it, our understanding of spirituality is informed both by theory and practice (how we define ourselves and live it, and use it).

#### **4.1C Challenges with the Conceptualization of Religion and Spirituality (R/S) in Psychological Research together with Implications and Recommendations**

Zinnbauer and Pargament (1999/2005) confirm that religiousness and spirituality in psychological research have been also subsumed under the broader construct of religion, and that while these constructs were together, religious phenomena were viewed from both substantive and functional perspectives (2005, pg. 22). [In contrast to this view, Roehlkepartain (2006) argues that the contrary also happened, that religiousness became subsumed under spirituality (like in writings of Maslow in 1964) because religion was described narrowly, identified with religious institutions and prescribed theology and rituals (ibid, pg. 4)]. They explain that substantive approaches defined religion by its substance - the sacred - and focused on emotions, thoughts, behaviors and relationships to transcendent power/being; while functional approaches examined the purposes of religion in one's individual life – as the means for dealing with existential issues such as meaning, death, suffering, isolation, and injustice. They also point out that spirituality emerged as a distinct construct, and a focus of research in the 1980s, in reaction to the increase in secularization and the disillusionment with religious institutions along with the emphasis on the individual forms of faith expression and the direct experience of the sacred (pg. 24). Furthermore, they explain that the separation of spirituality from religion sparked off polarization between them and identify the following types: substantive religion versus functional spirituality; static religion versus dynamic spirituality; institutional objective religion versus personal subjective spirituality, belief-based religion versus emotion/experience-based spirituality; and negative religion versus positive spirituality with various consequences (pgs. 24-27).

Hill et al. (2000) (Pargament included) explain what these consequences are by providing a list of dangers of these types of polarization such as: the risk of overlooking that all religions of

the world are interested in matters of spirituality; the risk of overlooking that both can be manifested in healthy as well as in unhealthy ways; and the risk of losing the Sacred (pg. 64).

Hill et al. (ibid) embrace the view of religiousness and spirituality as interrelated, and based on this approach offer criteria for how to define spirituality and religion as separate constructs without polarizing them. They offer only one criterium for defining spirituality which is: "...the feelings, thoughts, experiences and behaviors that arise from a search for the sacred". For religion they offer three criteria: the first one is the exact same criteria as for spirituality; the second is: "...a search for non-sacred goals (such as identity, belongingness, meaning, health, or wellness) in a context that has as its primary goal the facilitation of the search for the sacred"; and the third is: "...the means and the methods of the search have to be acceptable by an identifiable group of people" (pg.66). Additionally, they provide a list of common grounds between religion and spirituality that includes: the sacred core (transcendent/meta-empirical dimension of reality), the search process, and relationship with the culture (pgs. 66-70). In their elaboration of these grounds, they write that: "...we cannot confuse what is important in our lives with what is sacred or divine; for something to be sacred or divine, it must be associated with the sacred or divine" (pg. 67). In reference to the search process, they write that both R/S involve a search process which includes: the identification of what is sacred and worthy of devotion and commitment; the articulation, at least to ourselves, what it is; and the efforts to maintain what is sacred to the person and/or the readiness to transform it when there is need for it (ibid). With regards to the culture, they note that both religion and spirituality can vary in terms of its acceptance/rejection of the host culture. With these observations they show clearly that R/S is embedded in one's background, and in order to acknowledge and work with this dimension, we need to consider people in relationship to their wider background.

Zinnbauer and Pargament (2005), in agreement with Hill et al. (ibid), make recommendations for the alternative way of defining these phenomena which includes: to avoid polarizing them since they are multidimensional and fundamental human processes and phenomena that involve the sacred; to understand them as the active processes of a search that involves efforts to discover, conserve and transform whatever one may hold as a sign of the greatest significance; and to view them as having developmental trajectories that reflect and influence other strands of human development (pg. 38). They also caution as they write that: "...any scholarly definition of religiousness or spirituality runs the risk of contradicting a given individual's self-definition" (pg. 37). With this they concur with Schneider who indicated that spirituality stands at the crossroad of theory and practice.

American researcher Doug Oman (2013), in agreement with Zinnbauer and Pargament, compiled definitions (past and present) of both constructs, in a table format, and offers six helpful observations which can serve as the guide what to look for in the existing definitions of R/S. His first observation is that: "...religion and spirituality display a prototype structure" which means that: "...each may be definable by clusters of features (e.g. by a belief in a higher being or a search for transcendence, but no single feature will be relevant in all contexts" (pg. 25). With this he implies the importance of having a broad definition. His second observation is that definitions of these phenomena need to be both sensitive and specific, to be multidimensional, to reflect both extrinsic and intrinsic dimensions of life, and to combine substantive and functional approaches. His third observation is that R/S have a complementary relationship. His fourth observation is that both have wider cultural implications (to education, health and other fields not only in the U.S.A., but also in European countries). His fifth observation is that each come with derivate constructs (religious coping, religious conversion, spiritual transformation, spiritual strivings, spiritual

struggles, spiritual well-being, spiritual modeling). His sixth observation is that the best way to think of R/S is as search processes where S (spirituality) is a search for the sacred while R (religion) is a search in the ways of the sacred (i.e. via religious pathways towards both sacred and non-sacred goals); that both are in the service of spiritual development; and that while religion is one, there are multiple spiritualities. In the end, Oman (ibid) considers Pargament's definitions as those which reflect all of his six observations.

#### **4.1D Religion and Spirituality as the Unconscious Phenomena**

Polish theologian and psychotherapist Andrzej K. Jastrzebski (2021), who takes into consideration Oman's suggestion to define spirituality in two basic ways (substantial and functional), characterizes these ways as respectively ontological (that deal with the nature of human beings) and phenomenological (that deals with forms of conscious experiences), and proposes that on a phenomenological level one may or may not perceive her/his connection to the sacred, hence one's spirituality may remain unconscious. Along with this observation he provides a definition of the "unconscious spirituality" which reads that it is: "...an unperceived connection with the sacred, especially as a connection with one's true self or spiritual core" (pg. 4499). Here he acknowledges that the sacred most certainly refers to God, but that he is considering one's inner self and to the universe as the other two possibilities for what can be sacred to a person. He also explains that if this definition of spirituality was accepted, this may lead to the development of research methods that can measure different levels and the fluctuations of one's awareness of this connection (ibid). He recommends the works of William James (*The Variety of Religious Experiences*), Carl G. Jung (*Religious Function of the Psyche*), Victor Frankl (*The Role of the Spiritual Core as the Unifying Element for the Entire Human Being*), and of some contemporaries such as Ana-Maria Rizzuto (*The Capacity for Believing and Religious Development*), Lionel

Corbett and Murray Stein (Spiritually Integrated Psychotherapy), David Tacey (Contemporary Spirituality) and Gerald G. May (his reflections on the impact of denied spirituality on the will to live), as the pathways for exploring the meaning of the unconscious spirituality. In my opinion, Pargament too caters for the unconscious spirituality with his implicit spiritual assessment (which I discuss below) even though his work with his collaborators focused on the conscious spirituality. In chapter 5 when I write about Jung and post-Jungians and their ideas about the psyche and how to work with it, the idea of the unconscious spirituality becomes clearer, and of the suffering associated with the repression of the religious impulse.

#### **4.2A Pargament's Definitions of Religion and Spirituality with their Respective Elements and their Usefulness for RC**

Pargament (1997) defined religion as: "...a search for significance in the ways related to the sacred" (pg.32). He explains that the term "search" consists of two main components: *a pathway and a destination*. With this he invites us to conceptualize religion as the search which provides both the means *and* the ends, not means *or* ends, where the means are synonymous with religious pathways and the ends with destinations. He clarifies what the religious pathways or the means are one's beliefs, practices/rituals, relationships, and that these are: "...far from being independent of each other, the religious emotions, thoughts, practices, and relationships merge to form a variety of distinct pathways" (1992, pg. 206), and therefore, are interrelated. He also draws attention to how these vary in the ways they are formed, in the way they are held, in their connectedness to God, and in their embeddedness in one's life. In other words, we need to differentiate them. As for their common characteristic, he writes that: "...in each [one finds] a method, a purposeful mechanism for seeking, reaching, experiencing, conserving, or transforming significance" (ibid, pg. 207). With regards to the religious destinations or ends, he notes that all

major religious traditions are theocentric but despite this, people can use religion to search for other worthy goals (personal and social), and reminds us not to overlook the fact that: "...the highest priority among values of life belong to God: the sacred must precede profane" (ibid, pg. 210). Here he emphasizes that while religious ends can be pursued to the exclusion of, or at the expense of human ends, we must be careful not to split these since a seemingly non-religious goal to one person may be a spiritualized goal to another person (ibid, pgs. 210- 211). With these observations he implies the need for spiritual assessment which can account for how the person identifies her/himself, what her/his R/S pathways and destinations are, how s/he uses them, and how they fit together.

Pargament (1992) also sheds light on the meaning of the term "significance". He writes that it can be attached to any object: physical, social, or psychological; good or bad; momentous or seeming trivial (pg. 204).

He differentiates between the general and religious meaning of significance, since humans search for all kinds of important values other than religious ones. Further to this point, he notes that significance is the "necessary" but not the "sufficient" element of religion. He writes that:

...the experience becomes religious only when the sacred woven into the person's aspirations and responses: when the situation is viewed as an opportunity to get closer to God, when the congregation becomes the source of emotional support, and information about job possibilities, when God is blamed for the loss, or when the Bible is read as a way to sooth the pain of joblessness (1997, pg. 32).

Here, again he implies the need for spiritual assessment since not everything is of religious significance and draws attention to the sacred and its special implications as the defining feature between religious and secular significance.

In Hill et al. (2000) one finds the definition of the term "sacred" which reads that the sacred is: "...a person, an object, a principle, a concept that transcends the self" with an added

specification that: "...though the Sacred may be found within the self, it has perceived value independent of the self" (pg. 64). Here one also reads that the "perceptions of the Sacred invoke feelings of respect, reverence, devotion and may ideally serve as an integrative function in human personality (ibid). Pargament (2013) further elaborated on the sacred by pointing out to the effects of the sacred/religious significance on one's life such as: a) people invest more of themselves in the pursuit of those things they hold sacred; b) the sacred appears to act like an emotional generation; people derive support, strength, and satisfaction from the sacred aspects of their lives; and c) the sacred objects are likely to become organizing forces that lend coherence to other lower-level goals and motivations (pgs. 11-13). Here, in reference to the sacred, one finds two implications. One has to do with the loss/violation of the sacred and the impacts these may have to the health and well-being of the person, not to say to one's identity and overall personality, since the sacred can serve as the unifying force for the whole personality. The other implication is that spiritual assessment is needed to find out what one holds sacred, and what benefits/costs are associated with it.

Pargament and Mahoney (2005) explain how something "ordinary" can become "extraordinary" or sacred to a person. They refer to this process as sanctification, and write that it is a: "...process through which aspects of life are perceived as having divine character or significance" (pg. 183). They differentiate between theistic and non-theistic sanctification and provide an explanation for each. They note that in the theistic sense, an object becomes sacred through religious readings, education, during a religious service, in the religious ways of life, through the sacraments (baptism, confirmation, marriage, religious ordaining, anointment, communion, that are present in the Christian church). As for non-theistic sanctification they note, that any object/aspect of life can be invested with the attributes of the divine (holy, heavenly) or

associated with ultimate value and purpose (blessed, inspiring) and boundlessness (everlasting, miraculous). With these observations, they conclude that non-theistic sanctification occurs indirectly, and is a commonplace in our culture (e.g. people speak of sacred trust, holy wars, saintly figures, heroes, God given rights, sacred grounds, etc.) and as such need not to be confused with the theistic. They write that: "...the choice of the sacred is not arbitrary" and that: "...sacred aspects of [one's] life point to something that goes beyond themselves" and "...represent a deeper, more ultimate level of reality" (pg. 187). For further clarification they add: "...that the sacred is not, necessarily a unique and special object or domain split from the rest of life, but is rather the world of ordinary objects experienced in a particular way" and that the choice one makes is related to one's own history of experiences, habits, temperaments, and preferences (ibid).

Regarding the definition of spirituality, Pargament (1997) writes that spirituality can be conceptualized as: "...a search for the sacred which evolves and changes over the course of life" and "...consists of three processes: discovery, conservation and transformation" (cited in Pargament, 2013, pg. 9). Regarding the discovery of the sacred, he writes that typically people discover something of significance very early in life, but that this discovery can happen at any point in time and includes a person, an object, a principle/an aspect of life, a concept that transcends the self. He embraces the idea that we have the capacity, motivation, interest, propensity, and even "hard-wiring" for spirituality. He also points out that when we discover something of significance/sacred, we are driven to conserve it. According to Pargament, conservation of the sacred translates into the efforts people put into holding onto these aspects of life, which include spiritual practices (rituals, music), spiritual knowledge (study of sacred texts, scientific inquiry), spiritual experience (meditation, nature walks), spiritual relationships (church involvement, social action) as conservational means. As for transformation of significance, Pargament (1997) writes

that: "...transformation may be attempted only when every conceivable way of conserving the ends of significance has been exhausted" (pg. 235). He additionally draws attention to the ongoing cycle between conservation and transformation of significance by writing that: "...the story does not end with transformation. Once significance has been transformed, coping shifts back to attempts to conserve the new set of values" (pg. 270).

The definitions of these separate but interrelated phenomena and their respective parts reveal that they are complex, that one's experience of them is more important than how they are defined in theory, and that religion and spirituality form a part of one's general frame of reference or orientating system (OS) through which one understands oneself, others, and the world at large (i.e. one's meaning making system). Speaking of how they are separate, to be religious means to carry one's search for God or Gods as well as other worthy goals in life related to the sacred (i.e. religion destinations) within a given traditional religious context where there is a teaching about the sacred and the established ways or means for carrying out this search. As for what it means to be spiritual, it follows that it means that one can be simultaneously spiritual while religious, but also that one can be only spiritual and carry her/his search outside of the established religious contexts, and the sacred may include other values such as sacred self, sacred ground, saintly figures, heroes, holy wars, God given rights, etc., but where the sacred in these alternative contexts must not be confused with the profane. In chapter 5 when I write about Jung, I will show how one's spiritual search can include working with the symbols of the collective unconscious where the sacred is one's own psychic wholeness or the Self. In case of confusion about what is religious as opposed to spiritual search, even though both are interested in the spiritual matters, it is helpful to remember that something ordinary becomes extraordinary through theistic and non-theistic sanctification. Speaking of how these phenomena are interrelated, it boils down to that as human

beings we have natural propensity to be both religious and spiritual; interest and motivation to carry our search for something bigger in life than ourselves, which has value independent of the self, and is the source of meaning and purpose; the capacity to discover it and meaningfully connect with it; and afterwards the interest and drive to conserve/transform the relationship with it. For being religious and spiritual implies having resources to draw from, but also having to suffer on the account of the sacred. Therefore, with the help of these definitions, RC can expand its conceptualization of refugees *from* as people who lost their home *to* spiritual beings who lose their home and along with it, sacred aspects of their lives, and as a result suffer various impacts to their health and well-being, which may also include a struggle to hold onto the purpose and meaning in their lives (e.g. when one's orienting system is overturned and one loses one's spiritual home and with it her/his spiritual identity).

#### **4.2B Three Perspectives on the Religious and Spiritual Search Processes**

The work of the American theologian James W. Fowler III (1981); the American Freudian psychoanalyst Ana-Maria Rizzuto (1991); and two American developmental psychologists Carl N. Johnson and Chris J. Boyatzis (2006) can be also helpful to RC because they provide insights into the nature of the spiritual search processes, as well as into what constitutes faith/religious and spiritual development, and into the importance of these processes for the overall human development.

Fowler (1981), in his seminal work "Stages of Faith: the Psychology of Human Development and the Quest for Meaning" writes that:

...faith classically understood, is not a separate dimension of life, a compartmentalized specialty [but that it is] an orientation of the total person, giving purpose and goal to one's hopes and strivings, thoughts and actions...as such, faith is an integral part of one's character or personality (pgs. 14 & 92).

With this he argues that faith development follows other developmental lines (psychosocial, cognitive, moral) thus is a part of integral human development. He sees it as progressing through seven stages: formative years (0-2), intuitive/projective (4-8), mythical/literal (8-12), synthetic/conventional (12 to early adulthood), individuate/reflective (young adulthood), conjunctive faith (mid-adulthood), and universalizing faith (late adulthood). Furthermore, he considers the first two years of life as foundational for faith development since during these first years the child is developing capacity for trust and mutuality and a sense of hopefulness (the ingredients of faith). He explains that a child's experiences (both positive and negative) of this stage become the model for conceptualizing and relating to oneself, others and the divine/sacred. This foundation then paves the way for the child to discover/grasp the world including symbols of faith, initially through intuitive understanding and feeling, and with the help of parental mediation. As the child matures (8-12), s/he begins to organize beliefs about God and to take on stories, beliefs, and practices that symbolize faith (i.e. to develop religious pathways), and hold onto them (conservation). In the subsequent stage (12-early adulthood), teenagers/young adults take their acquired stories, beliefs practices and with some reflection, and influence from others, transform (transformation) them into a personal myth. In young adulthood, with an increase in operational thinking, one begins to reflect critically on one's story, values, and relationships, and adjusts views of oneself, others, and God (another transformation). As these processes progress, one struggles to differentiate and develop beliefs versus just absorb them. This struggle, which is a part of normal development, leads to double development: self-identity and personal ideology or worldview (i.e. along with self-identity, one also achieves spiritual identity). In this stage, symbols of faith are translated into conceptual meaning (of the divine). The challenges continue since one has to balance between excessive confidence in one's conscious mind and critical thought, and the

perspectives of others in order to develop commitments/fidelity to and love of one's tradition. From mid-adulthood onwards one experiences an increase in the ability to hold opposing beliefs and paradoxes in creative tension, thus work with them without fear of repercussions. Finally, while the maturing person is balancing between leaving legacy and contributing to society (personal and social interests), the belief in greater good motivates the person to participate in creation of a more just, compassionate, and inclusive world. In other words, in this stage of faith development, the person is driven to self-transformation in the service of the greater good, that consists of incorporating the sacred into the self and emulating God's ways of knowing and valuing others.

Similarly, according to Ana-Maria Rizzuto (1991), the discovery of the sacred begins around age six when the child develops a sense of self - the ability to see itself as a separate psychic being who is able to represent self and object (person) intra-psychically. She writes that: "...the earliest personal God is a special transitional representational object created by the child from the affect-laden memories of mother and father and the interacting child". The traits one attributes to God, when representing it, do not need to come directly from one's actual experience with parents, but can be a product of interpretations the child makes of what the parents think and feel about her/him (primary thinking process). These representations are updated and transformed in the course of development (cognitive, emotional, bodily), or through new attachments, social and professional roles, and other events in the world at large. These updates happen within a given cultural context, and it is in this context that the personal God meets the God provided by culture, and where a person accepts and adapts "objective" God to their needs and the "subjective" God. The psyche, according to her, performs its modulating role during this transformation process, by modulating impulses, wishes, needs, ideals, to give meaning to this "hybrid" God. With the help

of Erikson's stages of psychosocial development she identified the following representational updates/transformations of the God image in case of normative development: 1) a fully trustworthy being; 2) a good tolerant companion; 3) a lovable and loving (even a bit frightening) being; 4) a knowledgeable, good protector; 5) a being that can tolerate questions and doubts while believers face the contradictions of life and evil in the world; 6) a being who is there and who lets believers be themselves; and 7) a trustworthy being whose mysterious existence is not challenged (pg. 56). She cautions that most people do not follow this normative trajectory of religious development, but encounter insurmountable external and internal obstacles that interfere with the updating of the God's representations to their respective development level. Rizzuto's final pronouncement is that: "...religion (organized and personal) offers the opportunity for transforming representations of self and object into representations of God and religious characters" (pg. 48). Hence: "...religious experiences are subjective, private instances of attribution of religious meaning to events" (pg. 47).

Johnson and Boyatzis (2006) zoom in on our natural propensity to R/S and capacity for the search processes. They write about the cognitive - cultural foundations of spiritual development. In their view, children are equipped with a set of qualities that help them to extend their thinking to religious agents and to share it with others. More specifically that children, like adults, think of God with both natural and supernatural attributes; as unique and with special status; and create explanations about the origin of things independent of what they were taught. The same goes with regards to immaterial spirit and afterlife, children are able to distinguish between body and mind, to understand that death does not eliminate mind (that spirit or soul exists separately from the body at death). This line of research also claims that children are able to appreciate special qualities of supernatural actions such as prayers and rituals. Spiritual development in their view translates into:

a) cognition of more reality, and b) practices that serve to orient, frame, and connect an individual with more reality. Cognition of more reality is the result of meaningful connection between a person and the culture, and goes beyond curiosity and accumulation of knowledge. The practices that allow for these meaningful connections are dialogue, narrative and prayer. These are important since through the interplay between cognitions and emotions (e.g. awe and compassion) one searches for higher values (e.g. shared humanity and compassion). Without these practices, the search processes cannot go on and delusions, repression and destruction may set in.

Therefore, it can be said that these authors are in agreement that the spiritual search processes are full of conflicts/tensions which can lead to development as well as failure (delusions, repressions and destruction) and that they require a containing and mediating environment to be transformed in order to advance one's development and to round up one's personality. It is trust, collaboration and mediation from the environment that aid these processes. Refugees, like the rest of the human race, carry with them rich faith/religious/spiritual traditions into which they were born and bred that represent their sacred narratives which are not something *one has* or *one is*, but represent *their ways of being* through which they apprehend and encounter the world. According to the American pastoral counselor Paul J. Deal and clinical psychologist Gina Magyar-Russell Deal and Magyar-Russell (2015), these narratives are not restricted to objective facts and quantifiable knowledge, but are a coherent body of meanings which helps them to reckon with existential and cosmological questions (pgs. 120-121). This implies that RC workers need to find out about these narratives (through spiritual assessment) as well as to assist refugees to reflect on the traditions they inherited/carry, and the ways they work with them (since they may not have done so). In summary, besides explaining what each of these developments entail, these three

perspectives provide a finer understanding of how refugees are resourceful and of the assistance they need.

#### **4.2C Sacred Losses/Desecrations/Spiritual Struggles with Implications to Health and Well-being and the Dual Role of Spirituality with a Case Vignette**

A number of studies by Pargament et al. provide illuminating insights into what people go through spiritually during critical life events, the implications of their spiritual struggles, and into the factors which determine how they will emerge from these.

In one such study, Pargament, Magyar, Benore and Mahoney (2005) explored the possibility that the negative life events such as terrorist attacks of 9/11 will be interpreted in spiritual terms as sacred losses and desecrations, and will have significant implications for health and well-being of those affected by them. In this study they asked their participants to fill out measures such as: the degree to which they appraised 9/11 as a sacred loss/desecration; the impact of the event measure; and the 4 set criteria measures which pertain to the traumatic impact, physical health, emotional distress and post traumatic growth (PTG). Through the analysis of the correlation between the appraisals such as sacred loss and desecration and possible impacts (traumatic, physical, emotional and growth), they found that these were not related to traumatic impacts and physical health, but instead to emotional impacts and spiritual change and growth. They found out that the sacred loss is linked to intrusive thoughts and depression and spiritual change and PTG, while desecration to intrusive thoughts and anger, and less PTG. They attributed the difference in the results to the slowing down, reflection and digestion of the impacts that the sacred loss imposed versus working/studying/getting distracted and coping in some other ways in case of desecrations. With these findings, they concluded that spiritual appraisals and the choice of coping methods mediate the impacts of the sacred loss/desecration. More specifically, that the *positive religious*

*appraisals/reappraisals and positive methods of religious coping* (spiritual support, benevolent religious reframing, forgiveness) are linked with subjective well-being, less emotional distress and even PTG; while *negative spiritual appraisals/reappraisals and negative religious coping methods* (spiritual discontent, feeling punished by God), with outcomes such as poorer mental and physical health and greater risk for mortality.

In another study Pargament, Murray-Swank, Magyar and Ano (2005) explored the meaning and significance of spiritual struggles. Regarding the meaning they write that these: "...grow out of an encounter between an individual and a situation that endangers or harms the ultimate spiritual destination" and can be seen as "spiritual forks in the road" that can lead both to despair, hopelessness and meaninglessness, but also to renewal, growth and transformation (pg. 246). They associate them with one's orienting system (OS) or general frame of reference and its specific vulnerabilities: the personal (poorer mental health, neuroticism), the social (family related problems), and the spiritual (alienation from God) (pg. 251). In order to explain their significance, they distinguished between three types of spiritual struggles and the implications each has for one's health and well-being. They differentiate between intrapersonal, interpersonal, and struggles with the Divine. They link intrapersonal struggles with increase in psychological distress; interpersonal with the increase in anxiety, and negative affect; while struggles with the Divine with emotional and physical distress, anger, increase in depression, and decrease in physical functioning (i.e. worst impacts). Given these implications, they recommend interventions for each type of struggles which are supposed to combat these impacts. The interventions they propose are: repentance and inter-religious group encounters for intrapersonal; conflict resolution for interpersonal; and visualization, discussion, and "two chair" Gestalt techniques for struggles with the Divine.

Regarding resolution of these they write that: "...these are not to be confused with a secular psychological process" but viewed as:

...a distinctive form of tensions and conflict that hold powerful spiritual meaning [which can] help people to anticipate and deal with their struggles before they become chronic and before they lead to significant damage (pg. 264).

In yet another study Pargament, Desai and McConnell (2006) wanted to answer the question of when spirituality leads to positive change and growth, and when it leads to spiritual decline. They propose that the decisive factors are: characteristics of the trauma, coping resources, and the 4 qualities of one's spiritual OS (S-OS). Regarding the characteristics of the trauma, they explain that it is not the type of negative life event that matters, but it is the severity and chronicity of it. As for the coping resources, they refer to the coping style and the availability of social and religious support as the decisive factors. With regards to one's S-OS, they draw attention to its constitutive elements (habits, values, relationships, beliefs, and personality); the helpful versus unhelpful part of it; its balance between resources and burdens (which come from adversity); and its varying degrees of integration, flexibility, differentiation, and benevolence. They conclude that spirituality leads to positive spiritual change and PTG when critical life events are brief and of magnitude which shatters one's assumptive worlds, when spirituality is incorporated into coping, and when spirituality is well integrated into one's OS, plus when one's OS is flexible, differentiated and benevolent. And, of course when the resources of one's OS outweigh the burdens.

The obvious implication from these studies is that as spiritual beings, refugees are likely to appraise some of their losses/violations as sacred losses and desecrations, and on the account of these experience spiritual struggles with related implications for health and well-being, which if left unresolved can lead to despair, meaninglessness and even loss of life. The differentiation of

these implications helps for a finer understanding of the impacts outlined by RC (such as OEU, ND and the risk for victim's identity), and suggests that sacred losses/desecrations and spiritual struggles form a part of OEU. Along with recognizing and easing OEU/ND, it is necessary to help refugees to identify and resolve their spiritual struggles since without these refugees cannot regain OES. These in my opinion have two implications for therapeutic workers. One is to do SA to determine the type of struggle, what impacts people are experiencing, and what assistance they need (besides keeping in mind factors such as characteristics of events, personal coping resources and coping style and qualities of one's OS). Implication two is to assist them to access their OS and translate it into specific mechanisms of coping. This indicates that RC also needs Pargament's framework for religious coping. Therefore, sacred losses/desecration, spiritual struggles and the dual role of spirituality in one's life are additional refugee complexities to be considered by RC, which require additional tools to work with them.

This seems like an appropriate place to mention my work with a Muslim asylum-seeking female client during the Covid-19 pandemic in the United States of America. She held marriage and family sacred but could not uphold these values when she came to visit a friend and became stranded due to travel restrictions. She experienced all three types of spiritual struggles with some of the previously mentioned related impacts. She struggled within herself (intrapersonal) with guilt and depression over betraying her husband (abroad) with another man and getting pregnant, over lying to her family of origin (also abroad), and for not going to be able to give her child a normal family life. On the interpersonal level, she had conflicts with her parents and siblings to whom she lied about her situation. She also felt unsafe to open up to her religious leader and the community of Muslims from whom she was seeking material and other forms of help. The same happened with her Muslim employers from whom she expected understanding when she could not work due

to lack of child care. Even with therapeutic workers who were helping her to get access to psychological support and other things she needed, she was not able to be fully open. She tried to resolve her struggles by cutting contact with her family and her Muslim compatriots; and failed to produce supportive evidence in order to renew her state benefits. She struggled with the divine too: seeing her situation as destiny and fearing that Allah will not help her because of her past sinfulness. She even terminated therapy with me after one year in order to “solve” her own problems prompted by my concern about her plan to move to another state and marry for convenience. As I have pointed out earlier, how one will emerge from the spiritual struggle depends on the characteristics of the trauma, one’s coping resources, one’s personal style of coping, available support, and the four characteristics of one’s orienting system. In the case of my client presented here, she was traumatized by betrayal of her friend, social isolation during the pandemic, and her troubled marriage back in her country of origin. She had a further disadvantage: her religious background was not well integrated into her orienting system because she had a hard time with Muslim laws favoring men and blamed her misfortunes on them. Part of this were her fears of being stoned and burnt if she returned to her homeland. At the same time, she reported the following resources: college education, having a driver’s license and a car, could speak English well, and deal with challenges in an intelligent way. Since she terminated therapy in the midst of her struggles, I am unable to say if she resolved her spiritual struggles and how, i.e. if the stressors in her life outweighed her resources or vice versa.

#### **4.3 Pargament’s Framework for Spiritual Assessment (SA): the “What”, the “How” and the “Why”**

With regards to how specifically this dimension can be addressed, Pargament (2007) offers his framework for spiritual assessment. He conceptualizes it as the process which consists of four

phases: setting the stage for SA; the initial SA; the implicit SA; and the explicit SA. He writes that to set the stage for SA is to fulfil two requirements: to demonstrate openness to learn and to demonstrate openness to share (one's personal affiliation and how one works with this dimension). These according to him are necessary because spirituality is something very personal and hard to articulate, thus one needs to earn an invitation to enter into one's spiritual world. While showing openness to learn consists of demonstrating empathy and cultural humility, the openness to sharing consists of willingness to share both one's personal R/S affiliation as well as how one conceptualizes R/S and its role (positive and negative). These in his perception take care of the trust, the context, and the therapeutic relationship which are indispensable for this process and any therapeutic work. These also minimize on the possibility that therapeutic workers will hide behind their professional role, while it gives the chance to those seeking care to make informed decisions.

For clarification purposes, the American pastoral psychologist Carrie Doehring (2006) refers to the empathy needed in this context as "theological empathy" and explains it as: "...the ability to stand in the shoes of someone theologically different from us and appreciate how her/his theology can be a 'home' for her in troubled, challenging times" (pg. 118). The American counseling psychologists Joshua N. Hook and Don E. Davis (2019) explain that cultural humility implies an openness to the other person's cultural background and experiences. It includes awareness of one's own limitations and interpersonal stance that precludes respect and eliminates the air of superiority. These authors differentiate it from multicultural competency which stands for cultural self-awareness, knowledge of the client's cultural background and experiences, and having the skills to adapt interventions to one's culture. Furthermore, they distinguish cultural humility from multicultural orientation which has to do with prioritizing the differences in values and cultural diversity.

For the initial SA, Pargament (ibid) proposes four sets of questions. These are related to: how one defines oneself in terms of R/S, one's affiliation to a R/S denomination and community, how one's present situation affects her/him spiritually, and one's previous history of religious coping (if and how one coped in this way). His *first* set of questions aim at the discovery of what one's spiritual pathways and destinations are; what one's primary way of thinking, feeling, acting, relating or coping is; and what one holds sacred. His *second* set of questions aims at what lens one sees his life through, if it is through the larger lens of a specific religious institution or not. His *third* pair of questions aim at discovering if one suffered sacred losses or violations and how one is impacted by them. He proposes more extensive assessment in case these are present, in order to assess the type of struggle and the impacts of it, and if they are leading towards spiritual integration or spiritual disintegration. For this extended assessment he also provides a checklist which consists of a number of points which capture the essence of each type of spiritual struggle. Here he also recommends not to separate the impacts in order to get a good idea of one's general well-being. His *fourth* set of questions aim at discovering whether the person has previously coped with the help of R/S and how, and the lessons s/he learnt from it in order to determine if R/S can be a resource for coping or a source of problems. Along with these questions, he offers a checklist of spiritual resources which pertain to the pathways one may have at her/his disposal like those related to: knowing (e.g. I study the Bible, read books to grow spiritually, take R/S classes); acting (I try to live morally and ethically, to treat my life as sacred, to be less sinful); relating (I am a part of the spiritual community, I consult with my pastor, I treat other people as sacred); experiencing (I feel connected to something bigger than myself when I meditate, I feel close to God when I pray, I see life as sacred); and coping (I do what I can and put the rest in God's hands, I work with God

as a partner, I seek new higher purpose in life; I try to build stronger relationship with the higher power).

His implicit SA pertains to those situations when one's connection to the sacred is not conscious and consists of: a) asking questions which hint at the possibility of a deeper dimension in one's life, and b) putting on "spiritual radars". Regarding the questions suitable for this type of assessment, he recommends using words such as: "peace", "courage", "solace", "sustenance", "devotion", "faith", "hope", "love", "letting go", "forgiveness", "regrets", "despair", and "suffering", because these have the power to elicit unperceived connection with the sacred. He proposes that questions about one's R/S *pathways* can be such as: Where do you draw strength and courage to go on? Where do you find peace? Who truly understands your situation? When you are afraid and in pain, how do you find comfort and solace? For what are you deeply grateful? What sustains you in the mists of your troubles? Regarding questions pertaining to the *destinations*, he recommends those like: What are you striving for in your life? Why is it important that you are here in this world? What legacy would you like to leave behind in your life? How would you like people to remember you when you are gone? To what or whom are you most devoted? Who is your true self? Who or what do you put your faith and hope in? To whom, or what, do you most freely express love? When you felt most deeply and fully alive? As for exploring the indications of spiritual struggle or spiritual transformation, he proposes questions such as: What are the deepest questions your situation raised for you? What causes you the greatest despair and suffering? How has your situation shaken your faith? What are your deepest regrets? What would you like to be able to let go of in your life? When in your life have you experienced forgiveness? Under the "spiritual radars", he recommends listening to one's psycho-spiritual language (such as brokenness/wholeness, curse, blessing, foolishness and wisdom bondage and freedom, faithfulness

and unfaithfulness); noticing changes in the emotional atmosphere of the room (pleasure, solemnity, awe, profound sorrow, terrible fear, gripping excitement, even boredom); and paying attention to the characterizations one makes of people or beliefs or experiences (e.g. comparing one's lover to God, or how one speaks about God, even if one denies believing), and even how one addresses the therapeutic worker (since one can be making projections of the sacred on her/him).

For explicit SA, Pargament recommends four sets of questions to guide the way in locating the person in the search process, assessing integration of their pathways and destinations into their OS, and for assessment of spiritual efficacy. For *locating the person in the search process*, Pargament recommends questions such as: Is the client in a conversational mode? Is the client going through a spiritual struggle? Is the client experiencing a spiritual transformation? Is the client spiritually disengaged? Is the client rediscovering the sacred? For assessment of *the degree of integration of spiritual destinations*, Pargament recommends questions that deal with the client's vision of the sacred, and with how the sacred fits with one's strivings. Regarding the vision of the sacred he asks questions such as: are one's representations of the sacred large enough to encompass the full range of life experiences, or are they constricted? Is one's representation of the sacred benevolent or malevolent? Do one's various representations of the sacred blend together or do they clash with each other? As for the integration of the sacred into one's strivings, he asks questions such as: Is the person engaged or disengaged in the search for the sacred? Is the sacred central or peripheral in one's strivings? Is one's spiritual motivation internally or externally based? For assessing *the degree of integration of the spiritual pathways*, he proposes questions such as: How broad or deep one's pathways are? How flexible one's pathways are? How well one's spiritual pathways fit with one's spiritual destinations and social context? For *spiritual efficacy* (which is

really about how comfortable one is with her/his spirituality and what outcomes one derives from it), he proposes questions such as: Does one experiences spiritual comfort or discomfort? Does one feel that s/he is growing spiritually or declining? Does one see her/his spirituality as the part of the problem or a solution in her/his current situation? Does spirituality lead to connection or disconnection with the sacred? Does spirituality increase or decrease one's health and well-being? Does spirituality enhance or detract from one's well-being? Does spirituality lead to benefits in many areas of life or are some of the benefits accompanied by the costs? For *the place of spirituality in the treatment*, he proposes questions such as: Is spirituality a part of the problem or of a solution? What spiritual resources can the client draw on in therapy? What spiritual problems should the client address in therapy? What spiritual obstacles are likely to arise in treatment?

In summary, I would say that there is the “what”, the “how” and “why” of SA. The “what” to assess during initial assessment is one's self-definition, one's affiliation to R/S congregation/community, one's present R/S situation, and what religious coping one employs (the same or different as compared to the past). During the implicit assessment, the what has to do with indications of the deeper dimension to one's life present in the therapeutic encounter. In the explicit assessment, the “what” pertains to the stage one finds her/himself in the search process (discovery, rediscovery, conservational or transformational); to what one's pathways and the destinations are, and what is the degree of their integration into one's OS, and what is the degree of one's satisfaction with her/his R/S orientation.

The “how” of SA deals with the method for conducting it. The latter consists of treating it as ongoing conversation and not as the goal in itself; conducting it with the utmost sensitivity, care and respect; being aware of one's own biases, and careful not to impose them and to foreclose the space needed for dialogue; and being willing and prepared to enter into the deep and dark places

without fear that people will decompensate psychologically, or that we have to believe what they do. With regards to the latter point, I have come across the work of the American Freudian psychoanalyst Dori Laub about therapeutic witnessing, who writes that if we do not enter into this place people cannot truly get in touch with their pain and experience it, digest it and integrate it. Laub (1992) explains that it is a unique situation since the event has not been psychologically registered and digested, that the witness partakes in the emotional struggle of the person going through it for the first time, and has to listen in silence and even “hear the silence” while s/he tries to be supportive, respectful and validating (pg. 58). Laub also indicates that trauma survivors are trapped in their traumatic experience, and as a result:

...live not with memories of the past, but with an event that could not and did not proceed to its completion, has no ending, attained no closure, and therefore as its survivors are concerned, continues in the present and is current in every respect (pg. 69).

In other words, through witnessing we are helping people to complete create a narrative of what has happened so that they can register it, digest and incorporate it into their sacred narrative (something which is very much in line with RC).

As for the “why” of SA, Deal and Gina Magyar-Russell (2015) reminded me of the tacit dimension of SA, which is pre-conscious and always occurring, and deals with our prejudgments and presuppositions, the traditions we come from and our inherited practices. This reference pertains to what I said about the “biases” we inevitably bring to our therapeutic encounters, which influence our way of being and interacting with people. While Pargament caters to this dimension with his setting of the stage for spiritual dialogue, I find Deal’s and Magyar-Russell’s recommendations to be supplementing those of Pargament particularly because they recommend the ways of getting in touch with these biases such as: critically examining our biases; thinking of how we are located socio-culturally in order to move from the theological naivete to theological

sophistication; and learning to be present to the other. They also recommend the pathway of exploration such as: to take the inventory of the “prism” through which we attend and the “traditions” we are coming from; to rely on historical, social, and religious studies to help us locate our spiritual identity; and to differentiate between the “languages” we use (the one we are embedded in, the one we developed through our training, and the methods we use to integrate psychology and spirituality into SA). They also referred to the biases our clients bring, contained in their sacred narratives (something I referred to earlier), thus SA is important to address these since they are implicitly there. I would also say that SA benefits refugees in other ways such as: it reminds them of who they are spiritually, and of their spiritual home/identity that transcends the regular time and space, reminds them that they have resources which they can use to cope, adapt and transform their suffering, and to ponder on and ask for the support and assistance they need to reach out/integrate into a community.

Besides these, I have also consulted the work of three American counseling psychologists Craig S. Cashwell, Paige B. Bentley, and J. Preston Yarborough (2007) who write about the perils of *spiritual bypass*, the concept coined by the American Buddhist teacher and psychotherapist John Welwood in the mid-1980s. They write that spiritual bypass occurs when clients seek to use their spiritual beliefs, practices, and experiences to avoid genuine contact with their psychological unfinished business, thus foreclose healing at the cognitive, emotional and physical levels as well as spiritual. In chapter 5, I write about the opposite tendency which is to develop psychological suffering on the account of repressed religious impulse which is innate in us, i.e. unconscious spirituality.

With these complexities that I have uncovered, I would say that SA benefits therapeutic workers too (besides refugees) in the sense that it is a form of self-care which can help prevent

their burnout by removing the pressure from them to have to deliver expert opinions, by opening them up to listen and learn from, witness, and participate in the transformation of other human beings (i.e. witness human resilience and other strengths). The added benefit is to the community at large because SA helps refugees to see themselves as resourceful human beings who have something of value to offer that can be the source of the intercultural and inter-religious exchange.

#### **4.4A Pargament's Definition of Coping, Assumptions about Coping, and Coping Styles**

Now that I have established that these phenomena are important, what they are, and how to dialogue about them, I turn my attention to Pargament's (1997) ideas about coping (assumptions, definitions, coping styles) since they are implicit in his framework for religious coping.

Pargament has eight assumptions about coping. His *first* assumption is that in coping people seek significance, i.e. to hold onto their feelings, beliefs, values, objects of significance and sense of what is important. His *second* assumption is that they construct events in terms of their significance to them, i.e. people create, anticipate, plan for events that enhance significance and try to avoid those which can harm it. They do it by weighing the resources and the burdens for dealing with the event. His *third* assumption is that people bring an OS to coping which has burdens and resources and the potential to advance, shape, and limit one's depending on the balance between the two. His *fourth* assumption is that people have to translate their OS into methods of coping by first accessing it before actualizing it. His *fifth* assumption is that people seek significance through conservation and transformation which together form an ongoing cycle. His *sixth* assumption is that people cope in the ways that are compelling to them, i.e. they pick what offers them greatest gain and the least loss of significance through the use of fewer resources and the accumulation of the least burdens. His *seventh* assumption is that coping is embedded in

culture since it shapes events, appraisals, coping activities, outcomes and objects of significance. His *eighth* and last assumption is that the outcome of coping is the best measure of how effective coping is and that it is a very subjective thing.

Based on his assumptions, Pargament (1997) also offers definitions of coping, of the orientating system (OS), and of the coping methods. He conceptualizes coping as: "...the search for significance in times of stress" (pg. 90)

and with it reminds us that under stressful circumstances people are looking to either hold onto their beliefs, values, practices, goals, or to transform them in extreme cases and only reluctantly. Along with this he reminds us that during critical events people are not helpless but bring their OS, which is: "...a general way of viewing and dealing with the world, that consists of habits, values, relationships, generalized beliefs, and personality", which is a "frame of reference, a "blue print" of oneself and of the world that allows a person to anticipate and come to terms with life's events, or as: "...the reservoir we draw on during hard times" (pgs. 99-100). As for coping methods, he writes that they are: the actualized means to attaining significance. He sums all these up by stating that coping is the capacity to translate one's OS into coping methods (preservation, reconstruction, revaluation and recreation).

Furthermore, Pargament sheds light on when religion and coping converge. He writes that people turn to religion in more stressful times because it is under these circumstance that they become increasingly aware of their human limitations. While he recognized that stressful events can mobilize all kinds of coping, religious and non-religious, he credits positive religious coping with better outcomes. According to him religion and coping will converge among those who are more religiously committed and involved (personal level); in those situations that are more threatening, serious and harmful (situational level); and among those within certain congregations

and cultures due to one's participation in their religious contexts (contextual level). At the same time, he makes it clear that in order for religion and coping to converge, religion has to be related to the practical aspects of one's life and offer compelling solutions. In line with this observation, he clarifies when religion and coping diverge and writes that no matter that:

...all religions of the world concern themselves with human transitions and crisis ...no organized religion can provide a theology for every kind of death that could be experienced.....rituals pre-designed and tailored to every kind of loss (pgs. 164-165).

With this he implies two things. One has to do with the degree to what R/S are integrated into one's OS, and the other that people may find more compelling solutions elsewhere but ultimately something that they can invest with the power to help them to pull through a difficult situation.

Pargament (ibid) also identified three coping styles: self-directing, deferring, and collaborative coping. He explained that each of these is based on 3 variables: responsibility, control and social competence. He describes the self-directing style as the one where people take responsibility and exercise control in coping rather than leaving it up to God. In deferring style, according to him, people delegate both responsibility and control to God, and as a result feel more dependent on God and find themselves less competent, with a lower sense of personal control, and lower self-esteem. He argues that in the collaborative coping style, the individual and God are active partners in coping, and that this tends to be more conducive to greater engagement in religious practices, is associated with intrinsic religiousness, and allows the person to experience an increase in personal control, lower sense of control by chance, and greater self-esteem.

His evaluation of the effectiveness of these styles of coping, done through empirical studies, indicates that the most helpful is collaborative coping because it consists of people seeking support and guidance directly from God (through prayer) together with asking for support from the congregation (through dialogue and interactions), and through benevolent religious reframing

(negative events are seen as the will of God). He considers self-directing style of coping to be unhelpful because in one's overreliance on the self, one avoids to seek the divine or congregational support, and may in consequence end up using negative religious framing (like interpreting negative events as God's punishment). Engaging in religious rituals in time of crises, self-deferring and pleading religious coping and "religious switching" (of Gods or religious groups) have mixed implications.

From these ideas about coping, it can be seen that this discourse is in line with RC because it conceptualizes people as complex, with unique experiences, inseparable from their context and resourceful, and R/S as the factor which mediates experience, impacts, responses and meaning. Through its definition of OS, this discourse also makes connection between home/identity/OES/OEU. This discourse is in line with RC also in that it does not see trauma as the only response to the impacts. However, with its conceptualization of coping this discourse goes beyond RC. It also helps RC to make inferences about refugees such as that: i) during ID refugees search to hold onto what is important/sacred to them; ii) refugees experience events according to what they mean to them; iii) refugees are not helpless but have their spiritual OS (SOS) which can advance or limit their coping or shape it in some other way; iv) refugees need assistance to access their SOS and to translate it into R/S coping methods; v) refugees have at their disposal methods of conservation (preservation and reconstruction) and methods of transformation (re-valuation and re-creation), and each of these comes with specific mechanisms to achieve the purpose it represents; vi) refugees cope in ways which are compelling to them (i.e. they are the best judges of what works); vii) refugees are inseparable from their culture/s since coping is embedded in culture; and viii) refugees have the capacity to evaluate their coping and adjust it accordingly.

#### 4.4B Pargament's Framework for Religious Coping

From what I have established so far about coping, it follows that Pargament's framework for religious coping is based on the idea of R/S and coping converging. At the core of this framework are four methods of religious coping: *preservation, re-valuation, reconstruction and re-creation*. Translated into practice it comes down to the following: when an individual is faced with an extreme life situation, s/he automatically tries to hold onto what is of significance such as beliefs, practices, values, goals, and objects. The person tries to preserve both her/his religious pathways and destination/significance. When the usual pathways to significance are blocked, or no longer work, one looks for other ways of maintaining significance. In other words, one looks for other ways to get to the same goal/s, at reconstruction of the pathways. If this fails, one embarks on re-valuating her/his goals/destinations while trying to hold on the same pathways to get there. There are times when this does not work either, and when re-creation of both is needed - which translates into a radical change which is often precipitated by the religious/spiritual conversion. These experiences require to be witnessed and contained and followed up since R/S conversion is subsequently accompanied by life and self-transformations. While the methods for conservation of significance are preservation and re-valuation; re-construction and re-creation are the methods for transformation of significance.

Pargament (ibid) identified specific mechanisms for each of these methods. Under *the mechanisms for preservation*, he counts: boundary marking, religious perseverance, and seeking religious support directly from the divine and interpersonal support. He explained that if a person is not able to preserve significance in her/his usual ways, s/he can attempt to re-construct the pathways for getting there. Under *the mechanisms for re-construction*, he counts: religious switching that can take the form of switching Gods or religious groups; religious purification; and

religious reframing that pertains to either reframing the event (e.g. as a spiritual opportunity), or the person (e.g. human sinfulness and the limited ability to understand), and to the Sacred (e.g. labelling God as punishing; attribute bad things to the devil's doing, or conceptualizing God as limited). Under *the mechanisms for re-valuation*, he counts: looking for religious purpose or spiritual lesson or discerning the personal mission in life (which is based on the belief that life has an ultimate purpose and one has to search for it) and the rites of passage (e.g. birth, marriage and death), which are different from rituals (e.g. baptism and ritual washing). Pargament (ibid) points out that rites of passage, unlike the rituals, have three separate phases such as: separation, transition and incorporation. He uses the passage from life to death as an example. Regarding the separation phase, he reminds us that in some cultures even before a death has occurred, there are rituals to prepare the dying person, family and friends for this event and ease transition (pg.241-242). He gives an example from "The Tibetan Book of the Dead", where the dying person is instructed to focus consciousness on the luminous splendor of the colorless light of Emptiness and meditate on the last sound s/he will hear (pg. 242). Regarding the phase of transition, he refers to the ritual the Muslims have of whispering into the ear of the deceased the answers to questions the angels may ask about deeds in her/his life because the "trial of the grave" determines whether the dead will go to the garden of paradise or the torments of hell (pg. 243). He also refers to the funeral ceremonies as having the purpose to force transition in survivors since funerals put them face to face with the reality and allow them to afterwards take the time to grieve, while they allow the community to acknowledge its loss (pgs. 241-244). Regarding the incorporation phase, he writes that funerals help on three different levels: the integration of the deceased into the afterlife, permit the bereaved to imagine the loved ones secure and cared for; to reintegrate the mourner into the group by imposing a time limit on the period of grieving, after which the mourner is supposed to reemerge

to take on new roles in the community; and to integrate the living with the dead (pgs. 244-245). For better understanding of religious rituals, he uses purification rituals as an example and writes that they serve as the pathways or means to religious destinations or ends, i.e. the ritual is performed to remove the sin, evil or uncleanness and to reconcile an individual to God (ibid, pg. 218). Under *the mechanisms of re-creation*, which pertain to religious/spiritual conversion, he counts: life transformation, self-transformation, and religious forgiveness.

These imply that the translation of one's SOS into coping methods is accomplished through collaboration. More specifically that the therapeutic workers can help in a number of ways, ranging from reminding people who they are (based on SA) to containing their struggle and witnessing their transformation. Starting with preservation of significance, therapeutic workers can help refugees to find places of worship and to encourage them to seek religious support from the divine directly; from their cultural and faith community; from their elders/priests/monks; and through prayer, meditation, and rituals. Furthermore, towards the re-construction of the pathways, they can remind them of their options (e.g. switching gods, switching religious groups, purification rituals, religious reframing), and assist them with religious reframing, which consists of reframing the event, the person and the divine. Here, they can help them to balance between various opposites (e.g. the negatives and the positives, personal and collective influences, objective and subjective elements, the past and the present) in order to assist them to construct a new and enlarge perspective of the events they were exposed to, themselves, and the divine. With regards to the re-valuation of significance, therapeutic workers can be helpful by reminding refugees of their spiritual models, invite them to meditate on a reading from the scripture or poetry, or visualize a dialogue with their spiritual models. Furthermore, they can inquire into the rites of passage people are familiar with, and help them to perform them to mark their new life transitions into a new

country, home, to fulfil a burial obligation, etc. With regards to recreation of both the pathways and of the significance, which is often linked to religious/spiritual conversion and accompanied by powerful affects, therapeutic workers can be important witnesses and collaborators in the aftermath when people are implementing changes.

#### **4. 4C The Framework for Meaning in the Context of Stress and Coping**

Park and Folkman (1997) conceptualize meaning as consisting of two levels: global meaning (GM) and situational meaning (SM). GM consists of the beliefs one holds about oneself, others and the world that deal with fairness, justice, luck, control and coherence/order in the world. GM also includes: goals/plans that a person has, activities one engages in, relationships one keeps, and one's subjective feelings. SM refers to the initial and to the later assessment of the situation one finds her/himself in. The initial assessment consists of primary and secondary appraisals and results in the "appraisal meaning". The later assessments or reappraisals reflect the evaluation of the initial appraisal meaning, and can lead to a change in the appraisal meaning, or a change in one's GM, or in both. It can also lead to unproductive rumination/ endless re-appraisals. In other words, SM pertains to the interaction between a person's GM system and the circumstances one finds her/himself in a given time. This means that behind SM there are qualities of the person, of the situation, and of the event. Under normal life circumstances people believe that they are capable of effectively handling life obstacles and appraise them as challenges that they can master. But, in the case of events whose magnitude exceed one's resources and which add burdens to coping, this does not hold true because one may not be able to hold on her/his beliefs, values and goals and will have to transform them. This implies the "search for meaning" will take place and consists of consolidation of the GM and the SM and results in "outcome meaning" which is also known as the "new meaning".

In summary, when a person faces an extraordinarily stressful situation, s/he makes a quick assessment of it based on her/his prior knowledge of and beliefs about certain conditions. This initial assessment which results in appraisal meaning, has two parts. One part is the primary appraisal of the situation through which the person determines what the situation means to her/him, and if it is a challenge or a threat. The other part is the secondary appraisal through which the person evaluates if s/he can cope with the event and if s/he has the resources to cope. If the comparison of appraised meaning with GM leaves a gap, the person will experience distress. The distress brings about the third process or re-appraisals, which are also called tertiary appraisals. The major task of this process is to reduce the incongruences between the appraisal meaning and GM and rectify the discrepancy so that one can preserve their beliefs/goals/values. This makes it clear why Pargament thought that the four characteristics of OS (integrity, differentiation, benevolence and helpfulness) are important to assess. In other words, the more one's spirituality is integrated into her/his OS; the more it is differentiated/deliberated versus just inherited; the more secure one's attachment to God is; and the better balance between resources of OS and the burdens; the less gap between GM and SM. This encompasses benevolent religious reframe of the event, person and the divine.

Park and Folkman (ibid) also explain that:

...the meaning making is considered successful when people achieve reconciliation between GM and SM, by either assimilating the appraised meaning into the preexisting GM or by changing their GM to accommodate the event (pg. 124).

They also write that: "...if neither occurs, the reappraisal process continues and can lead to rumination" (ibid) or unproductive attempts at trying to figure out what happened. This sheds light on what the spiritual struggle looks like, and what it takes to transform it: the person struggles because the situation challenges her/his GM, s/he tries to make initial sense of her/his situation

(initial meaning) through primary and secondary appraisals, if that initial meaning does not fit into her/his GM, tertiary appraisals take place that evaluate one's coping/initial meaning and are geared towards consolidating GM and SM. The consolidation helps resolve the struggle while a big gap between them perpetuates the struggle.

While Park and Folkman consider that it is a natural thing for people to wonder about and make attributions as to why an event happened (causality), why it happened to them (selective incidence attribution), and who is to be held responsible (responsibility), it is the re-appraisal processes which count, not various attributions. For them, re-appraisals aim at the change of the appraisal meaning (which is easier to change) in comparison with changing one's belief system. They acknowledge that the result of reappraisals can lead to a change in one's GM or in both. According to them, the reappraisals can take two forms: looking for positives in a stressful situation and through other cognitive reappraisal strategies. Looking for the positives in a situation include: considering growth or adjustment or increased life satisfaction after a stressful situation. Cognitive reappraisal strategies include: *the compensatory self-enhancement* (when a person enhances one aspect of life over the one that has been affected), *the downward comparison processes* (comparing oneself with something who is worse off), *getting a long-term perspective* (the bigger picture approach), and *denying negative implications of an event*. In case of the great loss or other unchangeable negative characteristics of the event when the consequences of it cannot be re-appraised, the person may be forced to revise her/his fundamental beliefs or goals. Religious conversion is an example of this. When people manage to integrate their GM with SM, that is when they find new meaning. This new meaning enables them to discover new coping skills, to feel closer with their loved ones/others/God, to have a broader perspective on life and a deeper appreciation for it. These very much echo RC's ideas about the initial effects and the lasting effects

of the refugee trauma, where the trauma is both the *mark* (initial) and the *sign* of what is to come in the future. In other words, this framework for meaning seems to be compatible with the one of RC since both view suffering as having a prospective function (unlike in the trauma discourse where one variable alters another), and advocate for collaboration. However, while in RC collaboration is framed as working together to activate and actualize strengths and resources, the spiritual discourse explains specifically what collaboration pertains to. It spells out that collaboration applies to working together to increase positive religious appraisals/reappraisals (spiritual support, benevolent religious reframing, forgiveness), one's resources (material, physical, psychological, social, spiritual), to integrate R/S into one's OS so to make it more integrated, differentiated, benevolent and helpful (i.e. working with the findings from SA), and to facilitate collaborative coping (i.e. encourages the person to pray and seek interpersonal support). Additionally, Park (2005) specifies the role religion has in the meaning making. She refers to religion as the schema which enables us to explain events in the world, the existence of God, and the possibility of an afterlife. She refers to religion as the source of motivation and primary goals for living, a potent source of values for individuals and entire cultures, and a source of subjective sense of meaning in life.

This framework compliments both Pargament's framework for religious coping and RC's epistemic processing whose end result is: holding onto significance/sacred/OES, or transformation of one's understanding and relationship with the sacred or of one's idea about OES. It also makes explicit the mechanisms involved in this process and points to R/S as the source of appraisals/reappraisals. An additional implication is that when the meaning making processes are successful people show new growth: PTG and AAD.

## 4.5 Conclusion

This chapter allows me to conclude that the spiritual dimension has been neglected in psychological research as it is practiced in a western context due to an overemphasis on the definitions, and it stands in contrast to how these phenomena are experienced and used by people in other cultures. It empowers me to point out how important it is to avoid reducing the complexities of these phenomena, or rejecting them in the ways that therapeutic workers have previously done so (see findings by Feifel, 1958; Shafranske and Maloney, 1990; and Worthington, Jr., 1988). Moreover, it enables me to assert with confidence that spirituality is an integral aspect of human development and not a discretionary one as believed by some (e.g. the trauma discourse is one example). Therefore, this shows the importance of including it in the study of refugees.

Hence, RC with its epistemology and its frameworks, would not have been able to account for the complexities of these phenomena without the spiritual framework and Pargament's epistemology for religious coping.

This study allows me to point out that the care refugees need is based:

1. on dialogue and collaboration, and consists of welcoming their cultural/religious/spiritual backgrounds and experiences;
2. on protecting their dignity as it tries to contain, validate and witness their spiritual struggles;
3. on promoting their spiritual development through exploration of their traditions and the ways they work with them and through helping them to draw strength from them so that they can cope and adapt as well as grow through adversity;
4. on paving the way for them to integrate into communities so that they can find the support they need and a sense of belonging.

Last but not least, this chapter permits me to draw conclusions about the meaning of the terms: spiritual development, spiritual decline, and spiritual well-being. From the three perspectives (developmental) on spiritual search processes and Pargament's work, it can be said that spiritual development has to do with successfully navigating tensions/conflicts (normative and otherwise) with the help of a mediating environment, in order to conserve/transform the relationship with the sacred. This development is also a part of integral human development, and while it is both influenced by other strands of development and influences them in return, it also has the potential to unify personality. Therefore, spiritual development is born through spiritual struggles with the help of a mediating environment. According to the same perspectives, spiritual decline happens when a person is not able to progress or to update their representations of the sacred due to developmental trauma, lack of support, or other developmental issues. Therefore, spiritual decline reflects chronic spiritual struggles and the accumulation of negative impacts to the point of despair, loss of purpose and meaning in life, and even loss of life. The same authors imply that spiritual well-being refers to supportive/meaningful/stimulating exchange with the environment; is characterized by enjoying a relationship with the sacred; and being able to contain spiritual conflicts/struggles without significant negative implications to general health and well-being and the loss of meaning and purpose in life.

## CHAPTER 5: Jungian Perspectives on Refugee Care (RC)

*“Conscious and unconscious do not make a whole when one of them is suppressed and injured by the other. If they must contend, let it be at least a fair fight with equal rights on both sides.*

*Both are aspects of life. Consciousness should defend its reason and protect itself, and the chaotic life of the unconscious should be given the chance of having its way too as much of it as we can stand. This means open conflict and open collaboration at once. This evidently is the old game of hammer and anvil: between the patient iron is forged into an in-destructible whole, an individual”. (CW 9i, par. 522)*

In this chapter I discuss some of Jung’s ideas about the psyche such as: the meaning of what he calls the “whole psychic human being”, the contents and processes of the psyche and their interactions, and the functions of the psyche. These ideas appeal to me because Jung, in his approach to the whole psychic human being and focus on subjective experiences (all of which he considers valid and with a purpose), demonstrates that he welcomes human diversity and recognizes each person’s worth and dignity. Through his emphasis on the integration of personality as the pathway towards greater wholeness and healing, he advocates for integral human development, which in consequence benefits not only a single human being, but the rest of humanity. These ideas promise to help me demonstrate that there is meeting of Jung’s and Pope Francis’s ideas (i.e. analytic psychology and Christianity).

These ideas also have the potential to help me make a number of RC’s ideas explicit. For instance, to explain how exactly refugees are complex, unique, and resourceful, and why they need to be seen in totality (onto-ecologically). Similarly, these ideas also help me to explain the connection between home, identity, onto-ecological settledness (OES), as well as the impacts they suffer when they lose home such as onto-ecological unsettledness (OEU), nostalgic disorientation (ND), and the risk for victim’s identity. Furthermore, I can explain how refugees can adapt to adversity and their various responses to it, which are important to highlight given the overemphasis on their damage and the multitude of needs in the trauma discourse over their resilience and

capacity to transcend the worse of adversity. I recognize too that Jung's synthetic or constructive method (based on the energetic approach to the psyche) influenced the development of RC's frameworks for processing the refugee experience such as epistemic processing and Meaning Attribution Processes (MAPs), and therefore validates RC's argument that the trauma discourse is a narrow and reductive approach which cannot account for all the complexities surrounding refugees. Moreover, Jung's ideas about religion validate the inclusion of the spiritual dimension into RC and its importance in working with it therapeutically, and even make some of the spiritual concepts explicit. Jung's interest in world religions and his recognition of their importance for both his patients and psychotherapists, and his suggestions about how to nurture the religious function of the psyche (RF) in psychotherapy are also important both for refugees and their helpers. While in the case of refugees these confirm that they carry rich traditions which can be either instrumental for their healing or a source of pathology; in the case of therapeutic workers these confirm that by working with this dimension they are practicing self-care, or as Jung phrased it "mental hygiene".

Jung's ideas about the nature of the time we live in and the spiritual problems of modern man add to the evidence I have gathered in chapter 4, which shows that religion in the western context has been displaced by medicine and psychology, and as a result leaves us without the pathways to make sense of our suffering, and find purpose and meaning.

I also refer to some post-Jungian writers because each one of them has developed some aspect of Jungian psychology; each one offers his own way of addressing suffering or meaninglessness or lack of purpose and other unhelpful attitudes in psychotherapy, thus tries to help modern women and men in their quest for wholeness.

Therefore, my objectives for this chapter are to discuss: a) psychic contents and processes; the ego and the unconscious along with the impacts of their interactions; the energetic processes

of the psyche and psychic adaptation; the RF of psyche with references to the encounters with the self and the individuation process; b) Jung's other ideas about religion together with the problems of our time and the solutions; c) Post-Jungian perspectives and what we can learn from them to benefit refugees; d) Jung's method for working with the unconscious and his implementation techniques.

### 5.1A The Psyche and its Contents and Processes

Towards a better understanding of the psyche, Jung (1960/1969) invites us to think of it as: "...a reflection of the world and man", as "a thing of such infinite complexity that can be observed and studied from a great many sides", and as "the only phenomenon given to us immediately, and therefore, the *sine qua non* of all experience (CW8, 283).

He also reminds us that the collective unconscious is the true basis of the individual psyche (ibid, par. 322), and that the psyche is "intimately connected with environmental conditions" (ibid, par. 324). He tells us that the psyche is the sum of all conscious and unconscious contents and processes and that we are as the "whole psychic human being" the "microcosm" of the larger world since: "...the psyche reflects and knows the whole of existence, and everything works in and through the psyche" (CW 16, par. 203). Right here in this quote (CW 16, par. 203), Jung clarifies that as human beings we are complex, we have unique experiences, are capable of psychic totality and are resourceful on the account of our psyche and he thus encompasses the conceptualizations of human beings (refugees included) offered by RC and the spiritual discourse.

Besides these characterizations, Jung informs us that the psyche is a deep structure and provides us with an explanation of its parts. He refers to our visible and conscious personality as the ego, while to our deeper and more varied part, simply as the unconscious. Given that the unconscious contents vary in nature, he makes a distinction between the personal and the collective

unconscious. He calls our psychic totality the Self. Because our psyche is predominantly unconscious, he advocates for the integration of the conscious and the unconscious. With these references he invokes an image of the psyche as the container/home for the many differing elements and their interactions, which when integrated allows us to enjoy psychic balance, or what RC refers to as onto-ecological settledness (OES), thus re-enforces the link between home, identity, and OES that RC makes.

In reference to the ego and its limitations, Jung writes that it is “the subject of all personal acts of consciousness” whose contents are those which have reached the threshold of consciousness and have acquired intensity because of which they cannot be repressed. It is also a complex element due to the fact that it has two bases: the somatic and psychic (ibid, par. 7). Additionally, he emphasizes that the ego reacts and adapts to the present: “...because it is that part of the psyche which is concerned chiefly with events of the moment....and accomplishes all provisional adaptations and orientations” (CW 8, par.324 & par. 342). With these remarks, Jung reminds us that to identify ourselves or refugees only with this side of our/their personality is problematic because it is not who we/they are as a whole psychic human being; and implies that to overlook the unconscious is to overlook our resources, and the capacity for complete and lasting adaptation, which is possible only with the help of the collective unconscious and its contents.

Jung (1953/1970) counts among the contents of personal unconscious the following:

...lost memories, painful ideas that are repressed (i.e. forgotten on purpose), subliminal perceptions, by which are meant sense perceptions that were not strong enough to reach consciousness, and finally, contents that are not yet ripe for consciousness (CW 7, par. 103).

Among these are the ego incompatible elements (e.g. the shadow) and personal complexes which have been repressed. Jung differentiates between personal and collective shadow, and considers the integration of the shadow to be indispensable for self-knowledge and growth of personality.

As for the complexes, Jung defines the complex as: "...the image of a certain psychic situation which is strongly accentuated emotionally", and is, moreover "...incompatible with the habitual attitude of consciousness" (CW 8, par. 201). He offers a number of insights into complexes. One such insight is that its:

...nuclear element consists of two components: first, a factor determined by experience and causally related to the environment; second, a factor innate in the individual's character and determined by its disposition (ibid).

With this observation Jung draws attention to the personal and collective nature of complexes and hints at their telos in producing emotionally corrective experience and integrating and realizing archetypal energies. His other insight is that the complexes have a high degree of autonomy and intensity, and their activity is "a wavelike" and with "a wave-length of hours, days or weeks" (CW 8, par. 201). Hence it is important to let them run their course while providing validating environment and not pathologizing one's suffering which is normal and universal. As for how they get activated, Jung writes that: "...the outward situation releases a psychic process in which certain contents gather together and prepare for action" (ibid, par. 198), and it is then that the "...person gets constellated" and "takes a position from which to react" (ibid), which tells us that when the outward situation is traumatizing it can trigger off one's old wounds and influence how s/he will experience her/his present situation, and what s/he will make out of it. Without going into more details about complexes, I want to draw attention to two issues. One issue is that Jung considered complexes both as repressed (those experiences which have entered consciousness, but on the account of their disagreeable nature have been repressed), and as dissociated parts of the psyche or "splinter psyches" (those experiences which have never entered consciousness, thus more autonomous). The other issue is that Jung, unlike Freud, considered complexes (not dreams) to be the *via regia* to the unconscious and dedicated much of his work in the Burgholzli Hospital in

Zurich (1900-1909) to conducting the Word Association Test (WAT), a tool that can be used for assessment/treatment. With these observations it becomes clear that the personal unconscious affects how one is going to experience/be impacted/respond to adversity. Moreover, although one's response to the impacts of adversity may resemble symptoms of psychiatric disorders (complexes may manifest themselves in such a way), this type of suffering is normal and universal since we all have complexes. This means it is important not to pathologize these reactions and treat them with psychological interventions (psychological debriefing, etc.), but to contain them, validate them, and to provide a supportive environment for an emotionally corrective experience. With these observations it also becomes clear that the unconscious plays an important role in the lives of refugees, and its integration is needed if we are to foster adaptation to both the inner and outer demands during the involuntary dislocation process (ID).

In reference to the collective unconscious, Jung (ibid) writes about instincts and archetypes. He defines instincts as the: "...impulses to carry out actions from necessity, without conscious motivation" which reveal themselves as the "all-or-none" reactions with their own specific intensity under all circumstances, and whose intensity is not proportional to the precipitating stimulus (CW 8, par. par. 264 & 297). He lists five basic instincts: hunger, sexuality, drive to activity, reflective instinct, and the creative instinct. From his elaboration on instincts in his essay "Psychological Factors in Human Behavior" (CW 8, pars. 232-262), we find out that he considers reflective instinct as the cultural instinct *par excellence*, while religious impulse/instinct as the most important of all instincts because of its role for the individuation process. We also notice that Jung did not explicitly categorize the religious impulse as a distinctive "instinct" along with hunger, sexuality, activity, reflection and creativity, but saw it as emerging from the interplay of these basic instincts and archetypal energies. As I understand it, he essentially saw the religious

impulse as being embedded in the basic instincts, i.e. religious hunger, religious activities, and religious reflection as contemplation and prayer. Jung also counts intuition among instincts because it is an instinctual reaction which irrupts in the consciousness as a sudden idea or hunch, and as such can serve as a resource for orientation/decision making in highly complex situations. At the same time, he differentiates it from instincts by writing that while instinct is a “purposive impulse to carry out some kind of complicated action”, intuition is “the unconscious, purposive apprehension of a highly complicated situation.... neither more nor less wonderful than [instinct]” (par 269).

On different occasions Jung wrote about the archetypes with different emphasis: as primordial images with numinous effects (1912); as non-personal dominants with fascinating energy, with strong overpowering effects, and manifold meaning (1917); and as *archetype per se* (1919) (cited in Samuels, Shorter and Plaut 1986, pg. 26). For example, in reference to archetypes as primordial images he writes that the archetypes are irrepresentable and that they reveal themselves in images and symbols which have numinous and healing effects. In reference to archetypes as non-personal dominants, Jung reminds us that when dealing with universal human experiences, we all tend to respond with fantasies, ideas, images and strong affects because these ways of responding have been imprinted on our psyche. Jung captures this when he writes:

*Archetypes are typical modes of apprehension, and wherever we meet with uniform and regularly recurring modes of apprehension we are dealing with archetype no matter whether its mythological character is recognized or not* (italics in the main text) (CW8, par. 280).

In reference to *archetype per se*, Jung writes that archetypes are: “...a living system of reactions and aptitudes [which] determine the individual’s life in invisible ways” (ibid, par. 339), and draws attention to the archetypal potential which is an important resource for adaptation to the collective phenomena including upheavals such as political, criminality, climatic, environmental, socio-

economic, psychological marginalization which lead to ID. He cautions us to carefully discern their effects since archetypes are ambivalent (bi-polar) and feature both in pathology and health. He also offers an insight into working with the archetypal energies: "...a rational understanding of these things in no way detracts from their value; on the contrary, it helps us not only to feel but to gain insight into their immense significance" (ibid, par. 338). Here he implies that conscious realization of archetypes requires one's readiness and effort to consciously engage with them, to bear their effects and patience and time for deciphering their significance. Furthermore, he informs us that instincts and archetypes interact and affect each other with varying outcomes and cannot be released unless existing conditions correspond to the *a priori* pattern (which explains why we need to see people in totality). The interaction between the instincts and archetypes becomes clearer when I discuss the transformation of religious impulse/instinct with the help of reflective instinct.

These observations add to the list of complexities associated with refugees and spell out that refugees, besides coming from different corners of the world and looking and acting differently, are not another species, but a part of our human family, who are affected by their loss of home and other events in the same ways we are capable of being affected, and therefore need our solidarity and support. More specifically that if we are to support them, we need to honor their human complexities, exercise caution in trying not to split or polarize constellated archetypal energies present in their experiences, and assist them to contain their struggles and transform their suffering.

Beside psychic contents, Jung draws attention to the psychic processes and explains that while we all rely on the same processes, we do differ in terms of how we make use of these processes (for example while one person relies more on the sense perception, the other makes

better use of intuition). Jung names these processes as sense perceptions and apperceptions. He tells us that while the senses allow us to see, hear, taste, smell, and touch the world; they do not tell us what it is (i.e. they are limited). The apperception processes such as recognition (comparison and differentiation with the help of memory), evaluation (emotional reactions pleasant/unpleasant together with accompanying memory images), and the intuitive process (the perception of possibilities), make up for these limitations of the senses by allowing us to make sense of what we are perceiving, and to fit new information with the existing knowledge and experience in order to construct meaning. Besides saying that these processes are both rational/directed and irrational/autonomous/instinctual, he also reminds us about extraversion and introversion, and combines these two attitudes with the four functions of consciousness (sensing, thinking, feeling, and intuition) and offers sixteen psychological typologies. These observations support RC and the spiritual discourse in their focus on the individual experience of events over a narrow focus on the events themselves, and also emphasize the ways in which people understand and cope with them in the ways that are compelling to them. Moreover, they make it explicit that the integration of conscious and unconscious together with the circumambulation of issues at hand (utilizing all four psychological functions) is needed for the broader perspective/meaning of the situation.

### **5.1B The Ego and the Unconscious with Impacts of their Interactions**

Jung (1960/1969) writes that the unconscious stands in compensatory relationship to the ego and explains that this is possible because:

- 1) consciousness possesses a threshold of intensity which its contents must have attained, so that all elements are too weak to remain in the unconscious;

- 2) consciousness exercises inhibition on all incompatible material, with the result that it sinks into the unconscious;

Here (CW 8, par. 132), he also points out that the psychic process should be as stable and definitive as possible since the exigencies of life demand it (ibid, par. 136). In the subsequent paragraphs (ibid, pars. 136-139) he points to both the positive (order) and negative (resistance to development) aspects of directed conscious processes, which can lead to one-sidedness, and advocates for the balance. Here, he is clearly concerned with the ill effects of one-sidedness which can lead to dissociation of personality and consequently can interfere with compensation from the unconscious (ibid, par. 139). With these observations it can be said that in practice when we work with refugees, we need to constellate the whole psyche since it is the unconscious which aids them in adaptation.

In line with these observations, Jung advocates for the integration of the unconscious into consciousness (ego-self axis, term used initially by Erick Neumann and then by Edward F. Edinger) and provides insights into how this can be done. He sees this process as one that begins with the integration of those unconscious contents which are the closest to the ego (e.g. shadow). He explains that the shadow is most accessible and the easiest to experience since its contents get constellated as soon as the demands for adaptation outweigh one's capacity to adapt. He writes that work on the shadow is a matter of moral responsibility and advocates away from repression of the shadow. He captures this as he writes:

...suppression amounts to a conscious moral choice, but repression is rather immoral 'penchant' for getting rid of disagreeable decisions. Suppression may cause worry, conflict, and suffering, but it never causes a neurosis (CW 11, par. 129).

Here he spells it out that repression of the shadow is a moral problem that challenges the whole ego personality, for no one can become conscious of the shadow without a considerable moral

effort. This implies that one has to recognize the dark aspects of one's personality as present and real and accept the responsibility for working on them so that they do not get projected on others and cause the unnecessary suffering. In the same volume but in another paragraph, he captures what is at stake as he writes: "...if it is repressed and isolated from consciousness, it never gets corrected, and is liable to burst forth suddenly in a moment of unawareness" (ibid, par. 131).

As for how he envisioned this work on the shadow in practice, he refers to (CW 9ii, pars. 16-19) sifting through projections, which become apparent in the therapeutic relationship (e.g. transference/countertransference) and intentionally inducing ego regression in order to dissolve the well-constructed mask or the persona that the person built to shield her/himself from these contents which are unpleasant/painful/disruptive yet an integral part of one's being.

For Jung (1970) the shadow is the lower personality that consists of those ego incompatible elements which when constellated produce strong affects and immoral behaviors; while the persona is an "arbitrary segment of the collective psyche" (CW 7, par. 244). He explains the latter by pointing out that the contents of the persona are collective because they are constructed out of collective elements, and therefore do not really represent one's true individuality even though they are individually selected. Furthermore, he elaborates (ibid, par.251) that while the ego identifies with the persona, the unconscious makes its presence through its contrasting and compensating contents (which get constellated in response to the given ego-position), and gradually spread through the persona and lead to its dissolution. He refers to (ibid, par. 252) this state as one of psychic disequilibrium during which the ego loses its lead and becomes led by the unconscious, and as the one that is intentionally induced in order to restructure and strengthen the ego. These observations make it clear that when working with refugees we need to be mindful not to jump to

conclusion about who they are, based on their presentation (initial/ situational) since it is not who they are in totality.

Jung's overarching concern is with psychic infection, which can happen when the ego is weak and prone to being overtaken by the shadow and the complexes, thus unable to discriminate between personal and collective influences (i.e. the contents mix and the shadow bleeds through and can get enriched by the collective elements). In reference to this possibility, he writes that from the beginning the ego is prone to inflation (i.e. gains in self-confidence and self-importance) when in contact with the unconscious. He acknowledges that the opposite can also be true: Ego deflation shows up as a loss of self-confidence or importance and an increase in helplessness and discouragement. Beside these rather normal and low scale impacts of the unconscious on the ego, he also considers a more serious form of inflation which can set in when an ego of low integrity identifies with the collective energies. This is particularly problematic when it is the archetype of wholeness/the Self/God-image. He writes about this state as "godlikeness"; it is one in which the person, possessed by archetypal energies, may behave as if s/he has a superior knowledge of the world and attempts to impose it on others and/or discriminates against them in case they reject it. With these remarks he advocates for a differentiation between these contents and the impacts of their interaction in order to foster a stable psychic process. This is particularly important in case of refugees who in the midst of panic and chaos can easily find themselves swept along by both personal and collective energies, and as a result suffer all kinds of impacts (OEU, ND, victim's identity), thus forgetting who they were before ID, and the resources they have, failing to access and activate them and falling victim to their own unconscious energies or those of others.

The integration of the collective unconscious becomes clearer as I write about the individuation process. What is important here to say is that one's ability to adapt to cope, and even

to grow through adversity depends on ego integrity, since a better integrated ego suffers less insults from the unconscious, and has a greater capacity to make sense of

archetypal energies, and expand her/his conscious understanding of them and use them for adaptation. Hence, RC needs to aim at strengthening the individual's conscious position through a balance between approaching and keeping distance from the unconscious.

### **5.1C Psychic Adaptation and the Transcendent Function (TF) of the Psyche**

Jung conceptualizes the psyche as a relatively closed energy system which consists of many pairs of opposites which are quantities with energy which need balancing, and one which is able to self-regulate, and in this way ensure its own homeostasis, i.e. adaptation to both inner and outer demands (CW 8, par. 49).

For clarification purposes, Jung refers to psychic energy as the *libido* and defines it as life energy, unlike Freud who used this term in reference to sex instinct (ibid, par. 54). He refers to his approach as *the final-energetic* (ibid, par. 58) and explains that in this view the hypothetical sequence of facts, *a-b-c* are the means towards the transformation of energy which flows causelessly from the improbable state *a* (a place of disorder or uncertainty) to *b-c* and so on, to the state of *d*, the desired place of order, coherence and balance. In other words, libido, as the life energy, aims at the life/development of the psyche. He also refers to Freud's approach as causal and mechanistic, and explains that in this approach the same sequence of facts *abcd* is understood as *a* causing the *b*, *b* causing the *c*, and so on without any final point to it (ibid).

In order to explain that the psyche is by nature also resilient and capable of new growth, Jung refers to its energetic processes such as: progression of libido, stoppage of libido, regression of libido, canalization of libido, and symbol formation (ibid, pars. 60-113). Through these processes he basically describes the transcendent function (TF) of the psyche (ibid, pars. 131-195)

which he defined as “transcendent” because it makes the transition from one attitude to another organically possible, without the loss of the unconscious (ibid, par. 145). This will become clearer from my references to progression and regression and canalization of libido, and from the section about Jung’s method for producing the TF artificially in the therapeutic environment. Here, I want to state that these processes of the psyche support the idea that refugee’s psyches are resourceful, can cope/adapt and even transcend the worse of adversity and that besides being vulnerable to psychic dissociation/trauma, they are also resilient and capable of post-traumatic-growth and adversity activated development.

Jung refers to the progression of libido as: “...the daily advance of the process of psychological adaptation” (ibid, par. 60). By this he means that this process occurs when we are able to meet the demands of a given external environment at a given time by practicing an appropriate approach and thus completing adaptation. In order to clarify what is at stake with regards to progression and regression of libido, Jung provides three related insights (ibid, pars. 61-78). One: as humans we tend to become habituated and as a result navigate life with the help of our habitual attitude. Two: adaptation is continuous and life challenges are good for our growth. Three, the progression of libido can take place in two forms: extraverted and introverted. In the first case, one privileges adaptation to objects and environmental conditions; while in the second case, one makes adaptation to the ego. This confirms one of Pargament’s assumptions that people cope in the ways which are compelling to them. In reference to refugees, these observations remind us that they will struggle to cope and adapt to the challenges of ID because their losses, violations and suffering caused by the events that are out of the ordinary, and for which habitual attitudes will not suffice, thus it is to be expected that they will need time and space for their psyche to produce a more appropriate attitude for adaptation.

As for what happens during the progression of libido, Jung writes (*ibid*, par. 61) that it happens when a given pair of psychic opposites (such as feeling-thinking, intuition-sensation) are united in the coordinated flow of psychic processes. He characterizes this state as the one of actual energy, such as the capacity for work in terms of attention, affect, willing, etc. as opposed to states when it is only a possibility, as it is the case of achievements, aptitudes, attitudes, etc.

Regarding the reasons behind a failed progression of libido, Jung states that it is due to the person's inability to produce an appropriate attitude that differs from the habitual in order to adapt. ID could be one of these situations given the multitude of changes/demands and their rapid succession and universal human limitation to produce a suitable attitude for every situation.

When it comes to the stoppage of libido, Jung writes (*ibid*, pars. 65-68)) that both the failed attitude (the habitual or developed or conscious) and the one that is needed for adaptation (the underdeveloped or inferior or unconscious) will become enriched by the associations related to their own kind, and each attitude will attempt to suppress the other. If one manages to suppress the other, the psyche will dissociate. This will result in the predominance of one of the attitudes and will lead to inner conflict. Jung advocates for the proper understanding of this conflict, i.e. as the one that pertains to one's own felt inner limitations rather than those that are experienced in relationship to others. He further explains that this conflict manifests differently in different people (e.g. depression, emptiness, boredom, or resignation), and would persist if it was not for the regression or the backward movement of the libido, whereby the energy goes back into the unconscious.

As for what happens during the regression of libido, Jung explains (*ibid*, par. 75) that when the unconscious contents that have been previously discarded (due to their incompatibility with the ego) gain intensity and get over the threshold of consciousness, they force the ego to deal with

them and to assimilate them, so that the inferior function can develop. He explains (ibid, pars. 66-69) that regression will persist until the inferior function develops and can be used for completion of adaptation. He also reminds us that since we are dealing with energy/quantities, the inferior function/attitude has to acquire equal value to the dominant attitude in order for the progression to re-start. This means that the regression can take a long time before a pair of opposites can flow in a coordinated way again, thus again there is a need for time and space until the progression of libido can resume. These ideas resonate with observations from both RC and the spiritual discourse about suffering and spiritual struggles and impacts in response to out of the ordinary events, and validate both discourses in advocating for containing conflict/ tension inherent in these in order to allow the person to transform the struggle in her/his way (i.e. not splitting constellated archetypes).

Jung clarifies what is at stake during regression as he writes that:

...although progression and regression are causally grounded in the nature of the life processes on the one hand and in environmental conditions on the other, yet, if we look at them energetically, we must think of them only as means, as transitional stages in the flow of energy (par. 76).

With the latter observation Jung implies that the progressions and regression form a cycle and represent the means towards a bigger goal-development of personality, and makes it explicit that the reason RC claims the trauma is both the mark and the sign of adversity is because of psychic energy. This observation also clarifies that people are driven to hold onto and/or transform their understanding and relationship with the sacred during coping, because they have invested psychic energy into these aspects of life/relationships/objects/localities/ etc.

Canalization of libido, for Jung, is a: "...transfer of psychic intensities or values from one content to another" (ibid, par. 79). He compares it to the physical transformation of energy in the steam engine which converts heat into the pressure of steam and then into the energy of motion.

In the case of the psyche, he defined the transfer of libido as:

...the transformation of instinctual energy ... into *an analogue of the object of instinct* [italics in the original text] via psychic mechanism [which] imitates the instinct and is thereby enabled to apply its energy for special purposes (ibid, par. 83).

At this point, he makes a specific reference to the spring ceremony of the Wachandi (tribal people of Australia) as an example of this process. This ceremony consists of the participants digging a hole in the earth to imitate the female genitals (hole an analogue), dancing around it with spears pointing at the hole in imitation of an erect penis. While they do this and chant, they do not look at women, who are the actual object of the natural instinct, in order not to get distracted and disturb the transfer of energy. The dance serves as the means by which the libido is transferred to the earth, and then the earth becomes imbued with value/energy and becomes an object of their expectations which helps them to put mental energy and effort into it that is needed for the cultivation of it.

With this example Jung explains the concept of libido in traditional societies, meaning the transfer of psychic energy onto the natural elements or objects or localities by which people sanctify these elements/objects/localities and then draw from them support, strength, satisfaction. They even fear and revere them, because they can become to them organizing forces that lend coherence to their other life goals and motivations. In other words, Jung's concept of the canalization of libido explains how something ordinary becomes extraordinary, i.e. the sanctification process.

This exposition as a whole makes explicit the way in which the individual psyche reacts to environmental conditions as it tries to adapt, but that sometimes the adaptation fails and leads to psychic dissociation (e.g. negative responses to it). The psyche can also preserve itself through progression and regression of libido (e.g. response that is neutral or resilient) by producing the appropriate attitude and complete adaptation, thereby meeting environmental demands. Furthermore, the psyche can even grow through adversity (through canalization of

libido/symbols/). Below, I will explain that during extreme situations of psychic disorientation the psyche is able to bring about its own unity and wholeness through the constellation of the archetype of wholeness, and its special kind of symbols which have numinous and healing effects. However, here I need to state that Jung's ideas about psychic dissociation and the personal shadow and complexes, provide a more differentiated understanding of the range of negative responses to the impacts of adversity identified by RC such as: psychiatric disorders (PTSD and other), disturbed psychological reactions (DPRs), and ordinary human suffering. The Jungian discourse makes it also explicit that the reason why both RC and the spiritual discourse insist on differentiating between impacts and responses, as well as finetune between the initial reactions and the constructed responses, it is because of their energetic approach to human beings (which stands in contrast to the trauma discourse which employs a causal or linear or reductive epistemology).

### **5.1D The Religious Function (RF) of the Psyche: A Possibility for Religious Experience and Individuation**

Jung reminds us that the psyche has the capacity to bring its own unity and healing, and thus put us face to face with the sacred, and to provide us with the opportunity for a religious or spiritual experience. He attributes this capacity of the psyche to the religious impulse which “rests on an instinctive basis” and which manifests itself as the urge or yearning for something bigger than ourselves (CW 10, 544). In this way he explains our natural propensity for religion and spirituality. He also draws attention to the possibility that this function of the psyche (RF) can be repressed in modern man on the account of her/his preference for certainties over questioning and doubting. At the same time, he reassures us that this function can never be fully repressed as evidenced by the persistence of religious faith. Moreover, he reminds us that if this function is

unconscious/repressed, it can be devalued and contaminated by other instincts (e.g. various forms of addiction), and produce unnecessary (neurotic) suffering (CW 10, 653).

In his chapter on “The Psychological Factors in Human Behavior” Jung writes that the reflective instinct is needed for conscious differentiation of the religious impulse, and explains that “*reflexio* means ‘bending back’, and used psychologically, would denote the fact that the reflex which carries the stimulus over into the instinctive discharge is interfered with by psychization” (CW 8, par. 241). Therefore, in order for the religious impulse or instinct to become conscious, it needs to be transformed by reflection or deliberation, and needs an appropriate gradient for its expression. This observation confirms the importance of the spiritual dimension and its inclusion in therapeutic work with refugees, more specifically the necessity for doing spiritual assessment with them as the way of honoring their natural propensity for religion/spirituality, thus not participating in its devaluation/repression of it and worse of in ‘the darkening spirit’” (see David Tacey’s publication by the same name from 2013).

By pairing religious impulse and reflective instinct Jung came up with his definition of religion as:

...a peculiar attitude of the mind which could be formulated in accordance with the original meaning of the Latin word *religio*, which stands for careful consideration and observation of certain dynamic factors that are conceived as ‘powers’: spirits, daemons, gods, laws, ideals, or whatever name man has given to such factors in his world as he has found powerful, dangerous, or helpful enough to be taken into careful consideration, or grand, beautiful, and meaningful enough to be devoutly worshipped and loved (CW 11, par 8).

In previous paragraphs in the same volume, he indicates that he is talking about the ‘*numinosum*’ (ibid, par 6). According to Stein and Corbett (2005), Jung borrowed this term from the German theologian, philosopher and historian of religion Rudolf Otto (1869-1937) and begun to use it in the 1930s to capture the awesome, mysterious, powerful, and fascinating effects of the archetypal Self (God-image) (pg. 55). Besides this observation, Corbett (2000) in his earlier article “Jung’s

Approach to the Phenomenology of Religious Experience” claims that Jung actually stresses the immanence part of the numinous (God-image as known, perceivable and graspable) by contrast with Otto Rudolf who focused on its transcendent quality, the *mysterium tremendum et fascinans*, which when broken down implies “wholly other” (*mysterium*); awe-fulness, terror, demonic, dread awe, absolute unapproachability (*tremendum*); and fascinating (*fascinans*) (pg. 105).

Out of concern that he may be misunderstood in what he writes about religion, Jung made a distinction between religion and “creed”. In the chapter titled “Religion as the Counterbalance to Mass-mindedness” he makes this distinction clear by writing that while religion has to do with the reality of the psyche and a personal relationship with God in Judeo-Christian and Islam, and is the path of salvation and liberation in Buddhism; creed has to do with the confession of faith intended for the world at large (CW 10, par. 507-512).

Jung’s definition of religion complements Pargament’s definition of religion and spirituality. Therefore, Jung too does not polarize these phenomena either. This can be seen in what he writes about *religio* which allows for careful consideration and observation of the *numinosum* or the sacred which is at the core of both religion and spirituality (CW 11, par. 6). In his reference to “creed” (ibid, par. 10), Jung also coincides with Pargament’s view that one can search for the sacred both within and outside traditional religious contexts, and that religion can be used as the pathway to both religious and secular ends, but that the sacred must precede the profane. Despite his dissatisfaction with religious education (CW12, par. 13), Jung was ultimately in favor of keeping religiously affiliated in the “lap of the church” (CW 11, par. 76 and CW18, par. 618).

Regarding the constellation of the *numinosum*, Jung writes that under certain circumstances a special kind of psychic image or symbol appears, like those used in the religious ceremonies or

for meditation and contemplation. He refers to these symbols as the quaternity (also circle and triangle) or mandalas (CW 9i, pars.627-629). Regarding their eruption he writes that they are not sudden but have been:

...anticipated by the psyche...[that their] significance as *symbols of unity and totality* [italics in the original text] is amply confirmed by history as well as by empirical psychology. ... and that they occur in patients principally during times of psychic disorientation or re-orientation...they bind and subdue the lawless powers belonging to the world of darkness and depict and create an order that transforms the chaos into cosmos (CW 9ii, par. 59-60).

Here is the explanation I referred to earlier, that the psyche can bring about its own unity and wholeness during psychic disorientations, such as the ordeal of involuntary dislocation. I suggest that ID can trigger individuation and also serve as an initiatory religious experience, as in cases of unconscious spirituality.

Jung writes about the importance of containing and protecting the quaternity symbols when constellated as well as against over-analyzing them. He advocates for contemplating them by going around them with all four psychological functions in order to discern their relevance, not just in reference to one's present situation, but also in reference to their potential meaning for one's future.

Related to this he writes that:

...the goal of contemplating the processes depicted in the mandala is that the yogi shall become inwardly aware of the deity. Through contemplation, he recognizes himself as God again, and thus returns from the illusion of individual existence into the universal totality of the divine state (CW 9i, par. 633).

In other words, these symbols put us face to face with her/his sacred within which supports my view that spirituality can serve as the pathway to individuation. Furthermore, he explains that if this process is to proceed, it requires more than a necessity (CW17, 304). The "more" part according to him has to do with the conscious decision to heed the call or urge for careful observation and deliberation (*religio*) of the symbols of the collective unconscious and symbolic

life as well as readiness to alter one's course of life accordingly, contrary to ego plans and ambitions. This latter observation helps me to make a connection between the appearance of quaternary symbols and the radical change or religious conversion (in the spiritual discourse), which takes place when a person realizes that s/he has to admit the limitations of the self, to change her/his life/self to fit this event, and through this incorporate the sacred into the self, and thereby transcend the self.

Jung writes about the suffering associated with the failure to heed this call. He captures it as he writes "the neurosis is thus a defense against the objective, inner activity of the psyche, or an attempt, somehow dearly paid for to escape from the inner voice and hence from psyche" (CW 17, par. 313). Furthermore, he explains what this failure looks like: "...regressive restoration of the persona" and "identification with the collective" (CW 7, par. 254-263). In other words, by not working with the symbols of the collective unconscious, one is repressing her/his natural propensity for religion/spirituality, and thus meaning and purpose, and runs the risk of living through 'fake individuality' and spiritual decay.

Jung captures what success looks like in freeing individuality from the unconscious as he writes:

...this widened consciousness is no longer that touchy, egotistical bundle of personal wishes, fears, hopes, and ambitions which always has to be compensated or corrected by unconscious counter-tendencies; instead, it is a function of relationship to the world of objects, bringing the individual into absolute, binding and indissoluble communion with the world at large (CW 7, 275).

This reference finds its parallel in Pargament's idea of spiritual growth which follows from going through the struggle and resolving through recognition of one's human limitations and undergoing the necessary changes in order to enjoy renewed understanding and relationship with the sacred. This also echoes the idea of developmental theorists mentioned in chapter 4 that spiritual development has the potential to complete or /unify personality, which reminds us that while we

are assisting refugees to heal from the impacts of ID and spiritual struggles, we are assisting them to heed this call for wholeness.

Jung conceptualizes psychic development in terms of progression through the phases of consciousness. From the first phase where there is hardly any consciousness it proceeds via the second phase related to the ego-complex, to the dualistic phase marked by the realization of one's own limitations. He sees the psychic life of the child as: "...a problem of first magnitude to the parents, educators, and doctor" but not for the child, at least for the "normal" child (CW 8, par. 760). His idea of psychic birth is that it happens in puberty with an eruption of sexuality which forces psychological separation from the parents (ibid, par. 786). With regards to the problems of adult life (his second phase of life and the one he is most interested in), Jung points to the difficulties related to relinquishing youth, adapting to the inner world and to finding meaning and purpose in life while embracing the reality of death (ibid, pars. 771-778). He recommends that we treat problems in life as inevitable and necessary for growth, and thus embrace suffering and death as the inevitable parts of our lives, and find our own ways of making peace, which in itself is life giving (ibid, pars. 785-795).

### **5.2A Jung's Other Ideas about Religion: Spiritual Problems of Modern Man and Solutions and Implications for Refugees**

In "The Spiritual Problem of Modern Man", Jung (1964) identifies modern man as one who is unconscious of the values and strivings of past worlds, the one who lives in the present and relies only on his ego-consciousness without realizing that his present state of being is informed by the history of humankind and has implications for his future. In other words, he is unconscious of his collective identity and lacks appreciation for the symbols of the unconscious, and is not likely to be properly psychologically adapted both within and without.

In the commentary to “The Secret of the Golden Flower” he also characterizes the time we live in (or rather the time he lived in) as “godless and profane” (CW 13, par 51) which leaves one alone and vulnerable, without the pathways for meaning making. Thus, saying that our society does not offer us the pathway to make sense of our suffering and may in fact add to it given that it is dominated by the scientific/rationalistic/material attitudes thus fosters this approach to life at the expense of the spiritual, and adds to neurotic suffering which is born out of lack of connection to the sacred, which is often the source of purpose and meaning in life. Besides society, he blames traditional religious institutions for not recognizing that there is a genuine inner life, a communion with transcendental powers, a possibility of a religious experience (i.e. subjective individual experience), and for putting the community first, thus not assisting us in our quest for individuation (CW 18, par. 1637). Together with this he expresses dissatisfaction with religious education which in his opinion does not teach about the inner healer or God-image or the Self, but instead promotes the idea of God as the outward authority and savior, thus releases people from the responsibility for/participation in their own salvation. Here, he is concerned that religious education does not allow for taking back the projection of the inner image of God (the Self) onto the outward authority, thus prevents people from participating in their own salvation. Here he echoes Pargament’s idea about the circumstances under which religion/spirituality and coping diverge, meaning that this happens when religion is not related to the practical aspects of life. This helps me to make it clear that the context (western) into which we receive refugees is not equipped to help them to make sense of their experiences and find healing, and confronts us with the need for taking interest in their traditions and learning from them, as well as dialoging with them about the effectiveness of their traditional ways and affiliations (cultural and religious), thus helping them to become conscious of both positive and negative ways in which religion and spirituality can be expressed.

In support of religious dogma (part of the church's doctrine), in his second Terry lecture (on dogma and natural symbol), he writes that it: "...expresses the psyche more completely than science...aptly expresses the living process of the unconscious in the form of the drama of repentance, sacrifice, and redemption" (CW 11, par. 82). In this same lecture, through comparison of Protestants and Catholics and how they work with their church, he praises religion as the pathway for examination of conscience (bad/sin) and for expiation (removal of sin), and uses these observations to advocate for containment within religious traditions since some religious experiences are hard to bear on one's own (ibid, par. 86). To these he adds that religions of the world are psychotherapeutic systems which can "assist our understanding of instinctual disturbances" (CW 18, par. 1231), and offer salvation for the soul, thus are "the only salutary powers visible in the world today" (CW 16, par. 390). Implicit in these observations is his recognition of the potential traditional religious teachings and truths can have for deliverance from evil, reconciliation with God, rewards in the hereafter, etc. (CW 10 par. 513). As a point of clarification, since it seems like Jung is contradicting himself, he advocates that we view dogmas psychologically as making sense in terms of individuation.

Jung's ideas about the nature of "our time" seem to line up with Pope Francis's description of the world as "dark clouds over a closed world", which he provides in his (2020) Encyclical Letter "Fratelli Tutti", where the dark clouds stand for the revival of ancient conflicts, disregard for common good, the end of historical consciousness, cultural colonization, despair and discouragement, resurfacing of various unhelpful attitudes, etc. At the same time, Pope Francis' concerns are far wider and more collective than Jung's who is concerned with an individual quest for wholeness and healing. Here seems to be the appropriate place to explain that while both Jung and Pope Francis advocate for hope and healing, they are coming from different places and

therefore see them accordingly. Jung, as a psychiatrist and a psychotherapist, sees hope in terms of the possible cooperation of the conscious and the unconscious with the resulting compensation from the unconscious which will allow the revelation of the archetype of wholeness, or of the Self through the special kind of symbols (i.e. mandalas) whose numinous effects are healing, and can serve as the initiatory religious experience. Jung sees healing as a process which requires both willingness and ability to systematically explore the symbols of the collective unconscious and integrate them into the conscious in order to widen consciousness, which in the end not only benefits an individual but also the collective. In other words, Jung sees the work on oneself (on one's shadow personal and collective) as the starting point towards transforming the world into a better place. Pope Francis on the other hand, as the bishop of Rome and the visible head of the worldwide Catholic Church, sees hope as a thirst, an aspiration, a longing for the spiritual values such as: truth, goodness, justice, and love. These then need the individual to translate them into action. More specifically, he recommends translating them into four actions such as: to welcome, to protect, to promote, and to integrate. This idea of translating spiritual values into action (i.e. faith in action) forms a part of the Catholic Social Teaching. These become clearer in chapter 7 when I discuss his encyclical letter "Fratelli Tutti" or "On Fraternity and Social Friendship). In summary, I can say that while they are coming from different places, both agree on the fact that as humans we are by nature spiritual beings, and as such need to grow and develop, and that this cannot happen in isolation, and wherever one starts, i.e. whether from searching within the context of an organized religion or outside of it, it is one's relationship with the sacred that helps the person to get in touch with her/his human limitations and aspire for the relationship with something greater than oneself (i.e. the sacred), which is the source of meaning and purpose and sets the person on the journey of personal exploration and growth which leads to the realization that we all

are humans and as such need each other, and need to participate in each other's healing as well as the healing of our planet (natural environment). Therefore, whether we start from the personal standpoint (e.g. exploring the unconscious in search for the sacred self), or from searching for God within the formal religious contexts, our search for and discovery of and relationship with the sacred leads us to the realization that as human beings we are limited, need to care for each other, and the world we live in. Only in these ways we can hope to find purpose and meaning.

### **5.2B Post-Jungian Perspectives with Implications for Refugees**

In this section I am including some post-Jungian perspectives such as the four American and one Australian Jungian scholar, namely: Edward E. Edinger, Donald Kalsched, James Hollis, Lionel Corbett, and David Tacey. Each one of these authors has taken an aspect of Jung and developed it in his own way to demonstrate the validity of some of Jung's ideas for our contemporary world or as some may call it the post-secular world.

Edinger (1984), for example, in his book "The Creation of Consciousness" focuses on the state of the world we live in, namely its lack of viable, functional myth (pg. 9). He explains that in the place of meaning one finds primitive and atavistic, or else emptiness and despair. He writes that "the loss of a central myth brings a truly apocalyptic condition" (pg. 10), and proposes that the solution for this state of "myth-lessness" is to find a new central myth that will solve both individual and social distress/suffering (i.e. importance of narratives). As for the pathway towards that, he refers to the examination of the unconscious, learning from primitive/tribal cultures (where the material and spiritual aspects of life are not separate), accepting suffering as inevitable, and conceptualizing ourselves as the vessels for God's incarnation. In another of his books "The Anatomy of the Psyche" he refers to the alchemical processes in combination with the elements in nature (calcination/fire, solution/water, coagulation/earth, sublimation/air, mortification/death,

separation/space, and union) as alternative ways of thinking about the transformation of suffering, and the pathway to wholeness which are also the motifs in the holy scriptures.

Kalsched (1996/2013) in his books “The Inner World of Trauma” and “The Trauma and the Soul” writes about the trauma of the soul (Jung’s theory of complexes), the archetypal defenses which form as a result of the splitting of the archetype of wholeness, and the resulting meaningless neurotic suffering. He offers insights into the ambivalent nature of the sacred, into the capacity of the psyche to bring its own unity and healing, and lays out the path for a psycho-spiritual approach to human development and its interruption which allows survivors find meaning in suffering.

Corbett (2007) in his book “Psyche and the Sacred”, names the alternative places where one can encounter the sacred (in dreams, in nature, in the body, in the relationships, in spiritual practice, in creativity, and even in one’s addictions), thus reminds us that working with these can be done outside of traditional religious contexts (with those for whom these are no longer viable). This echoes Pargament (cited in Hill et al. 2000) who recognized that the spiritual search processes can take place also outside of the established religious traditions, but that notwithstanding if one searches within or without the established religious traditions, the sacred must precede the profane since “...we cannot confuse what is important in our lives with what is sacred and divine, for something to be sacred or divine, it must be associated with the sacred or divine” (ibid, pg. 67). In other words, there is a difference between sacred and non-sacred goals.

Hollis (1993, 1996/1998, 2001) in his books “The Middle Passage”, “Swamplands of the soul”, “the Eden Project” and “Creating a Life”, deals with suffering and the middle passage in life. More specifically, he writes about normative crises and the requirements for dealing with them; he sees suffering as a gift; and provides the pathways for helping people to individuate.

Last but not least, Tacey (2013), a prolific writer and interdisciplinary scholar with long-standing interest in Jung, has taken interest in our contemporary world and its problems, and writes about what he calls “the darkening of the spirit” and its manifestations. These include dangerous ideologies, addictions and other self-destructive behaviors which result from the repression of the religious instinct and the spiritual hunger in our world, which is evidenced by the proliferation of various forms of spiritualities from tribal to New Age, as he advocates for the renewal from the depths and symbolic life.

The common emphases in the work of these authors are:

- a) we live in the world which filled with distractions and suffering, which does not feed out hunger for meaning and purpose;
- b) as a result, we suffer neurotically and unnecessarily; and
- c) psychotherapy can be the container for our struggle and the pathway to healing.

From these perspectives it could be deducted that:

- (i) unlike us refugees suffer on the account of their many stresses, violations, and losses;
- (ii) are resourceful on the account of their rich cultural/religious traditions but may, because of the impacts they suffer forget them;
- (iii) as western therapeutic workers we are programmed to impose on them our cultural values and ways of life, including psychotherapy, and not to ask for their input;
- (iv) the best we can do is to assist them to reflect on who they were prior to ID and on how they are working with their traditions post impacts, and to assist them to draw strength from them; and
- (v) to support them in their quest for home and a sense of belonging.

### **5.3 Jung's Method for Working with the Unconscious and His Implementation Techniques**

In the section above about the ego and the unconscious and the impacts of their interactions, I have stated that Jung aims at the integration of personality (the whole psychic human being). I have also stated that he envisioned this process as one that consist of sifting through the contents of the personal unconscious present in the form of projections in therapeutic relationship and slowly and deliberately inducing ego regression in order to strengthen the ego. In the same section I have also referred to his recommendation for sifting through the impacts of the ego-unconscious interactions. In the section on psychic adaptation, I have pointed out three ways in which the psyche responds to outer and inner demands for adaptation, which implies that sifting through psychic responses is also a part of Jung's method. Then in the section about the religious function of the psyche (RF), I have remarked that Jung advocates for the containment and protection of psychic images and symbols (e.g. the quaternity or mandalas), and for careful consideration and observation of the symbols of the collective unconscious. In summary, besides differentiating/analyzing the contents, impacts and responses, Jung also relies on therapeutic containment and collaboration. What remains for me to do in this section is to identify where Jung sees the unconscious manifested; how he goes about producing it when it is not available; what specific techniques he uses to deal with the unconscious products; and what he means by the phrase "every psychotherapist not only has his own method - he himself is that method" (CW 16, par. 198). I will thus show its implications for working with refugees as well as make it explicit how these are already used in RC and even in the spiritual discourse.

For Jung the unconscious is present in the field between him and the patient, that is in the therapeutic relationship, i.e. in the projections the patient makes onto the psychotherapist (transference/T), and in the reactions of the psychotherapist (countertransference/CT) towards the

patient and the process itself. Jung regards countertransference as “a highly important organ of information” for the psychotherapist (CW 16, par. 163). With this he implies that psychotherapy is a process where both parties participate and get affected in very personal ways. He captures what is at stake as he writes: “...in any effective psychological treatment, the doctor is bound to influence the patient; but this influence can only take place if the patient has reciprocal influence on the doctor” (ibid). These make it explicit that the reason RC relies on therapeutic approaches such as therapeutic presence and witnessing (TP/TW) and not on psychological interventions is because it takes into account the unconscious and aims at synergic therapeutic complexity (STC) as it tries to contain or validate or integrate it into the consciousness in order to assist the person adjust her/his conscious attitude and thus to discover a new perspective. More specifically, it acknowledges that the struggle may be projected onto the psychotherapist and that there is a risk of intervening too soon and in that way re-enacting power dynamics present in the Drama Triangle as well as splitting archetypal energies and disrupting one’s discovery of the full meaning of the constellated archetypes.

Besides working with therapeutic relationship (CW 16, pars. 353-539), Jung works with dreams (CW8, pars. 443-569 and CW 12, pars. 44 -331); visions (see his two volumes called “Visions: Notes of the Seminar Given in 1930-1934”); fantasy products (CW 7, pars. 250-253 and Cw 8, pars. 155-198); bodily ills or symptoms (CW7, par. 194), affects and moods (CW 8, par. 167-168), and synchronistic events (ibid, pars. 969-997). Jung advocates for treating all products of the unconscious symbolically rather than as signs. For Jung, symbols have indefinite expressions and many meanings, and point to things which are not easily defined, and therefore not fully known. Signs on the other hand, always have fixed meanings. These are important points to include in work with refugees because they have energy, and can unite the warring opposites and

help them to construct a new meaning, and enlarge their perspective (beyond personal) of their losses, violations and suffering.

In case the unconscious material is not available, Jung uses a technique called active imagination (CW 8, pars. 170-171). He describes this technique as the fantasy production that is best achieved if the critical attention of the mind is removed, and the mind is emptied so that it does not censor the emerging fantasy and cannot interfere with its course. He explains that following fantasy production, the person needs to write it down as well as symbolize it in some other form (e.g. to draw, paint, sculpt, or enact it) in order to ground its images and prepare them for examination, which can take the form of analysis or amplification or interpretation. He explains that in case where the patient was not able to produce any fantasy, he asked her/him to immerse her/himself into the mood or affect or symptom which is available in order to capture its intensity, depth, contents, or to locate it in her/his body and then translate it into images. With regards to the inner image or inner voice (with dealing with the auditory types), he asked his patient to critically examine that image/voice in order to determine whose voice it is, its manner and implications. In other words, Jung tailors his technique (CW 8, par. 170 and CW 7, par. 198) to the psychological typology of the person he works with as he tries to activate and actualize her/his unconscious and conscious resources. This technique too can be used with refugees for the same reasons as stated above (in order not to split their psychic totality) as well in those circumstances when one is struggling to give expression to a mood/affect, sensation, or struggles with a persistent image or voice or unfinished business.

In his actual treatment of the unconscious products (CW 7, pars. 121-140), Jung relies on techniques such as analysis/interpretation and amplification. He conducts interpretation on both the objective level and at the subjective level. At the objective level, he engages the patient to

reflect on what her/his unconscious images means objectively. He warns against over-analysis due to its possible side effects: the activation of the patient's complexes and resistance to treatment. In conducting analysis on the subjective level of interpretation, he engages the patient to reflect on how dream images/figures are parts/aspects of the dreamer and how they pertain to her/his present situation/development. When he sees that a dream situation or figure relates to the collective sphere, he helps the patient with amplification, which stands for enlarging the meaning (beyond personal, with helpful parallels from various disciplines (e.g. art, literature, history, alchemy, mythology, fairy tales). He refers to interpretation on the objective level as analytic and considers it to be causal and reductive because it does not go further than one's personal history, since the meaning of dream symbols is traced back to one's past/childhood. Interpretation on the subjective level he calls synthetic or constructive, because it detaches the underlying memory complexes from their external causes, regards them as tendencies or components of the subject and reunites them with the subject (CW7, par. 130). Jung writes (CW 8, par. 146) that the role of the psychotherapist in this process is to hold the tension of these two meanings while the patient reflects on the overall meaning of the unconscious image/symbol *vis-à-vis* her/his present situation as well as what it may say about her/his future development. He explains that in this way he serves as the container for the struggle of opposites and assists the patient to discern the new emerging meaning, and connect it to her/his present situation as well as reflect on the possible future meaning (i.e. he serves as the conduit for the psyche). Jung reminds us that in this process the patient's ego leads the way, and that the confrontation with the unconscious image has to be as many sided as possible, since the transcendent function is not a partial process, but a total and integrated event in which all aspects are included (CW 8, par. 183). This translates into circumambulation of the unconscious image with the help of four psychological functions.

These techniques of analysis and synthesis, which combine subjective and objective meanings as well as the initial and subsequent meanings are implicit in RC's method for processing individual experience of adversity. In the spiritual discourse, the subjective and objective, meanings initial and subsequent meanings are implicit in all phases of spiritual assessment which are used to assess one's self-definition or affiliation, how one works with it, one's location in the search process, etc. In RC, the first step of epistemic processing called "events" caters for discovering of objective meaning of events or for "the absolute objective features" of events. The second step in epistemic processing is called "experiences of events" and caters for discovering subjective experience of events. This subjective experience of events is informed by the union of objective features of events and subjective reactions to events (which are mediated by various personal factors). The third step of epistemic processing is called "impact of experience" and is influenced by the previous steps, meaning that how the person is impacted by the collective events (e.g. wars) will depend on the combination of the objective elements of events and personal variables and affect the whole person. The fourth step of epistemic processing is called "response to the impact" and is influenced by the previous steps. This means that how one is going to respond to the impacts is also a mediated response. In the end, in the fifth step of epistemic processing, called "communication between all the above", there is a culmination of influences. This step determines what meaning one is going to construct out of one's overall experience of adversity. This represents only one's initial understanding or the initial meaning. This initial understanding/meaning will end up further mediated by various influences the person experiences and end up modified. This explains why Papadopoulos (2021) writes that trauma is not only a *mark* but also a *sign* of adversity. In spiritual assessment, the initial and implicit assessments (which have the potential to trigger one's spiritual side if it lies unconscious), are the means to explicit

assessment (which deals with what the person is conscious of). The overall outcome of spiritual assessment then impacts how one defines her/himself, her/his affiliation, the degree of integration or differentiation or benevolence or helpfulness of one's OS, one's location in the search process, etc. All these have implications for religious coping where synthesis between religion (i.e. religious beliefs) and coping (i.e. coping resources and coping style) happens. Furthermore, these two discourses also rely on collaboration. In RC, collaboration is implicit in the Synergic Therapeutic Complexity which aims at eudaimonic well-being, while in the spiritual discourse it is seen in working together to access and translate one's OS into specific coping mechanisms. In other words, Jungian discourse makes it explicit that it is through collaboration that transcendent function of the psyche can be activated and explains how it can be artificially produced within the therapeutic relationship.

In his essay "Medicine and Psychotherapy" (CW 16, pars.192-211), Jung makes it clear that in medicine the role of the doctor is clearly defined as one who has the knowledge, evidence-based methods and experience to diagnose and treat the sick or infected patient. Therefore, healing in this context consists of relieving or curing symptoms. As for psychotherapy, he reminds us of the more ambiguous role of the psychotherapist, which is connected to her/his vulnerability (which is a part of her/his wholeness and the potential to heal). According to Jung (ibid, pars. 194-199), the psychotherapist is not there to take the history, diagnose, or treat symptoms, but to accept the patient as s/he is and her/his current situation, and create the potential space where something can happen. Healing in this context is taken in a broader sense. Rather than meaning feeling better, or symptoms disappearing it means engaging in systematic exploration of the unconscious, since the symptoms/distress reappeared) and as being under the influence of the healing archetype. Therefore, Jung sees the psychotherapist as being there to ask questions which are also informed

by her/his intuition and spontaneous ideas; to be a participant and a witness in the process and to work in collaboration. This what Jung meant when he wrote that every psychotherapist not only has his own method but is himself that method. These ideas are implicit in RC in its differentiation between the *mechanistic* and the *synergic approach* to healing. While the first is about the medical model of healing, which treats symptoms and is characterized by the power differential between the doctor and the patient, the second is about a model of healing that aims at the whole psychic human being, where both participate, and have to practice humility in the process.

Therefore, in working with the unconscious Jung relies on analysis and interpretation and amplification and synthesis. His implementation techniques are: working with the therapeutic relationship, dream analysis, picture interpretation, and Active Imagination. These are helpful techniques to add to RC besides its own frameworks and those added to it by the spiritual discourse.

## **5.4 Conclusion**

This chapter which by no means represents an exhaustive account of Jungian perspectives, has enabled me to demonstrate that the unconscious is an integral part of refugees' lived realities, and is an influential factor in their lives pertaining to their health and well-being as well as their pathology, and therefore needs to be included in therapeutic work with them. Working with it therapeutically means to be mindful of its power and to exercise caution since the goal is to assist refugees' integral development. Furthermore, this chapter has enabled me to point out that if we discount the unconscious, we are discounting one's resources and the capacity for coping and healing and the opportunity for a religious/spiritual experience. In these ways we add to their suffering and contribute to "fake individuality" and spiritual decline.

This chapter also enabled me to point out that Jung's ideas provide a good synergetic connection with RC and the spiritual discourse. In particular, that Jung's ideas about the psyche

validate RC's conceptualizations of refugees as complex, unique, in need of being seen in totality, and resourceful; of the impacts they suffer; and of the responses they are capable of. In addition, Jung's synthetic and constructive method informs RC's frameworks such as of epistemic processing as well as that of MAPs. Moreover, Jung's therapeutic approaches are in line with the RC's approaches, while his implementation techniques are over and above those of RC.

As for synergy with the spiritual discourse, Jung's ideas about the religious function of the psyche and religion in general are in line with Pargament et al.'s ideas and reinforce the importance of working with refugees' cultural/spiritual traditions.

## Chapter 6: Spiritual and Jungian Perspectives on Refugee Care (RC): A Synergic Approach

*“The more we become conscious of ourselves through self-knowledge, and act accordingly, the more the layer of the personal unconscious that is superimposed on the collective unconscious will be diminished. In this way, there arises a consciousness which is no longer imprisoned in the petty oversensitive, personal world of the ego, but participates in the wider world of objective interests. This widened consciousness is no longer that touchy, egotistical bundle of personal wishes, fears, hopes, and ambitions which have to be always compensated or corrected by unconscious counter-tendencies; instead, it is a function of relationship to the world of objects, bringing the individual into absolute, binding, and indissoluble communion with the world at large.” (CW 7, par. 275)*

In the preceding three chapters, I have laid out the groundwork for this chapter. I have discussed central themes in RC and its epistemology. As part of the spiritual discourse (SD), I have introduced Pargament’s definitions of religion and spirituality as well as his frameworks for spiritual assessment (SA) and religious coping and through them discussed his epistemology for religious/spiritual coping. As part of the Jungian discourse (JD), I have discussed some of Jung’s ideas about the psyche, his method for working with the unconscious, and his implementation techniques. I have also pointed out some of Jung’s other ideas about religion, the spiritual/religious problem of modern man, and some post-Jungian perspectives on psychotherapy as the pathway for healing and integration of personality. In this chapter, I combine the epistemologies of these three disciplines into the fourth epistemology in order to I discuss this new epistemology on three epistemological levels. More specifically, I draw conclusions about who refugees are, what they go through when they lose their home, the care they need, and the role of therapeutic workers in the process of helping them. I also reflect on what the synergy between these three disciplines says about a more effective method for understanding refugees’ experience since the one promoted by the trauma discourse is limited and leads to confusion and reduction of complexities surrounding them. Furthermore, I reflect on what the synergy between these disciplines says about a more suitable set of therapeutic techniques for working with refugees than those attached to the Societal

Discourse of the Expert (SDE), which takes a more general approach and aims at only their psychological wellbeing. I borrow the term “synergetic” from RC where it stands for collaboration between therapeutic workers and refugees in the process of discerning their strengths (the old, existing, the retained, and the new ones) and resources in order to help them to activate and actualize them, thus be therapeutic while restoring complexities (Papadopoulos, 2021, pg. 295). I use this term to create a greater effect than the sum of their individual parts and to show how synergetic approach can benefit refugees, therapeutic workers, and the community at large. Therefore, my objectives for this chapter are: 1) to discuss synergetic conceptualization of refugees, their loss of home of refugees’ experience; 2) to discuss synergetic method for understanding refugee “trauma”; and 3) to discuss synergetic techniques for helping refugees to deal with the impacts of involuntary dislocation (ID).

### **6.1 Synergetic Conceptualization of Refugees, of Refugees’ Experience, the Care they Need and of the Role of Therapeutic Workers**

In chapter 3 we have seen that RC conceptualizes refugees as complex human beings, with unique experiences, who deserve to be seen in totality, including in relationship to their larger environment; and advocates for seeing them as people who lose their home due to various upheavals and go through a lengthy and complex process of ID which can alter them in significant ways. It has also been established that RC differentiates between the impacts refugees suffer as a result of their experiences of ID and the responses they are capable of in response to impacts, and views their “trauma” as a result of all phases of ID. Furthermore, that it distinguishes refugee trauma from psychological and social traumas and treats it as non- pathological even though refugees suffer psychological impacts. Moreover, that RC views refugees as resourceful and as a result capable of coping, adaptation and healing from the impacts of their experience without

denying their human vulnerabilities. We have also seen that RC takes a non-interventionist therapeutic approach towards refugees as it aims to help them to understand their experiences, psychologically register and digest them, so that they can integrate them into their existing life narratives. As for the role of therapeutic workers in this process, we have seen that RC advocates for therapeutic presence and witnessing and sees them as collaborators.

In chapter 4, I have stated that the spiritual dimension lends to RC a finer understanding of refugees' complexities. More specifically, that by conceptualizing refugees as spiritual beings who are consciously or unconsciously searching for the sacred within and/or outside the established religions, it allows us to conceptualize them as people on the spiritual journey and their loss of home and their violations as sacred losses and desecrations which lead to spiritual struggles on all levels of their existence with significant implications for their health and wellbeing. Therefore, that refugees are resourceful on the account of their religious and/or spiritual and other cultural beliefs, and capable of a range of responses to the impacts they suffer, but that their religious and/or spiritual backgrounds can be a source of pathology too and that they can use it in toxic ways to the detriment of self and others. And more importantly, that this conceptualization of refugees allows therapeutic workers to take into consideration their spiritual wellbeing and spiritual development. I have also pointed out that the spiritual care of refugees consists of dialogue and collaboration and that the role of therapeutic workers in it consists of openness to share and learn, willingness to engage in dialogue with refugees, and readiness to work with them in collaboration towards differentiating their beliefs and integrating them into their orienting systems so that then they can translate it into specific methods of coping and resolve their spiritual struggles.

In chapter 5, I have established that the Jungian discourse encompasses previous conceptualizations of refugees and clarifies the meaning of the "whole human psychic being",

which in application to refugees combines their human complexities (C), unique experiences (U), psychic totality (T), and resourcefulness (R) on the account of their psyche which “reflects and knows the whole of existence, and everything works in and through the psyche” (CW 16, par. 203). Additionally, I have said that this discourse encompasses what the other two discourses state about refugees’ loss of home as well as it clarifies that it is a psychic event which affects the person in totality (i.e. on conscious and unconscious levels of their existence), and can lead to psychic disequilibrium. But that the latter is a rather normal and universal response to the out-of-the-ordinary life events which require a different attitude, from the habitual, for adaptation. Furthermore, I have pointed out that this discourse encompasses what other two discourses state in regard to the impacts refugees suffer and the responses they are capable of, while it also clarifies that these are the result of the interplay between the conscious and the unconscious contents and processes, where the unconscious forms the bigger part and has the potential to compensate for the ego and to bring about lasting adaptations. Moreover, while this discourse encompasses the other two discourses about the care refugees need, it also clarifies that the transcendent and religious functions of the psyche are responsible for transformation of suffering and healing from adversity. And, that the role of therapeutic workers is crucial in activating them with the help of their humanity and their knowledge and experience of the psyche.

The synergy of these conceptualizations allows me to point out that refugees as whole psychic human beings (i.e. as CUT-R) abide in human complexities. More specifically, that besides personally acquired contents/variables which account for their personal histories, psychological typology, stage of life, level of conscious development, various resources, their psyche consists of the collective or universal psychic patterns (i.e. instincts and archetypes) which have been inherited and represent typical modes of action (CW 8, par. 264 and par. 297) and

typical modes of apprehension (CW 8, par. 280) which interact with each other, need to be transformed with the help of reflective instinct, and whose meanings need to be discerned. That is, that besides being ruled by the conscious processes, there are unconscious processes taking place and exerting their influence upon the ego with varying impacts, and together determine how they are going to experience self, other and the world, be impacted by their experiences, respond to the impacts, and what they are going to make out of the constellated energies/contents at a given time, both *vis-a-vis* their current situation as well as their future. This further explains why people act in both rational and irrational ways, and why they can get overwhelmed by different energies and lose their psychic balance, and why they need to be contained and helped to sift through these energies and make sense of them. Furthermore, this explains why they need to be held back from identifying with one or another pole of the constellated archetype/s (since the archetypes are bi-valent) and encouraged to view their experiences as a whole (i.e. not identify with a personal or collective energies but hold them in creative tension) and to construct a new meaning of them that combines but transcends both positions. This synergetic conceptualization of refugees also accounts for their natural propensity to religion and spirituality, which they need to become conscious of it and for which they need to find an appropriate channel.

This synergetic conceptualization also allows me to correct some of the existing misconceptions about refugees promoted by the trauma discourse which views them only through the prism of their conscious personality or the ego. And, on the account of this limited view of them disregards their resources and capacity for other responses to adversity besides trauma or post-traumatic-stress disorder (PTSD), and ends up pathologizing their ordinary human suffering and treating it with psychological interventions as opposed to providing space and time for emotionally corrective experience, and assisting them to differentiate between various

complexities, build ego strength, and consequently expand their conscience and develop their personality.

Furthermore, this synergetic conceptualization of refugees allows me to point out to the complexities pertaining to home as an archetypal concept, which combines the tangible and intangible characteristics of home and its many functions. In this way I draw attention to the need for proper discernment of these complexities (i.e. without confusion or reduction of them) which paves the way to a more accurate understanding of each person's unique experience of home (e.g. what it means to have a home, to lose a home, and to look for a new home) since as humans we cannot live without home for a prolonged time. More specifically for understanding of the connection between home and identity and onto-ecological settledness, i.e. that the experience of being at home contains the person in psychic totality and allows for psychic equilibrium and a sense of overall settledness internally and in relations to one's wider environment, and enables the person from that position to cope, adapt and experience a sense of wellbeing, meaning and purpose. But, also for greater understanding of the impacts such as onto-ecological unsettledness, nostalgic disorientation, the risk for developing victim's identity, which are the product of constellated archetypal energies which need to be humanized and integrated into one's consciousness if one is to resolve and transform her/his struggles and thus regain onto-ecological settledness.

Moreover, the synergy of these conceptualizations helps me to point out that the care refugees need is one that considers both their human complexities and the complexities associated with the events they face, focuses on their unique individual experiences of these complex phenomena; upholds their psychic totality, validates their suffering, and empowers them on all levels of their existence through a person – focused -approach, promotes their integrated wellbeing, and facilitates meaning making. All this, unlike in the trauma discourse, where the focus is on the

events, their conscious personality, diagnosing and treating them with one-fits-all approach while focusing on their initial symptoms and reactions and imposing meaning on them. This further explains why the role of therapeutic workers has to shift *from* interacting with refugees as if they are consumers of experts' services, and from the standpoint of a power differential *to* engaging in dialogue with them, being open and ready to accept their own psychic wholeness (i.e. that as helpers they are also vulnerable in the same ways humans are), and that they will be affected and even transformed by the process.

## **6.2 Synergetic Method for Understanding Refugee "Trauma"**

With regards to the method for understanding refugee 'trauma', we have seen in chapter 3 that RC relies on epistemic processing and uses this method to correct common epistemological errors while it advocates that this method is used in all phases of ID process. We have also seen that this method consists of differentiating between events and experience of events, between impacts of experience and responses to an experience, and between initial reactions and lasting effects of adversity. In other words that RC relies on analysis and interpretation (reduction) but does not stop there, i.e. that besides reduction it also employs synthesis to construct a new meaning out of objective and subjective meanings with the help of the unconscious symbol. This is reflected in RC's view of adversity as the product of all phases of ID and as the experience which leaves a *mark* on the person, but that it can also be a *sign* for one's future development. In other words, that RC is informed by the Jung's synthetic or constructive method which combines both reduction and synthesis because it is based on the energetic approach to the psyche and the principle of finality.

In chapter 4, I have established that spiritual assessment (SA) is the method which the spiritual discourse relies on in order to deal with complexities, uniqueness, and totality of people

as spiritual beings. Also, that this method consists of sets of open-ended questions which can be used with various spiritual backgrounds (e.g. those who consider themselves religious and/or spiritual and/or undecided), that these questions are phase specific, and that each phase of SA is the means to the next phase of SA, and allow for eliciting one's spiritual story or sacred narrative. More specifically, that SA examine one's self-definition, present religious and/or spiritual situations, the impacts one suffered the qualities of one's orienting system, characteristics of events, the amount of support, one's resources and history of coping (i.e. if used religious coping). But also, that it concerns itself with how it all comes together, i.e. with the degree to which one's orienting system is differentiated, integrated, benevolent and helpful. In other words, that SA is synthetic or constructive (i.e. combines reductive and constructive approach) in character which honors the energetic processes of the psyche (see work of Hill et al. 2000 and Pargament and Mahoney 2005 related to the process of sanctification and the effects the sacred on one's life). Besides I have stated seen that SA is an important and a necessary tool for therapeutic workers which can be used along epistemic processing in all phases of ID because it can establish how exactly religion and/or spirituality mediate one's experience of events, the impacts one suffers, and how it can be a source of coping, adaption and meaning as well as struggle, pathology and spiritual decline. The latter point brings into focus the importance of spiritual struggles, and it implies that these can be both a *mark* and a *sign* of adversity, like in the case of religious or spiritual transformation through religious forgiveness (Pargament 1997, pgs.260-270). We have also seen that the personality of a therapeutic worker here is crucial for creating the potential space where spiritual dialogue can take place and people can begin to ponder their spiritual journey and create and recreate their spiritual narratives and transform their spiritual suffering.

In chapter 5, we have seen that Jung saw each psychotherapist not only having her/his own method for working with the unconscious but also as being the method her/himself (CW 16, par. 198) where her/his human quality is the highest qualification (ibid, par. 239) since it connected to her/his own work on the unconscious and reflects on the degree of her/his openness to others, capacity for humility, capability to provide therapeutic containment, and assist others to integrate their personality. Also, that Jung saw all products of the unconscious as being of equal importance and with a purpose and advocated for treating them as symbols with infinite expressions and many meanings whose meaning needs to be discerned as opposed to signs whose meaning is always fixed. Furthermore, that Jung used both the reductive and the constructive method (CW 7, pars. 121-140) in his treatment of the unconscious. And, envisioned the role of the psychotherapist in this process as the container for the psychic opposites who mimics the containing function of the psyche as s/he tries to assist the person to construct a new meaning out of the tension of opposites and discern its significance for her/his present situation as well as the future (CW 8, pars.152-157). In other words, Jung saw the psychotherapist as an instrumental in activating the transcendent function of the psyche which facilitates the transition from one psychological attitude to another inter-psychically with the help of the unconscious symbol without the loss of psychic energy, and allows the person to transcend the struggle of various pairs of psychic opposite and enlarge her/his conscious understanding of this struggle which goes beyond its personal significance and present time (CW 8, pars. 131-193). In other words, that it is the psychotherapist by acting as the TF of the psyche helps the person to be hopeful when s/he is not able to. Additionally, that Jung saw the psychotherapist as being instrumental in preparing the way for the activation of the religious function of the psyche and as being instrumental for the containing of the special kind of symbols (i.e. mandalas) which are connected to the “inner healer” or the archetype of wholeness or the Self,

which gets constellated during psychically times and aim at order and unity, and provide a chance for a religious experience (CW 9i, par. 645).

The synergy between these three discourses allows me to point out that the synergetic method for working with refugees as whole psychic human beings is one that combines both the reductive and the synthetic or the constructive approach. More specifically, one that allows for proper differentiation of complexities pertaining to both the events and the refugees' experience of them (i.e. both of impacts and responses) but also which facilitates the meaning making process, and recognizes that one's experience of adversity is the result of all phases of ID, and not only of the initial exposure to events. This is the method which stimulates TF of the psyche through engaging the person to reflect on the objective meaning of events, together with subjective experience of them, and to discover the bigger meaning of contents/energies constellated during a particular time (i.e. beyond their personal significance which can be misleading) and reflect on their function *vis-a-vis* her/his present situation as well as future development. And, through this process expand her/his conscious awareness of them, to represent them, and in that way allow them to be assimilated and eventually integrated into her/his consciousness. As for the importance of this method, I can say that it allows for proper processing or differentiation of the various complexities and strengthens one's conscious position (i.e. prevents the ego from getting overwhelmed by the personal complexes and the shadow contents besides other energies) and paves the way for the give and take between the ego and the unconscious, and for lasting adaptations. Therefore, it facilitates the natural process of the psyche, helps the person to cope and adapt, and even discover new strengths, attitudes and perspectives. In reference to the RF, it allows for activation of the religious impulse and conscious differentiation and transformation of it with the help of the reflective instinct, which can prevent neurotic suffering which occurs when one is

unconscious of it or lacks an appropriate channel for it (CW 10, par 149-150). Or, on the opposite side, on the account of overdeveloped (i.e. another form of undifferentiated) religious impulse, spiritualizes psychological conflicts with the help of religion and/or spirituality rather than get proper help to resolve them. And not only this, but that the activation of the RF of the psyche is instrumental for healing of the split of the irreconcilable pairs of psychic opposites (like in those with the history of early childhood trauma).

Above all, this synergetic method for processing refugee experience represents an energetic approach to the psyche and stands in contrast to the causal or reductive method of the trauma discourse which treats people and events as qualities which can alter each other without any final goal. Jung captures what is at stake here as he writes “what to the causal view is *fact*, to the final view it is *symbol*” (CW 8, par. 45). And it is not only that these methods differ conceptually but the results they produce differ greatly. The synthetic or the constructive allows refugees to make sense of their losses, violations and suffering and paves the way forgiveness, which in general they are in need of. It also allows for reestablishing psychic equilibrium, development of personality, and even finding vocation/meaning and purpose in the aftermath of devastating life events.

### **6.3 Synergetic Techniques for Helping Refugees to Deal with the Impacts of ID**

In chapter 3 we have seen that RC relies on therapeutic workers to provide a therapeutic frame (time, space and relationship) for refugees in order for them to feel contained and validated, and move in the direction of processing their experiences and making sense of them. Besides the therapeutic relationship, we have seen that RC also offers a number of helpful frameworks for each step of epistemic processing in order to help them differentiate between the events they have been exposed to and their experiences of them, the impacts of the experience and the responses to the

impacts, and between initial meaning they make of their reactions and symptoms, and the subsequent meaning of them for one's life/development. We have also seen that this discourse uses narratives as the container for their life stories and works with them in collaboration in order to assist them to integrate their experiences. Besides helping people on an individual level, it also assists them on the group/communal and socio-political level since these are the levels on which they need to be empowered. Furthermore, I can say that RC's techniques are very different from those of the trauma discourse where a working rapport suffices in order to psychologically debrief a person and/or diagnose, treat (through short-term counseling and/or with medication), and follow up on one's progress, with primary focus being on symptom reduction and elimination and skill - building in order to increase one's daily functioning.

In chapter 4, we have seen that in the spiritual discourse the therapeutic relationship is also crucial for assisting people to contain their spiritual struggles, for identifying their spiritual strengths and resources, and for translating their orienting systems into specific methods of religious/spiritual coping towards enabling them to conserve and/or transform their relationship with the sacred through SS. Besides the therapeutic relationship, we have seen that this discourse too offers useful frameworks such as those for religious coping and meaning making in the context of stress to help them along.

In chapter 5 we have seen that to foster lasting psychological adaptations in people who go through out of ordinary life events also takes time, requires space and therapeutic relationship. Furthermore, we have seen that the implementation techniques in this discourse are: analysis and interpretation of transference and countertransference (T/CT); dream analysis; Active Imagination (used to produce the unconscious when it is not available); amplification used with archetypal images which consists of working with myths, fairy tales and other useful parallels from different

sources to enlarge their meaning; various forms of creative expression (drawing, painting, sculpting, etc.) to symbolically represent physical symptoms, affects/moods, fantasies, visions; and working with synchronistic events to bring together the inner and outer events.

The synergy between these discourses allows me to point out that in order to care for refugees as whole psychic human beings, we need techniques that will allow us to attend to both conscious and unconscious contents and processes, and in case one is missing (which is often the unconscious) to look for its presence or stimulate it in order to constellate the whole psyche. It also allows to say that if any therapeutic work is to take place, there has to exist a therapeutic frame.

This synergy allows me to clarify that one of the techniques for working with the conscious contents and processes is to sift through objective facts of one's experience presented both verbally or non-verbally and one's subjective reactions and observations and to ask questions based on one's curiosity and intuition. Another of these techniques is to process one's experience with the help of various frameworks (from RC) which allow for differentiation of complexities related to the experience of home, the impacts one suffers, the responses they are aware of, and the initial and subsequent meanings. As for working with the unconscious, analysis and interpretation of the transference/countertransference (T/CT) dynamics (i.e projection and various defenses), is one of the ways in which therapeutic workers can assist refugees to build their ego strength and try to prepare the way for ego to regress in the service of the Self. Besides the unconscious being present in the T/CT, dreams are another source of the unconscious material and dream analysis is another useful technique which allows for the symbolic treatment of the unconscious through interpretation of the dream images by relating on the objective and subjective levels as well as for their amplification of those images/figures that do not deal with one's personal background. The unconscious is also present in one's bodily ills/physical symptoms (which could be the reflection

of undigested affects), in affects and moods (related to personal complexes/archetypal energies), in the voices one hears (known and unknown), or in visions one sees, or in fantasies one succumbs to. These products of the unconscious are an important source of information especially in refugees who could be frozen, unable or unwilling to speak in the aftermath of devastating events or because of their unique psychological typology differs from the therapeutic workers (which suggest the need of adapting one's therapeutic technique to one's individual needs). Another very helpful implementation technique is active imagination. As I have pointed out in chapter 5, it is used to produce the unconscious when it is not available, and it is important because it allows the person to engage with a symptom, affect/mood, voice, vision or a fragment of fantasy, both in the sense of trying to gain more information about it as well as in the sense of symbolically representing it before being able to consciously scrutinize its meaning and understand its significance.

The synergy between these discourses reminds us that the conscious and the unconscious need to be brought together and the tension of psychic opposites needs to be transcended so that the person can avoid identifying with one or the other side of the psyche, and in that way get swayed by her/his personal complexes and shadow elements, or fall under the spell of the collective energies, and forego the chance for her/his wholeness. And, that for the integration of personality we can use frameworks like constructed (prolonged) response to adversity offered by RC or the frameworks for religious coping and meaning making, or systematic exploration of the symbols of the collective unconscious.

And last but not least, this synergy makes it clear that the healing according to this synergetic approach is seen in a broader sense, as a spectrum of experiences, which stretches from confession of one's difficulties, through catharsis and elucidation of conflict, to developing trust in the laws of one's own being and finding one's vocation. And, that it is not in the hands of the

psychotherapist or the patient alone but depends on their collaboration/bond to constellate the archetype of wholeness or the Self or the inner healer (CW 16, par. 358). This also reminds us that the role of psychotherapist in this process is one of the wounded-healer, who is surrounded by ambiguity (MDR, pg. 134) and as such stands in contrast to the medical doctor who has all the knowledge, evidence-based methods and expertise to diagnose and treat the sick/infected patient, and can take credit for healing when it succeeds unlike the therapist. Furthermore, that the role of the patient is also different: s/he is not only sick and without the knowledge and skills for how to help her/himself, but is a resourceful person with a potential for healing, but who needs to humble her/himself in the encounters with the unconscious and with the psychotherapist, and sacrifice her/his need for control and take an active role in this process.

#### **6.4 Concluding Remarks**

From the above exposition I conclude that these three disciplines intersect on all three epistemological levels.

On the level of conceptualization, they agree that:

- 1) refugees are complex, unique, need to be seen in totality, and are resourceful;
- 2) with the loss of home, one's OES is reshuffled and produces various impacts including spiritual struggles; and
- 3) the care refugees require needs to consist of the following four elements: welcoming all of their experiences, protecting their dignity through validation of their suffering, promoting their development, and integrating them into communities.

On the level of methodology, the following three frameworks complement each other and can run on parallel tracks and combine both reductive and synthetic or constructive approaches:

- 1) Epistemic Processing;
- 2) Spiritual Assessment; and
- 3) The exploration of the Unconscious.

On the level of implementation, they agree on the importance of the:

- 1) Therapeutic Frame (time, space and the relationship)
- 2) Human quality as the highest qualification of the therapeutic worker (which combine openness, humility, empathy and love);
- 3) Synthetic or constructive treatment of the unconscious
- 4) Identification, Activation, Actualization of strengths and resources towards the unification of personality or Integral Human Development
- 5) Personal Narrative, Story or Myth as the container for one's psychic totality
- 6) Integration of refugees into communities.

The synergy between these disciplines also corrects the misconception about refugees as dangerous, damaged and a burden, and restores to being the members of the human race and people who have something to contribute. It also points out that while they lost their home in the broader sense and with it their OES, they do not lose their psychic/spiritual home and identity, and the assistance they need is temporary and entails reminding them that as humans they have strengths and resources, and they need to activate and actualize them. And, that just like the rest of us, they need to be empowered and given opportunities, so that in time they can heal. It is in these ways that synergy benefits therapeutic workers because they too as human beings have strengths and

vulnerabilities and need to be empowered to hold onto their own psychic wholeness and keep up the hope in their work. It is in these ways too that the society benefits since this approach prepares refugees to transition into communities as resourceful and contributing members. Furthermore, this model attests that the effects generated through the synergy of these three disciplines is greater than the effects of each of them on their own.

## CHAPTER 7: Conclusion and Recommendations for Further Research

*“When a stranger resides with you in your land, you shall not do him wrong. The stranger who resides with you shall be to you as the citizen among you; you shall love the stranger as yourself, for you were strangers in the land of Egypt”.*  
(Leviticus 19:33-34)

### 7.1 What I have Established in this Research

My quest in this research has been to find out: who refugees are as human beings and what are the misconceptions about them; how the loss of home and other events of involuntary dislocation (ID) impact them; how refugees can be empowered to find hope and healing; and what kind of therapeutic approaches benefit them, therapeutic workers and the community at large. In this process I have established the following:

1. The legal definition of the term refugee, which can be found in the Refugee Convention (1951) and its Protocol (1967) is outdated, and as such lends itself to interpretations by the governments who have adopted it. This in consequence leads to the labelling of refugees, politicizing of the refugee label, and transformation of this label into policies and procedures that serve government interests rather than those of refugees. And, that is the case because the signatories (149 states) of the Refugee Convention and its Protocol did not heed the opportunities that they had to revise it and update it in accordance with the events in the world post WW II which were marked by the influx of refugees from all corners of the globe. More specifically, that the legal discourse fails to see refugees as resourceful human beings who have lost their home, and are in need of healing from the devastating impacts of ID. Also, that it fails to acknowledge that the path to healing for them is through assisting them to re-establish their settledness in the world through security, safety and a sense of belonging that home and community provide. Furthermore, it fails to understand that refugees have skills and talents and need opportunities to use them so

that once again they can provide for themselves and their families, contribute to their communities and to the society at large.

2. The trauma discourse has been and continues to be the dominant discourse on refugees from all corners of the world despite its western origin and applicability. It conceptualizes refugees as traumatized and in need of psychological debriefing and psychological interventions on the account of their exposure to war and various forms of violence because it considers them traumatic as opposed to their potential to traumatize some. It paints a picture of refugees as passive victims, who are in need of outside help, as damaged people, and a likely burden for the host countries. The evidence I gathered also shows that discourse did not heed the recommendations from those professionals who have tirelessly advocated for consideration of people's backgrounds and resources; for the expansion of focus from most vulnerable individuals to whole communities; and for integrated programming for well-being. Instead, that the trauma discourse continues to treat refugees by disregarding their culture, their collective ways of life and their communal resources, by focusing only on their psychological well-being at the expense of their overall well-being. Moreover, that it ignores the findings from psychological research into more positive aspects of personality, resilience and post traumatic growth (PTG). Therefore, it does not offer hope and foster healing for refugees, but instead, medicalizes, psychologizes and pathologizes human suffering, and imposes western technical language and treatment approaches on people who are not familiar with them, while undermining their own indigenous methods for healing.

3. Refugee Care, as an alternative psychosocial discourse to the trauma discourse, which emerged in the mid-1990s at the time of complex emergencies (Duffield 1994), demonstrates that it has considered the tensions in the psychosocial models of care of that time and has accounted for them by focusing on the unique experiences as opposed to generalizing the

impacts, by privileging a simple language as opposed to the psychological/medical/technical one, and by focusing on both individuals and groups/communities as opposed to targeting only vulnerable populations. Furthermore, on the basis of insights from other disciplines (social and cultural psychiatry, anthropology and ethnography and various branches of psychology), that RC conceptualizes refugees in a more positive but realistic way: as people with strengths and resources, as resilient and capable of new growth activated by adversity. And, while seeing them in this light not losing sight of their human vulnerabilities and the possibility that they can develop PTSD and other psychiatric disorders during the ID ordeal. Additionally, that while it acknowledges that they have multiple and multifaceted needs and require assistance, that the assistance they need is different kind from the one offered to them. More specifically, that RC unlike the trauma discourse, aims at synergic therapeutic complexity which consists of providing the therapeutic frame for their process and inviting them to participate in their care so that they can remember who they are in totality as human beings, their strengths and resources, and that they need to activate and actualize them. It also advocates for integration of their experiences through narratives at individual, group and community levels. In these ways, RC keeps hope alive and fosters healing in refugees. Above all, unlike the trauma discourse RC conceptualizes refugee trauma as a product of all phases of ID and as both a mark and a sign of adversity. In this way, it helps them to realize that what happened to them initially does not have to determine the rest of their lives.

4. I have thoroughly explained the spiritual dimension which has been only implicit in RC. More specifically, I have enriched RC with a number of helpful frameworks which will enable its therapeutic workers to dialogue with refugees about this side of themselves without fear that they have to believe what refugees believe or that refugees will psychologically decompensate

if they are asked about this side of themselves. I have introduced Pargament's (1997) definitions of religion and spirituality, which are considered in the field of psychology of religion, as the most appropriate since they cater for the "prototype" structure of these phenomena by not polarizing them and causing harm to their common core, which is the sacred (Oman and Thoresen (2007)). I have also enriched RC with Pargament's (2007) framework for spiritual assessment (SA) and in detail explained the "what", the "how" and the "way" and its otherwise importance (e.g. tacit dimension of SA which is always present and the phenomenon of the spiritual bypass). Besides these two frameworks, I have enriched RC with Pargament's (1997) framework for religious coping and related framework by the fellow psychologists Park and Folman's (1997) framework for meaning making in the context of stress and coping. As part of his framework for religious coping, Pargament (1997) also offers his definition of coping, eight assumptions about coping (including the conditions under which religion and/or spirituality and coping converge and when they diverge), and a framework for assessment of the religious coping styles (3) and research data about their effectiveness. Therefore, by introducing Pargament's definitions of religion and spirituality, his framework for SA and his framework for religious coping, I have enriched RC with a complete epistemology for religious coping and suggested to be used alongside its own epistemology because of its potential to help RC to move *from* spiritual dialogue with refugees *to* translating their orienting systems into specific methods of coping in order to resolve their spiritual struggles and make sense of their experiences. Beside these, I have enriched refugee care with comprehensive understanding of the terms of spiritual development, spiritual decline, and spiritual well-being. And, emphasized my key finding: that the inclusion of the spiritual lies in the hands of therapeutic workers since the research into the general neglect of this important and integral dimension of human existence in the study of refugees, was also partly due to its rejection by the

therapeutic workers (as per research of Feifel, 1958; Worthington Jr., 1988; and Shafranske and Mahoney, 1990).

5. I have also made explicit Jungian perspectives in RC, which were only implicit by discussing Jung's ideas about the psyche such as its contents and processes (i.e. structure of the psyche) in order to show how refugees are complex, unique, need to be seen in totality, and resourceful (e.g. CUT-R). In other words, that Jung's concept of the whole psychic human being encompasses the conceptualizations of the other two discourses make of refugees. I have also discussed the interactions between the ego and the unconscious and their impacts (i.e. dynamics of the psyche) in order to highlight the importance of differentiating between the impacts, and to show that this discourse validates the other two discourses in doing so as well as clarifies why it is necessary to differentiate these complexities. Additionally, I have discussed the nature of the psyche, its energetic processes in order to highlight in what ways the psyche is the resources and to show that it aids people to cope, adapt and even transcend the worse of adversity and why we need to help refugees to differentiate between the responses to the impacts of their impacts. In other words, to show that this discourse validates the other two discourse in this matter. Furthermore, I discussed Jung's ideas about the religious function of the psyche and his other ideas about religion and the post Jungian perspectives, in order to support the inclusion of the spiritual into RC and its importance for RC since refugees (like the rest of us) have a natural propensity for religion and spirituality, and need a channel for their religious impulse and can suffer on the account of its repression or lack of consciously differentiating as well as enjoy health and well-being. Moreover, I discussed Jung's synthetic or constructive method for working with one's psychic totality and showed how it is implicit in RC's epistemic process and in SA. And last but not least, I have identified and briefly discussed Jung's implementation techniques and showed

how they can be useful to RC and goes over and above those techniques that RC and the spiritual discourse provide.

6. Additionally, I have demonstrated the synergy between Refugee Care, Spiritual and Jungian discourse and discussed what it looks like on all three epistemological levels, and can state as a result of that:

- (a) the defining feature of refugees is their loss of home and not trauma;
- (b) refugees as whole human psychic beings are: complex, unique, need to be seen in totality and resourceful (CUT-R) and not dangerous, damaged and a burden, helpless and dependent victims as much as victims of circumstances;
- (c) while they become onto-ecological unsettled as a result of their loss of home and suffer various impacts on all levels of their existence, they are also capable of other responses to the impacts of their experience such as resilience and even of developing new strengths and finding new resources;
- (d) refugee trauma is not pathological, but a normal response to the out of the ordinary life events;
- (e) refugees need care which allows for the proper understanding of their human complexities as well as the complexities related to the phenomena they deal with and approaches them in a humane way and allows them to make sense of their experience, and does not pathologize, psychologize and medicalize their suffering and imposes meaning on them;
- (f) role of therapeutic workers is to provide a therapeutic frame, to witness their struggles, to dialogue with them and work in collaboration towards creating

integrated narratives of their lives as opposed to fostering interactions with them as if they are consumers of expert's services and with a power differential; and

- e) refugees can find home and healing through the synergetic approach which keeps in focus welcoming all their experiences, protecting their human dignity, promoting their integral human development and helping them to ingrate into communities, and in that find their home and a sense of belonging.

## **7.2 Limitations of this Study and Recommendations for Further Research**

This research is by no means a manual for therapeutic workers or a definitive and comprehensive account on this ever-developing subject. It represents my efforts to learn about who refugees are in legal terms and what processes they go through to gain access to this label and the protection attached to it. As a long-term professional healer (first as a nurse, then as pastoral counselor and a Jungian psychotherapist/analyst) interested in the wholistic approach to healing, I have been intrigued by how the trauma discourse became applied to refugees and with what effects, so I examined the trauma discourse and discovered that it does not account for all the complexities that surround them besides fostering some misconceptions about them. Additionally, that while I tried to see the trauma discourse in totality, it may seem that my focus was more how it does not work in its application to refugees. In that process, also, while I was reviewing other psychosocial models of care for refugees, I included those that feature in RC, but left some out, e.g. Berry's (1992) acculturation model. When it comes to the spiritual dimension, I went with Pargament's definitions, his frameworks for spiritual assessment and for religious coping, because I have found them to be comprehensive and in line with my previous training in Pastoral Counseling at Loyola University of Baltimore (a Catholic/Jesuit University) where I have been taught by professors

who came from different religious backgrounds (some of them were even ordained priests or ministers) but in the ecumenical spirit. It is no secret, that K. I. Pargament is native of Baltimore and that he collaborated extensively with some of my professors but that this happened after I graduated (which is also the time when I discovered his work). The same goes for Jungian and post Jungian perspectives, I have not by any means made an exhaustive study of these, but have striven to connect my training in Analytic Psychology at the Jungian Institute in Kusnacht (Zurich, Switzerland), which I completed my training a year before I started this research, to the other two discourses in order to explain who refugees are as whole human psychic beings, the importance of synthetic constructive method, and Jung's implementation techniques, but in that process failed to dwell deeper on how some of the post Jungians I have mentioned work with the sacred in psychotherapy, and have completely overlooked the neo-Jungians. When it comes to RC itself, I am aware that Papadopoulos (2020) has written about moral injury and recommended that it is studied in relationship to refugees since it is an inseparable part of the totality of the turmoil of involuntary dislocation, but I have not dealt with this dimension in relation to the spiritual dimension. Lastly, since I recognize that there is no value-free therapeutic work in general and with refugees in particular, I have taken upon myself to state some of my own biases. Besides what I said about my religious affiliation and my spirituality (connected both to my Catholic religious background and my appreciation for the Jungian way of life), I also believe in the dignity of every human being, the sanctity of life, and integral human development. These stated limitations of this study can serve also as recommendations for further research. Finally, I recommend that we all examine the biases we bring, since when they are conscious, they interfere less and can be helpful to those we work with.

### **7.3 What does Pope Francis' Speech to Congress and His Encyclical Letter "Fratelli Tutti" say about Refugees that can Enlighten Us**

The timing of Pope Francis' (2015) speech to Congress, to the representatives of the people of the U.S.A. was not accidental. It took place at the time of Donald Trump's presidential campaign during which he was targeting migrants from South America and rallying for the wall on the US/Mexico border. It was also a time when refugees were coming into Europe in large numbers. The Pope in his speech was urging Congress to defend and preserve human dignity, stimulate growth, to satisfy the needs especially of those at risk (among which he included refugees), and to adjust their legislative activities in order to care for the people and the common good. He took this opportunity to directly address the refugee crisis and to advocate that the response to them needs to be one of hope and healing, peace and justice. More specifically, he invited Congress to consider refugees as people and not as numbers, to look at their faces and hear their stories, to treat them in a humane, just, and fraternal ways. In order to demonstrate how this could be done, he referred to the universal Golden Rule: "Do unto others as you would have them do unto you" (Mt 7:12).

To make sure that this message does not fall on deaf ears, the Pope broke it down into appealing sentences such as:

...let us treat others with the same passion and compassion with which we want to be treated; let us seek for others the same possibilities which we seek for ourselves; let us help others grow, as we would like to be helped ourselves; if we want security, let us give security; if we want life, let us give life; if we want opportunities, let us give opportunities (pg. 3).

With these simple but powerful statements the Pope demonstrated in an effective manner, that he understands the challenges refugees face and what their needs are, as well as what the remedies can be, and appealed to the rich and wealthy nation precisely because they can do more to ease suffering, humanize refugees, to instill hope, and thus open the pathway for their healing.

In His encyclical letter “Fratelli Tutti” or “On Fraternity and Social Friendship”, Pope Francis (2020) developed further his message from the speech to Congress. In the first chapter of his encyclical, he writes about the “dark clouds over a closed world” to remind us of the discouraging situation and events on a global scale (insufficient human rights, conflicts and fears, globalization, pandemics, the absence of human dignity on the borders, various forms of subjection and self-contempt), and draw our attention to the need for hope. He highlighted that hope speaks to us as:

...a thirst, an aspiration, a longing for life of fulfilment, a desire to achieve great things, things that fill our heart and lift our spirit to lofty realities like truth, goodness and beauty, justice and love (pg. 14).

In this reference he established that we are spiritual beings, and that we cannot live without hope, confirming that we need to take this aspect of human life seriously, and work on restoring hope. To bolster our understanding of what is at stake, this time he told a story of the Good Samaritan. This story is the parable Jesus told to a lawyer in order to explain the meaning of the commandment of “love your neighbour as yourself” and who is his “neighbour”. It is known as “A Stranger on the Road” and can be found in (Lk 10: 25-37). It is about a local and ordinary man who was traveling on the road when thieves attacked him, robbed him and wounded him. While his own kind of people saw him, they did not stop to help him. It was a foreigner who stopped, showed compassion, and helped him by carrying him on his animal’s back, even paying the innkeeper to care for him.

In this encyclical the Pope advocates for fraternity and social friendship, and therefore he uses this parable to remind us to move beyond our personal interests and to remember our human origin or our bond with humanity; to go beyond narrow classifications of people such as one of our own as opposed to a foreigner, and to love and show solidarity to our neighbors whoever they

are, since when they hurt, we hurt too; when we turn a blind eye on those in need, it does not help them nor us to grow and live fulfilled lives. With these thoughts he urges us not to identify with the robbers and the passers-by. He explains that at the heart of social friendship and universal fraternity is the acknowledgment of the worth of every human person, always and everywhere (pg. 27). Once again, he puts emphasis on human dignity and sanctity of life, independent of our individual and personal backgrounds. Therefore, he invites us to love and show solidarity towards our fellow humans by: welcoming them, by protecting their dignity, by promoting their overall development, and by helping them to become part of our communities. With regards to welcoming refugees, the Pope writes about tangible ways in which the countries can welcome them such as: opening human corridors, providing stable and dignified housing, access to basic services, adequate consular services, education, including freedom for religious expression. He even lists the reasons for welcoming them such as because they are a blessing and a source of enrichment that encourages the society to grow, as well as provide opportunities for fruitful exchanges. With regards to protecting their dignity, the Pope reminds us that we are created in the image and likeness of God, and as God's creation we are worthy of respect and care, very much as the man who was travelling on the road from Jerusalem to Jericho when he was attacked, robbed, and wounded. As for promoting one's integral development, the Pope reiterates that besides responsible freedom and respect for the truth, we as human beings need assistance to develop spiritually so that we can continue the relationship with our creator since only then we can find meaning and purpose in life. According to the Catholic Church teachings, integral human development pertains to the development of the good in every human being; it includes the whole human person, and entails assisting people to search for their divine calling, since it is the highest goal of one's personal development. As for how we can help refugees integrate into communities,

in line with the social doctrine of the Catholic Church, the Pope writes about creating a better kind of politics, about social and political charity, and about social dialogue in this “new culture” or globalized world. With these four ways, he demonstrates how to go about healing. He emphasizes that religion can be at the service of fraternity and social friendship, but also can be a source of religious violence, hence justifying why the parable of the Good Samaritan is a more suitable way of speaking of what is at stake with regards to refugees, and an easier way to explain that by caring for a stranger in our midst, we are caring for ourselves.

#### **7.4 Clarifications that the Pope’s Speech and His Encyclical Letter offer to RC as a Multidisciplinary Model**

The Pope’s speech to Congress and his Encyclical have served as inspiration and driving force behind this research. His four principles of: welcome, protect, promote and integrate have guided me as I was scrutinizing the discourses on refugees identified in this thesis. The Pope touched me deeply not only as a person of faith, but his message resonated with me also because it pertains to universal values and is communicated in a language that does not offend or exclude anybody. If anyone objects to the Pope’s writings and teachings as presented in this conclusion, one can surely find similar words of solidarity with humanity in the works of Bishop Desmond Tutu, Mahatma Gandhi or the Dalai Lama as voices of wisdom.

Both Pope Francis’ speech to Congress and his Encyclical touch directly and indirectly on each discourse on refugees that I have discussed in this thesis. While I see his speech to Congress as an attempt to remedy the problems of both the legal and the trauma discourse, I see the Encyclical “Fratelli Tutti” as the driving force for the care refugees need. It is clear to me that the Pope is reinforcing RC in its task to welcome them and all their complexities, to validate their suffering, to protect their dignity, to promote their development, and to help them integrate in the

communities. As the Pope said it, only when human dignity is respected, creativity thrives and furthers the common good. Belonging to one human family is not a utopia. It is isolation and withdrawal that never restore hope and bring no renewal. The covid-19 pandemic showed us that we are all in the same boat.

The Pope keeps in focus that refugees are spiritual beings who are searching for the sacred in their lives (to reconnect with their creator), and that they have the capacity to discover it, and to meaningfully engage with it (fulfil their divine vocation), and with these observations supports the inclusion of the spiritual dimension in the care for refugees and Pargament's definitions of religion and spirituality. On the other hand, he reminds us of the need to raise up to our responsibility to respect, care, love and assist them on this journey. More specifically, he reminds us to engage and help refugees to cope, adapt and find meaning in their lives because they are entitled to participate in the life of society, to become agents of their own redemption, and to play a role in the future of our world. All this on the account that the spiritual stature of a person's life is measured by love echoed in "I was a stranger and you welcomed me" (Mt 25:35), which highlights the experience of others as if they are "our flesh" (Is 58:7). It is a call to love, for love transcends all prejudices and cultural barriers. This is the path of hope and the seeds of goodness that are within our human family.

With regards to the Jungian discourse, while the Pope as the bishop of Rome and the visible head of the worldwide Catholic Church is coming from a different place than Jung who is a psychiatrist and psychotherapist, they are both interested in our humanity. Also, while the Pope is starting from the collective standpoint, the church, Jung, on the other hand is interested in the individual experiences and development, they are both in their own ways addressing us all as whole human psychic beings and remind us not to identify with only one side of ourselves (personal

identity and interests), but are urging us to connect with our human brothers and sisters through this collective bond (collective identity) and transcend ourselves through that bond (just like Jung describes the transcendent function of the psyche which enables transition from one psychological attitude to another), in order to have a broader perspective on suffering in the world, which is our suffering too. In other words that no matter whether one starts from the collective standpoint or individual, it ultimately boils down to aligning ourselves with something bigger than ourselves which is the source hope and of healing in the world and move us to act in the service of the common good. Like the parable says, we have the potential to be all the characters in it: the robbers, the passers-by, the wounded man, and the helpers (i.e. the Good Samaritan and the innkeeper) if we bother to align ourselves with these energies and work towards transformation of our ego-consciousness. We too need to heed the call to search for our own vocation and take up the challenge and endure the suffering in the service of something greater than ourselves. We cannot be indifferent to suffering, we cannot allow anyone to be an outcast. The moment of truth is to heal the wounds of others; this is today's challenge. We need to take initiative and lift up the fallen. The method to reach out is like that of the Good Samaritan who attended to the wounds, every injury one by one. This is the work at the local level, case by case, expanding and reaching further. Finally, the Pope's Speech and His Encyclical Letter reinforce the synergy that exists between RC and the spiritual and Jungian discourse, particularly to what they say about hope and healing.

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