

Society and Collective trauma: supporting refugee workers through Psychodrama and Sociodrama

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Abstract

We are never prepared, socially or scientifically, to deal with the horror or the trauma of war. The reverberations are so great that it requires social scientists who are highly adept at healing the wounds that cannot do so on their own. Psychodrama and Sociodrama, as therapeutic tools for individual and collective trauma, have contributed internationally to a wide range of clinical applications and scientific interventions. This chapter presents how the two methodologies contributed to helping the host society, Greece, develop a maturity and adjust to the role of the refugee by supporting the refugee workers in their difficult task.

By the refugee workers recognizing their own assimilated trauma, it helped them to develop a deeper understanding and nurturing of the refugees' trauma. This happens through trauma being experienced as a collective force which can blindly and silently exist, coexist, be concealed and muted, or it can emerge between two different populations in complementary social roles. In this case it refers to the refugees, who are newly traumatized from the war in Syria, and the support workers, who carry the old traumas from previous wars.

The aim of this chapter is to highlight good practice in the use of two major methodologies, Psychodrama and Sociodrama, at the start of the refugee crisis in Greece in 2016, at a time when a newer collective trauma came face-to-face with an older one. This was a meeting between two peoples, that of the Syrian refugees with their fresh collective trauma of the war and that of the Greeks with their older trauma of a refugee crisis. To this the latest global trauma -the Covid-19 pandemic- appeared at the beginning of 2020, to enshroud the previous two.

With the tool of “surplus reality” and “the protagonist’s warm up” introduced by Dr. J.L. Moreno, we have succeeded in accessing trauma and experiencing it through the past, present, and future time, which has developed into both a nurturing framework and a process. By utilizing time in all its dimensions: real time - here and now; psychological time -there and then, and all imaginary future time, the refugee workers were able to approach the historical traumas on the international stage. The chapter-with sensitivity and above all, humanity -deals with an issue that is both global and highly personal– that of trauma. As a living organism, society metabolizes trauma,

which has the power to spring from the past, haunt the present, and block the future in people's lives. It conveys testimonies of individual and collective trauma, its sharing and relief.

Obviously, in the history of humankind, trauma does not stop, and the appearance of the pandemic complicated the way the workers' groups operated, instead of these relationships offering relief and consolation, they became "dangerous and threatening". As Taylor (2020) points out, the pandemic caused the "destruction of intimacy" relationships, which are the foundation of survival, belonging, and safety became dangerous for those closest to us. Whether or not the Coronavirus pandemic becomes part of the collective consciousness, or it becomes another hidden ground trauma, will depend on the conditions being right in which to process that trauma (Taylor, 2020). In this chapter, I attempt to show that through support interventions to aid workers, the refugees themselves received relief, and their integration into Greek society was eased. In the philosophy of intervention, I saw the parallel process of the collective traumas of the two populations in complementary social roles between them. This past year, due to social isolation imposed by the health crisis, the groups operated online. All attempts were made to be as spontaneous as possible, because as J.L Moreno said "every type of machine can become a stimulus to spontaneity instead of a substitute for it" (in Moreno, 1987, p. 347).

Forms of trauma

The etymology of the word trauma is from the ancient Greek for 'wound' to refer to a serious physical injury to the body resulting from an accident or some form of violence; it is damage, a hurt, a defeat (Konstantinides, 1993). It is also used to define an emotional wound resulting in psychological injury or mental trauma¹. Any cause that can pose a threat to a person's mental integrity and healthy functioning is called a trauma. Any catastrophic events including wars, natural disasters, accidents, but also situations that can stress, hurt, or fragment the psyche of the individual create trauma (Carey, 2006). According to Shamai (2016), national or collective trauma is a process

¹ <https://www.merriam-webster.com>

which causes a psychological reaction to a mass traumatic incident, shared by an entire group of people, whose impact has long-lasting damage on their physical and mental health as individuals or as a group(s). Events which fall into this category can be human-made or natural disasters. The emotional and psychological wounds become the basis of the group's identity, belief system, and narrative structure, which usually stretches across generations. Even when the members are dealing well with the physical and/or psychological damage caused by the traumatic event, it seems to remain in the group narrative. As it is a process which is socially constructed, it affects not only the individual's/group's past identity but also the future identity.

For a better understanding of how collective trauma develops, Kellermann's (2007) interesting categorization confirms, to some extent, the intervention with the support workers in relation to trauma and its experiential phases they underwent; it is also similar to the process individuals who are mourning or dealing with a crisis go through. The collective trauma of a specific event goes through six distinct phases: (1) Shock phase - start of the event; (2) Reactive phase –directly after the event; (3) Coping phase - some weeks after the event; (4) Long-term effects- many months/years after the event; (5) Transgenerational transmission of trauma - generations after the event; and (6) Universal influence of trauma on the history of humankind - centuries after the event. In accordance with this categorization, chronologically the refugees were experiencing the 3rd and 4th phases of trauma, while some workers, who were mainly interpreters and compatriots of the refugees, having themselves come to the country recently, were experiencing the 4th phase, whereas most workers in the support and supervision groups, were in the 5th and 6th phases. In the workers' testimonies, their observations of the refugees agreed with Kellermann's theory regarding the 3rd phase. More specifically, in this phase, some are 'coping' whereas others are 'breaking' – this occurs weeks or months following the traumatic situation, and tends to continue for many years with unpredictable results. Each community has a social structure which can take only a certain amount of stress, and reactions such as a delayed response, can add pressure to the group. It is in this phase that the community undergoes much contemplation and self-examination in an attempt to adequately deal with the event, and it is here that "how far" it can go or "how much" it can bear before it falls apart is tested. There are some communities that manage to resolve their loss and are able to adapt to a new reality, however, there

are those who stay stuck in a state of disorder and confusion incapable of adequately incorporating their distressing experiences into their lives. How a community processes the event can be one of two ways: to move on, which involves attempting to forget in order to avoid having to deal with the painful short- and long-term ramifications of the event; or to stay stuck in the event by denying that it ever happened (Kellermann, 2007).

In the 4th phase, the individual and/or the society experiences a return of the long-term consequences of the traumatic event, which can occur either gradually or abruptly. What happened to the interpreters was that the stored memories suddenly reappeared with great force. This is often caused by a new trauma reawakening the memory of an older one that has not been adequately resolved.

In the 5th phase of collective trauma, we come up against the support workers who are themselves the descendants of refugee-survivors, experiencing the transgenerational transmission of trauma. Hatred and feelings of revenge for the injustice done to their forebears are transmitted through literature, myths, traditional songs, the church and religion (Klain 1998 in Kellermann, 2007). The effects of this secondary collective trauma are different to that of primary trauma, as it is not the tragedy itself that plays the crucial role but rather the socialization process where the descendent has consciously or unconsciously absorbed the content of the traumatic event over a long period of time or over generations (Kellermann 2001b). In some sessions, the primary trauma of the Syrian refugees had a strong impact on the secondary trauma of the Greek workers. The latter were highly emotionally charged constantly referring to the difficulties faced by the refugees. When their unconscious identification became clear, they explained it as follows: it was as if they were crying the tears of the refugees, because now they could.

Supervision and Support Framework for Refugee Workers

The implementation of Psychodrama and Sociodrama as particular interventions presented here, is for me a conscious choice for a number of reasons, but the main one is based on the fact that I identify wholly with Moreno's 'Society' - which deals

with the ontological question of the social pathology of the masses. Indeed, what could be more *en masse* and traumatic for a host society, such as Greece, than that over a period of six years there has been a continuous influx of refugees from Asia, coming into a Europe which has closed its borders. The sheer mass of the phenomenon and the intensity of the refugee flows has created an intolerable situation - at a practical and psychological level - both for the refugees and for the Greeks. In 1953, Moreno invented the term “societry” as a way of treating people in a sick society (Moreno 1953, p. 379). “Sociatrists” use methods, such as socio-analysis, group psychotherapy, and in particular Sociodrama and Psychodrama to cure society, which Moreno considered to be a living organism (Kellermann, 2007). These terms, based on an organic model of society have been replaced by concepts like social “disintegration”. However, the vital questions which arise are: What criteria constitute a sick society? How do we start to heal it?

It has been suggested that the answer lies in a general theory of “socio-pathology”, based on the harmful consequences of collective trauma on society at large. Sociopathology develops in individuals, who have experienced a traumatic event, forming a collective identity with a “repressed unconscious shadow” based on their past history. It is this “shadow” which haunts the members of the society for generations, and this is where Sociodrama, as a psychosocial approach can play an important role in treatment (Kellermann, 2007).

My need for action identified fully with Moreno’s philosophy. Working with refugee support staff, I understood this framework as a social intervention of societric care provision for the host community. Social interventions and their specific areas of application are acceptable as support mechanisms in places where people live in Peace, but also in War, or where people carry war inside them while trying to survive.

In June 2016, I was asked by three NGOs: ARSIS, Médecins du Monde, and Terres des Hommes, to supervise and support refugee workers in the field. As a rule, NGOs have much greater flexibility and freedom, and implement more open support interventions than the more conservative policies of state bodies in general. The three NGOs I cooperated with, all have a profile and history in working with minority groups with a focus on the protection of children and their rights. They used funds to create support Structures and provide refugee services for both minors and adults.

Therefore, from June 2016 until 2021, I have been working as an external collaborator - as a supervisor of refugee workers' groups. Over 400 workers took part in the supervision and support groups, of various specializations: psychologists, social anthropologists, interpreters, carers, coordinators, drivers, technicians, consultants, administrators, teachers, nurses, lawyers, social workers, doctors, and psychiatrists. With ARSIS, which is based in Thessaloniki, I have had the longest collaboration since 1997, in implementing Psychodrama and Sociodrama.

The request this time for supervision and support came from the workers themselves. In this context, groups were set up, which initially operated diagnostically, discovering and recognizing the needs of the workers. Quickly I realized that most of the workers had almost no previous work experience in the context of a refugee crisis, neither did they manage to get a similar training so as to cope with the intense flow of refugees. The core groups were then created very organically through the workers' needs and testimonies. These groups functioned as micro-communities, mirroring the microcosm of a living cell of Greek society. Its hidden wounds appeared where, in collaboration with the fresh wounds of the refugees, they would form a challenge for nurturing, healing, and inclusion, in other words, for "society". With a social intervention of a global nature as is sociodrama, the group participants were made stronger through their recognition of the elements of the older collective trauma, and were as such, empowered in their professional role as support workers. They were able to treat the refugees with the appropriate sensitivity as the wounded individuals of this latest war, caring for them in an effective way.

The situation in relation to the refugee crisis

The refugee crisis in Greece started to peak around 2015 and continued, although it had begun much earlier, before 2000, with populations from Kurdistan, Turkey, and Africa who have been in Greece, seeking asylum for many years (Gionakis, 2016).

UNHCR statistics for 2014 to 2020 clearly show the magnitude of the problem.² Over the six-year period, a total of 1,259,309 refugees entered Greece, of which, 1,202,863 arrived by sea, and 56,446 over land. Sadly, another 2,051 people went missing or died.

From 2016 until the present, the Greek Government, European Organizations, and international organizations, such as Amnesty International, the United Nations, etc., have funded actions to support the refugees from Syria, and from other countries, like Iraq, Iran, Pakistan, Afghanistan, sub-Saharan Africa, Ghana etc.

Regarding the support workers who were participated in supervision groups, 80% were employed in temporary and semi-permanent accommodation structures for unaccompanied minors, while only 20% worked with adults and refugee families. The actions involved care provision, locating and identifying unaccompanied minors through street work, legal aid, accommodation, asylum seeker services, psychosocial support and integration services.³ Various Reception structures – shelters have been created, specifically for the protection of unaccompanied minors. The Unaccompanied Alien Children (UAC) Program stated that 34,417 minors had entered Greece from January 2016 until February 2021. Of these 36% were from Afghanistan, 22% from Pakistan, 13% from Syria, while the remaining 29% were from ‘other’ countries.⁴

Some types of UAC Structures where support workers were employed include: Safe Zones: supervised areas within accommodation sites providing 24/7 emergency protection and care for UAC, priority for minors in detention and other vulnerable children. Hotels: used as emergency accommodation due to lack of available shelter places with priority to UAC in Reception and Identification Centres. UAC shelters and Supported Independent Living (SIL) apartments: for UAC older than 16 years of age. Support workers were also employed with adults in the camps and individual apartments, as well as with UAC on the street and in police custody.

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<https://www.unhcr.org/gr/%CF%83%CF%84%CE%B1%CF%84%CE%B9%CF%83%CF%84%CE%B9%CE%BA%CE%AC>

3 <https://www.ekka.org.gr/index.php/el/rolos-skopos-tou-ekka/statistika>

4 <https://www.ekka.org.gr/index.php/el/rolos-skopos-tou-ekka/statistika>

Political but not a politician

An NGO, whose philosophy seems to be close to “Society”, the application of Psychodrama and Sociodrama as support methods, and the defense of human rights, faces a real challenge in the scene of world politics. Working with the above schema, I witnessed positive transformations in the workers, but I also saw the ripening process in the respective organization and its Structures. I felt the great anxiety in all the workers not to lose hope in humanity, both institutionally and historically. This anxiety included both the refugees’ present and the future to be handed down to the next generations, who are now their children, but also all the children to come. What kinds of experiences do we help them to create, and how will the healthy cell of society prevail when the social collective trauma is left unattended and the losses it leaves become ghosts and hatred? Without realizing it, the workers, in their own way, became a mirror to the tide of war. According to Tyson (2007), research shows that people working with war trauma survivors exhibited ‘shared trauma’ and were at risk of suffering from ‘compassion fatigue’, which are both forms of secondary stress reactions. Therefore, the intervention had a dual purpose: to support workers by recognizing and supporting their own trauma, and at the same time to create a more favorable condition for supporting the refugees’ trauma.

Thus, during my involvement with the support workers, I saw them as the important cell of society that would bring to the local community a more mature perception and experience of their work with refugees. Systemically, the experiences created by the workers, apart from the actual services they provided, would have a positive effect on the inclusion and integration of the beneficiaries. Early on, it became apparent from a series of factors that the support provided by the workers would act as a catalyst for the maintenance of the healthy cells of the organism we call society in relation to the refugees. However, the quality of service-provision was undermined by the frustration felt by both the refugees and the workers, as well as the daily obstacles and difficulties met in the field. The following lists what the refugee workers witnessed:

- The reflection of the tide of war, finding that Europe had closed its central and northern borders to refugees. The refugees were trapped in Eidomeni village on the border of Greece and Northern Macedonia, with Greeks forced into the roles of guardians, caretakers, and police; at the same time, their own historical collective unconscious of the refugee crisis of a century ago, came to the fore.
- The lack of adequate infrastructure for the establishment of service Structures that were meaningful for the refugees.
- The temporary accommodation structures, where UAC spent up to a whole year waiting for asylum or family reunion, were not designed to function as such and overrun with major operational problems.
- Workers could not offer a sense of hope to the refugees on account of the makeshift and bad conditions.
- The widespread phenomenon of child exploitation by traffickers.

Many strategic errors have been made in the refugee crisis, which is not the scope of this chapter to discuss - mistakes that have done little or nothing to help reinforce humanitarian actions, but have actually caused fear to prevail in many small societies wherever large-scale refugee camps have been established in Greece. Despite this difficult situation, workers have played a very important role, acting as a bridge to facilitate connection and communication with the local community.

The questions constantly on my mind were: “What is the best way to relieve and provide assistance to these workers but also for them to be able to offer better refugee provision? How can you supervise the refugee workers, talk about support methodologies and empowerment policies?” After my experience in working with this target group, the answer is to act as a political being without as such being a politician. This happened after several Psychodrama and Sociodrama sessions. Workers had the opportunity to become aware of the hidden agenda of the collective trauma they were carrying, and to open a dialogue on a social level, without feeling victimized in the process.

In this five-year period, Psychodrama and Sociodrama were the profound tools in my toolbox; in fact, I came to rely on them as one does a pair of trusted rubber boots in mud –the pain of the people- offering them the scent of hope. From the first time I coordinated the refugee workers’ Psychodrama and Sociodrama sessions, I was able to clearly see the multifactorial war machine, which never stops producing refugees and “illegal immigrants” based on the rhetoric of hate. The interventions and tools mentioned here helped the workers gain a multifaceted perspective of the reality of the refugees’ and their own. The reason for this might be because these tools are so inspirational and through “surplus reality” they can take you to heaven and hell at the same time. In so doing, they help people to continue to find meaning and power in being human and to never stop dreaming, which is important for all humans in order not only to stay alive, but also to increase their hope to fight for a better world.

Frustration and limitations in refugee support

Refugee workers in Greece – whether they had a background in the social sciences or not –more often than not were people without any experience and/or training regarding the refugee crisis.

Consequently, the refugee workers were shocked, injured, exploited, and had similar symptoms with the refugees at shorter or longer intervals. These people working with refugees were young, often under thirty, with their own problems, such as career deadlocks in a Greece of the economic crisis, who felt anger with certain situations they came up against in the social environment, and with the dominant EU policy of closed borders. At the same time, they suffered from feelings of guilt because they owed their means of livelihood to the refugee crisis. Some belonged to left wing solidarity movements, who found themselves holding a job that brought them into conflict with their own belief systems and value codes. Feeling ineffective and powerless by the many obstacles and dead-ends they faced in their refugee work, they often questioned *whose* human rights were they actually protecting with the services they provided? Perhaps the privileged local citizens, by keeping the refugees confined to the camps? After a mass influx of refugees over a two-year-period, the local community began to show signs of irritation and weariness with the situation.

Problems due to racist attitudes and behavior emerged and the encounters between the privileged local community and the disadvantaged camp residents at times reached tragic proportions. The support workers often complained that there was nowhere for the refugees to go, nor did they have any further information to give them, psychologically taking on this responsibility. They absorbed all the pain, despair, and frustration as the plight of the refugees came up against continual impasses. One category of workers that was particularly badly affected, were the interpreters or intercultural mediators. Their emotional frustration is best summed up by this quote: “We experienced the conditions of war without being in a war.” All the emotional burden of a language that was not and could not be translated for various reasons, was inherited by the new victims of the war – the interpreters.

Parallel Trauma and the appearance of collective trauma

The aim of the support groups for refugee workers was to encourage and empower them in their professional capacity. The groups, consisting of between five and thirty people, were held either once a fortnight, or once a month. Through the workers, I understood and became a witness to the parallel trauma as that of the refugees. During these five years, I beheld workers who were unprotected, in both practical and emotional terms: suffering breakdowns, depression, and panic attacks; becoming angry towards everyone and everything; and manifesting psychosomatic symptoms. On the workers’ faces, I saw the trauma of the refugees: their injuries, their loss and death, the bombings, the drownings, the disappearances of children and their families, the huge obstacles that stood in their way, and the lack of hope in life. On the workers’ faces, I saw the fear of racism and the emerging fascism in the host society, frozen faces of indifference and cynicism. The workers could not remain unaffected by the refugees. The two population groups in complementary but asymmetrical roles, experienced the pain from the traumas, and felt that their relationship could only provide insufficient support.

Roles are either symmetrical or asymmetrical: the former is based on an equal power and responsibility basis, while the latter on clear differences between the power and responsibilities of the involved (Žurić Jakovina & Jakovina, 2017). Our

social roles reveal how we connect to others (Moreno, 1987), and often the boundaries between the roles we take in our relationships are not at all clear. The lack of control over the relationship with the refugees, caused the workers to often lose the boundaries of their role, and consequently, unable to offer support within that context, they psychologically lost the role itself.

In my role, I witnessed the valuable but difficult relationship of these two populations in asymmetric complementary roles – that of supporter and supported, where the former endeavors to help and the latter seeks to be helped. And while history is being written, they do not realize that it is policy which determines who the victim is.

The role theory considers that the complementary nature of roles enables trauma victims to heal by finding their creative and instinctive resources, and by learning to adopt healthy social roles in their lives. One role always corresponds to another, whether in a positive or negative relationship.

Thus, the Schema: caregivers – trauma - the traumatized, exists in a context that does not help or convince either the carers or the traumatized, because in actual fact, it is not based on care. Where, then, are hope for the social inclusion of the refugees, and the motivation force for social change to come from? How can the workers recruit hope and motivation to provide meaningful assistance to the people they support? These were the key questions that were put to the groups I coordinated, and shortly, after the first few meetings, I became aware of a distinct force that was developing, which led to the following working hypothesis. The workers unconsciously identified with the trauma of the beneficiaries and, depending on each one's experience or personality etc., the situation made them irritable, angry, melancholic, indifferent, cynical, tough, and/or ineffective, in relation to their work role and what they actually wanted to offer. It caused enormous frustration in the effectiveness of the services they provided to the already weary and distressed refugees.

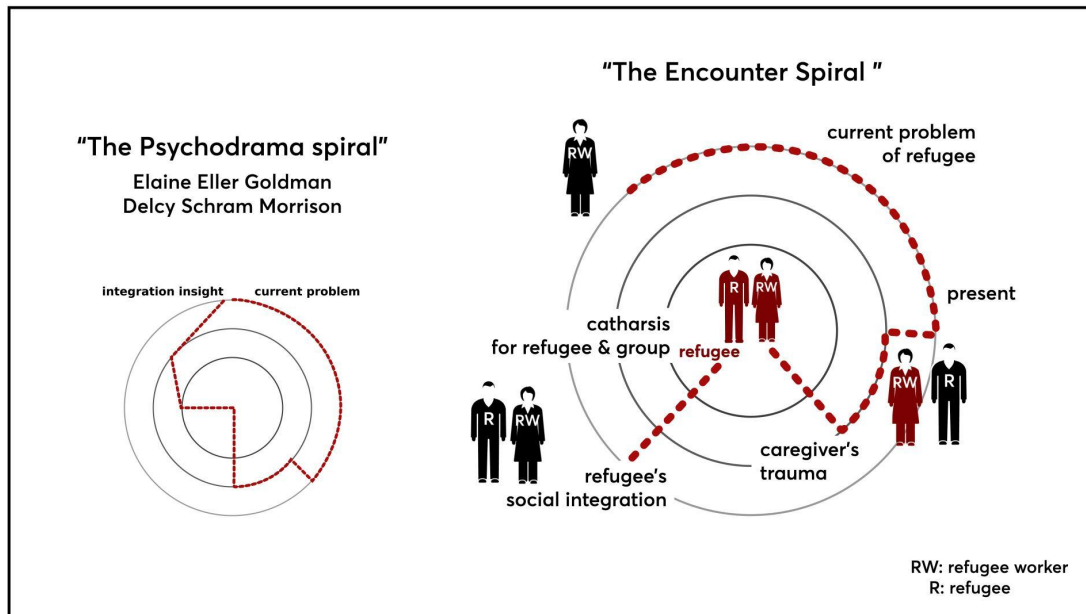
Using the “*Encounter spiral*” as a compass for Society

Goldman and Morrison (1984) developed the Psychodramatic spiral as a way to teach the process of classical psychodrama. Giacomucci (2021), among others, described the three concentric circles, each smaller than the previous one, and as this model symbolizes Moreno's scene of the three-levels, they explain in accordance with Zerka (Moreno, 1987), how from the periphery and the problem of the present, the process of psychodrama takes you to the core, and in order to complete the circle, it returns you to the present with new roles and spontaneity.

The different meaning that the psychodramatic spiral acquires is that during the sessions I enter from the periphery to the core of the trauma through the two different populations in complementary roles between them, while working on their parallel trauma; this I call the ‘Encounter Spiral’. Below are presented the course the meetings took and the differentiation of the complementary roles during the sessions.

- working in the present with the problem brought by the worker, in relation to the refugee,
- entering the second circle where the worker's trauma from his/her past (transgenerational trauma) is met and his/her unconscious identification became conscious,
- going deeper to the core of the trauma, we meet the refugee role in the worker's past, (transgenerational traumas, refugee ancestors),
- Reaching a moment of catharsis for both worker and group, and returning to the present with a new role and more effective approach to today's problem. In accordance with Van der Kolk's theory, the effects of trauma on secondary victims are staggeringly high but not recognized as distinct problems (Remer, 2000). Both secondary and primary trauma victims need to not only comprehend their own healing processes, but also how each one's process connects to the other's.
- Closing the circle for the worker helps the refugee role to be integrated into society.

Seeing the spiral in this way, it shows that the trauma - because it cannot be 'metabolized' in its existing form - was once again shared back to the community by the workers in a healthy and creative way, either by the refugee or by the worker. This is an extended perception of this approach, which aims to treat the trauma from a societric perspective.



The Schema of the Encounter spiral was in the following order

1. The worker was met in the Outer Circle, where the warm up took place about bad working conditions. Still in the Outer Circle, we moved to a recent Scene with the problem.
2. Moved to the Middle Circle, acting out a Scene from the worker's past.
3. Approaching the locus of the trauma, we came across the refugees of other wars: collective and mass trauma of other generations; we reached the Inner Circle, where we faced the worker's trauma, and there, in this locus, we met the role of Refugee. At the Core of the Inner Circle, the sharing of trauma took place, where they had the chance to communicate with their ancestors. Returning to the Inner circle from a different route, we were in a Scene with a new functional role for the worker, having gained more awareness, better breathing, and shared experiences.

4. Reaching the Outer Circle –in the here and now- the worker was relieved, aware of their own history and that of their ancestors, more emotionally resilient because now they knew their own connections.

It must be noted that what actually takes place is even more profound. The worker not only helps the refugee integrate into the host society, but in this way, he/she helps the host society become integrated into the refugee role. At this point, we are in the sixth phase of collective trauma (Kellermann, 2007), where the global consequences of a catastrophic event can be seen, in the sense that such signs are generalized as cultural stereotypes, and become inherent in culture. Collective memory finds outlets through oral history, where traumatic events are repeated many times and become part of culture, being passed down from generation to generation through literature, law, and the structure of society. The memory of trauma continues not only through family legends, but also through educational practices and belief systems, as well as through an individual's neurobiology (Kellermann, 2007). It is a human trait to bear such aspects from the past. Human collective consciousness can, thus, be perceived as being an accumulation over millennia of trauma causing tragic events (ibid.).

Sociodrama sessions

In the sociodrama sessions, the role clusters that appeared consisted of dysfunctional, conservative roles that did not help the group members to experience the social process as being a space of social coexistence and creativity. Concerning the groups' social perception on human rights, it was based on theory borrowed from left-wing rhetoric, morality, and wishful thinking, along with platitudes about being 'a good person'. Very quickly, it became apparent that the groups' immaturity made them unable to realistically see, let alone, experience these concepts. Sociodrama can be conducted at both the micro- and macro-sociological levels, emphasizing the exploration of interactions in daily life, or highlighting the structure of organizations, such as cities or countries, respectively (Kellermann, 2007).

Some of the Sociodrama issues that were worked on, which helped the groups to express hidden thoughts and dead ends are the following:

- Anger and aggressiveness in workers wanting biblical destruction in retaliation.
- The identity of a refugee.
- Find their own space in the constantly changing socio-ethical landscape
- Refugee children's pain
- Acts of violence in refugee camps and shelters
- Human trafficking, trafficking in minors, drug trafficking, the mafia, death threats, the role of the police.
- Whose responsibility is the refugees

Psychodrama sessions

Some of the psychodrama sessions included the following:

- Jewish ancestors who were killed in WWII and the Nazi occupation. The tears for their ancestors freed them to see the refugees more clearly. The group began to bond not through the plight of the refugees but through the recognition of their own loss.
- Their difficulty in coming to the supervision because they have to deal with their own difficult feelings and it is impossible for them to share them.
- Their fear and anger about the world order.
- Anger and fear about the foreigners.

Conclusion

Through “surplus reality”, different parts of people's history were helped to meet under the common denominator of love, to move forward and unite the pieces from the fragmentation of wars. The intervention as a whole gave the workers a space and a framework, so that the supervision and support groups could deal with the problems

they were facing. They shared problems, gained a deep understanding of the trauma that they themselves unconsciously carried, ceased to be ashamed, and realized that they are neither alone nor problematic. It gave them the strength to also endure their role in a new context. It empowered them as individuals, as a team, as professionals. They were given training which provided them with a theoretical substantiation/justification of trauma. It helped them to cooperate better with other stakeholders, and they saw the problem in its more social dimension. They learnt to function better in their own lives and looked after themselves more. They became aware of both the practical and psychological limits of their role. They fought for the rights of unaccompanied minor refugees, and demanded from the state better infrastructure, and better working conditions for themselves.

In concluding, I would like to share an excerpt from a wonderful work which I believe reflects the historical debt of the interventions described. In his Report to Greco (1961) Nikos Kazantzakis states that which every person perceives as the cultural capital of their time:

“When life succeeds in its daily struggle to defeat the enemies of natural forces, and beasts, such as hunger, thirst, sickness –it happens that at some point in time, it has power left over. This power, it seeks to squander by playing. Civilization starts from the moment the game begins. As long as life struggles to preserve itself, to protect itself from its enemies, to remain on the earth's crust, civilization cannot be born. It is born from the moment that life satisfies its basic needs and begins to enjoy some repose. How to use this repose, how to share it amongst the different social classes, how to multiply it and to refine it to the greatest extent? The solutions that each race and each period give to these problems, is how it is judged as to the value and essence of its civilization.” (p. 167 in the Greek).

Overall, it is precisely these cultural resources that we have tried to save and improve through the interventions. Civilization, culture and human rights are at risk, and although our Western society seems to have solved its basic needs issues, it is suffering from inhumanity and the narcosis from the saturation of consumption, materialism, and virtual reality. The notion that the refugee crisis concerns only refugees, that these problems concern others who are elsewhere, who are unlucky, who have not worked as hard, or who believe in another religion, is not merely naive

but it is criminal ignorance; it is a suppressed trauma, which has consequences on the whole human race and its pathogenic societies.

Thus, I wish to propose that there must be a redistribution of social responsibility, where trauma -past and current- is shared more or less equally by all members of our global society, so as not to leave a legacy to future generations. When global periods of crisis occur due to social and historical events, it is not only useful but necessary to implement methodologies whose objective is society as a sign of health, care and an advanced civilization.

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