SHORT TERM INTERVENTION WITH POST TRAUMATIC CLIENTS: SUPERVISORY SIMULATION WORKSHOP FOR EXPRESSIVE ART THERAPISTS

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Introduction

The latest wave of protests, political instability, and the rise of nationalism in the West, terrorist attacks in Europe, growing anti-Semitism, and the difficult security situation in the Middle East, appear to confirm that the development of humankind involves constant turbulence in our immediate surroundings and in our lives. This paradigm of our time differs considerably from the human desire to live lives in peace, stability, and with a sense of security and safety. In this article we shall pay particular attention to the idea of maintaining an interactive workshop which we believe can be one of the future developments for ‘instant’ supervision for

professionals working with post-traumatic clients in the field of expressive arts therapy.

Literature Review

Wellman and Bey (2015) have observed that, for teachers, the key to integrating refugees into an art-teaching program is awareness of cultural diversity, fostering community, recognizing the challenges of a multicultural environment, and being aware of their own Western cultural background and teaching approach. These findings are not new. Already Kalmanowitz and Lloyd (1997), focusing especially on political conflicts, have analyzed how art was an important tool for refugees to express their identities in refugee camps during the Yugoslav wars, helping them to regain a sense of their lost identity. Williams and Thompson (2011) support the use of community-oriented approaches and interventions when dealing with refugees, also stressing the importance of taking into account existing support mechanisms and a broader attitude towards reducing conflict-related trauma. Some authors suggest an inclusion of ecological dimensions, and develop a new model of group therapy (Kira et al. 2012). They argue that traditional therapies fail in some ways to tackle the unique personal experience of the refugee that presents a challenge, not only to the individual himself, but also to the collective and community he or she is now a part of. They suggest a three-pillar system; individual – family – community. Migrants and refugees experience a variety of challenges: linguistic, cultural, legal, medical and employment barriers (Akinsulure-Smith and O'Hara 2012), and there are different ways to address and respond to them. Different authors (Levy, Ranjbar and Hearn Dean 2006, Gangi and Berowsky 2009, Smilan 2009, Andemicael 2012, Dunphy, Elton and Jordan 2014, Kuban 2015) support the inclusion of artistic activity into work with refugees, migrants, and children exposed to traumatic events. One of the aspects is using art to build psychological resilience, regain a sense of safety, trust, and create balance and empowerment (Smilan 2009, Kuban 2015). Dance and movement can be useful, and supportive elements for dealing with emotions and overcoming fears. They can also help in dealing with past events, such as coping with the post-conflict experience in Afghanistan and Iraq, traumatic war experiences in Uganda, and other terrorist attacks, such as in Indonesia and Israel, or after natural disasters, in Haiti or Hurricane Katrina (Levy, Ranjbar and Hearn Dean 2006). Dance facilitates the bodily experiences caused by traumatic events, and helps to make positive change and recovery, while fostering and engaging the creativity of the person.

Different art modalities (music and voice, movement, and art and literature) greatly respond to the effects of war, terrorism, or natural disasters (Gangi and Berowsky 2009). There are many reasons to include art in the therapeutic process from supporting creativity, connecting to one's spirituality, reinforcing a 'sense of power', and regaining personal identity, to building a sense of community and empowerment (Andemicael 2012).

As we have seen in this literature survey, not a few articles bring solid proof that testifies to the efficiency of art therapies in the healing and therapeutic interventions of post-traumatic victims and refugees. However, our article wishes to concentrate on those professionals who face, contain, and devote themselves to that tough and challenging task of working with victims, wounded and traumatized people. Apparently, research exposes the current disturbing phenomena of professionals who are constantly exposed to vulnerable and wounded clients, causing them to suffer themselves from post-traumatic symptoms.

The following section elaborates on these points. Expressive arts therapy, as another medium for the clients who have undergone traumatic experiences, can help the clients to explore their experiences of trauma, and more importantly, allow them to move beyond their current contexts and state of mind, and reflect on past traumatic experiences and future goals. However, those creative professionals are not immune to being infected themselves, as are their peer psychotherapist colleagues, by 'secondary trauma'.

Sexton, L. Beck (1999) reports that the literature on therapists' reactions to clients' traumatic material, conceptualizes a phenomenon which includes counter transference, compassion fatigue, and vicarious dramatization, which are all reported in therapists' anecdotal accounts. Empathic engagement with trauma survivors is necessary for effective psychotherapeutic intervention. However, they explain, empathic engagement also makes therapists vulnerable to the detrimental effects of vicarious trauma, with consequent negative effects on individual counselor effectiveness and organizational dynamics in the workplace. J. Canfield (2005), in her article "Secondary Dramatization, Burnout and Vicarious Traumatization: A Review of the Literature as it Relates to Therapists Who Treat Trauma", agrees with the previous statement, and further claims that trauma therapy influences the personal and professional lives of therapists, as they cope with the secondary traumatic stress associated with treating trauma survivors. Therapists go through an internal process as they try both to

make sense out of the stories they hear from clients, and to integrate those stories into their own existing cognitive schemas. During this process of integration, she explains, trauma therapists often experience secondary traumatic stress reactions that negatively impact the treatment process, as well as their own experiences of self. In another article by C. Tosone, O. Nuttman-Shwartz, and T. Stephens (2012), under the short, yet direct, name "Shared Trauma: When the Professional is Personal", the authors refer to the secondary trauma phenomenon where professionals do not adequately capture the profound impact that collective catastrophic events can have on mental health professionals living and working in traumatogenic environments. They claim that shared trauma contains aspects of primary and secondary trauma, and, more accurately, describes the extraordinary experiences of clinicians exposed to the same community trauma as their clients. Case vignettes from clinicians in Manhattan and Sderot, Israel, are provided to illustrate the transformative changes that clinicians may undergo as a result of dual exposure to trauma. The discussion in that article involves the importance of articulating one's own trauma narrative, and attending to self-care, prior to resuming clinical work, as well as opportunities for enhanced therapeutic intimacy and caution regarding boundary alterations that may result from clinician self-disclosure. Agency settings can provide the necessary education, supervision, and support, to mitigate the negative effects of shared trauma. Another important article by E. Cohen, and associates (2012) examined the experiences of 70 therapists who treated children identified as suffering from posttraumatic distress, following the shared traumatic reality of war (the second Lebanon war between Israel and Hezbollah). The data was based mainly on qualitative research methods; focus groups, therapy narratives, and 'member-checking' interviews, supplemented by quantitative data from questionnaires. Nearly all the therapists reported being affected by the war, and half of them reported additional vicarious traumatization resulting from exposure to the children's experiences. Therapy work with children was experienced as particularly challenging, yet involving high levels of work satisfaction. The perception of an intergenerational and concurrent 'common-fate' between the therapists and the children contributed to increased empathy, and the forming of an emotionally intense and care-giving relationship with the children. The therapy focused mostly on emphasizing the children's strengths and building strategies for coping, and provided the therapists with a sense of agency and helpfulness. It also allowed the therapists an opportunity to rework their own traumatic childhood memories that tended to emerge unexpectedly during the sessions. Concurrently, posttraumatic distress

experienced by the therapists seemed to present a potential barrier for their therapeutic availability and to lead to a defensive avoidance of the children's painful memories. Therapists found the work itself, in addition to the use of individual psychotherapy, supervision, and peer-support, to be helpful in coping with their primary and secondary traumatic reactions. N. Baum (2010) looked into the therapeutic dyad of clinician and client, affiliated with rival groups in a violent conflict, and found that they share many features that complicate psychotherapy with persons of different ethnic, racial, and cultural groups, including lack of knowledge, negative stereotyping, differences in fundamental values and world views, and power differentials. She states that, although a great deal has been written about these matters, very little has been written about the therapeutic dynamic where therapist and client are affiliated with different sides of a violent political conflict. She stresses three features that characterize this dynamic, which do not appear in the same way in therapy involving dyads of different races, ethnic groups, or cultures. These are the presence of the 'enemy' in the consulting room, the therapist's feelings of mistrust towards the client as a representative of the opposing group, and the client's feelings of guilt towards the therapist as a representative of the injured group. The more we read about therapist involvement in therapeutic sessions with post traumatic clients, the more we witness a genuine need to deal with therapist secondary trauma. For example, R.E. Darrow (2007) claims in her doctoral dissertation that individual or group supervision and peer support provide the therapist with perspectives outside of his or her immediate therapeutic relationship with the client. Using these outside perspectives, blind spots can be detected, over-identification corrected, alternative treatment procedures discussed and evaluated, and the therapist's over-extension or over-involvement analyzed and understood (Cemey 1995, 139). Group supervision can be especially helpful because of the ability of the trauma therapist to listen to how others handle their clients. Similarities between therapists' clients may exist, which helps both providers in the case with conceptualization and acknowledgement of secondary trauma reactions. Counselors and psychologists who work with clients can regularly come into contact with emotionally distraught and traumatized individuals. Theory and research suggest that this contact may place the therapist at risk of developing secondary trauma symptoms. In another doctoral thesis by T.A. Sartor (2012), we found that the relationship between vicarious trauma and self-efficacy was examined, using a quantitative descriptive design with mental health professionals (n = 82). A Pearson's product moment correlation revealed a statistically significant negative correlation between the two

variables, with high levels of vicarious trauma associated with low levels of self-efficacy. Descriptive statistics revealed that almost two-thirds of the respondents (62%) believed their graduate studies did not prepare them to counsel traumatized clients. Implications of findings are discussed, and recommendations provided.

We would like to end this survey with reference to E. Rohr (2012), in an article titled "Challenging Empathy Experiences as a Group Analytic Supervisor in a Post-Conflict Society". As a supervisor, she brings to our awareness, once again, the crucial fact that social workers and psychologists working in post-conflict societies are quite often confronted with trauma in their daily working routine. Trauma might emerge during the exhumation of mass graves, in counseling victims of war, or within supervisory case work, and it has to be dealt with in a professional, but non-clinical setting. Her article explores, theoretically and with the help of a case study, the difficulties and possibilities of understanding complex trauma in supervision, focusing on how to transform empathy into emotion-based understanding, and thus opening up new perspectives for solving conflicts. It is stressed, however, that the understanding of trauma must be grounded in a sound knowledge of clinical trauma. She also added that, in addition to understanding trauma, it is quite important for psychosocial experts working in traumatized societies to realize that, "trauma will not only persist as an insistent present memory of what happened, but will affect how the world is perceived, how relationships to others are experienced, and how the person relates to self and others". This result, of course, is also true for working relationships. Traces of trauma, says Rohr, might surface in any professional environment at any moment, as well as in counseling and supervision case work, where it might least be expected. Psychosocial experts, working in post-conflict and heavily traumatized societies, have to be well aware of this fact, and have to be prepared to bear, to understand, and to contain, traumatic phenomena. This means, first and foremost, not to be afraid of conflicts, not to fight off one's own feelings of helplessness, impotence and regression. Acknowledging one's own vulnerabilities and limitations, says Rohr, helps to relate to the needs of traumatized populations.

With these conclusions in mind, we may invite the reader to our case study presentation that took place in our expressive arts therapy conference in Bled, Slovenia in the autumn of 2016.

The Supervisory Workshop: A Short-Term Intervention with Post-Traumatic Clients

Background

In our second annual conference of Expressive Arts and Psychology in Action in Bled, Slovenia, therapists gathered from five countries: Croatia, Greece, Israel, Slovenia and Turkey, to attend a morning supervisory workshop under the title of “Short term intervention with post traumatic clients".

Myself, Avi, the co-author of this article and mentor of the expressive arts therapy and coaching community who gathered on that annual conference in Bled, was the son of parents whose families were exterminated in the Holocaust, I experienced the 1973 October war in Israel, losing my best friends during my obligatory service, and living in a country which suffers terror, but regrettably also causes terror. Now, working intensively in the last seven years in Athens, Istanbul, Zagreb and Ljubljana, I searched for an idea as to how we wanted the workshop to be on the first morning of our conference. We had not expected the immense effect it had, which we deemed important to share with our global, extended, professional community.

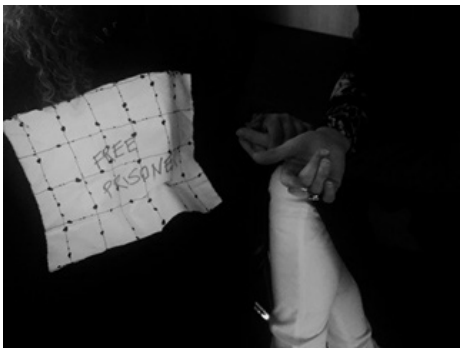
Almost all participants in the workshop had undergone traumatic experiences, both in their past lives and in their professional experiences in their home countries. The Greeks, due to an ongoing economic crisis, encountered depression, homelessness, and desperate situations, and the percentage of suicide cases increased amongst men over fifty years of age in their country. These same Greek colleagues found themselves involved in the Lesbos and Athens' refugee camps. The Turks went through terrible trauma with the last summer coup, and many of them work with refugees from Arab countries, such as Syria, Iraq and Iran. The Croatian members of our professional community volunteered in refugee camps on the border of Bosnia, and the Slovenians were involved asylum activity in the European Union and UNICEF. Not surprisingly, all participants from the ‘ex-Yugoslavia’ (as they tend to call it), were emotionally connected to the wars in the Balkans from 1991-99, some were children, and a few were practically involved.

Supervisory Workshop Goals

There were several motives we had purposed for the workshop: Firstly, we wanted to grant short, effective, and concrete tools for our professional community, which is often exposed to pos- traumatic clients in their home countries. Secondly, we wanted our people to have a safe, dynamic space to ventilate and express feelings they must have absorbed while involved in their therapeutic work with violated populations. Thirdly, we wished they could experience the victim's state of mind when approached by an expressive therapist at the time of intervention.

Workshop Activity

Event description: A large space. Chairs are organized in a big outer circle, while other chairs, tied to a black rope, created an inner circle. This setting formed a narrow pass between the two circles of chairs and the tied rope, creating a circular lane into which the participants will be led. On both sides of the large room were two huge white screens, and the room was dark with soft light. On the screens, identical presentations with the workshop's name, "Short term intervention with post traumatic clients" were projected. In the middle of the room, a pile of black ponchos awaited the participants. Prior to beginning, those black thick paper ponchos were divided sporadically into two sorts: plain black ones (for therapists) and ponchos to which a piece of a garment had been attached. On each of those torn cloth patches, a title stated: 'homeless', 'lost my love', 'free prisoner', 'child on boat', 'a woman in terror',' lost my job', etc.


FREE
PRISONER


HOMELESS

Since participants were not allowed to enter the hall as they stood behind the closed door, there had been quite a lot of stress, caused by uncertainty. When the door opened, the participants were ordered to walk fast into the 'trapped' lane. "Move, move forward", people were ordered through a microphone. While completing two full circles, the participants were exposed to events from recent terror and refugee reports: families and children being helped to step ashore from zodiac inflated boats on shore of Lesbos, a bomb explosion at a wedding up north in a Turk Kurdish village, were shown on the two screens, with a video collage which had been downloaded from YouTube. President Erdogan, talking on a cell phone, trying to rescue and regain his regime, was shown, as was a reporter from Tel Aviv interviewing a witness in a terror attack, a homeless Greek who shared his feelings, and a Greek housewife shared her agony in not having food for her kids. A Greek psychiatrist explained how the rate of suicide is increasing, and so on. The speaker advised the participants of the workshop, while circulating, to "empasize, identify, connect", while they slow down and walk in the path. Thereafter, everything stopped. After a long silence, a slide appears on both screens, revealing instructions for the following supervisory activity. The black rope which formed the inner circle fell, and each participant was instructed to wear a poncho. The group was then divided into couples; therapists and 'clients' (who wore ponchos with pieces of an identifying patch). Following the instructions on the slide, (addressed to those who simulated the therapist's role) everybody went through an intimate hour process, advancing along six steps (which were now projected on the screen).

1. *Contact*. Instructions to therapist were: Smile at your client, ask for his/her name, and inquire about the meaning of his/her name. Give a small genuine compliment to the person (for example, the client says, "my name is Mustafa", the therapist responds, "what is the meaning of your name? The client says, "I am named after my grandfather, who died before the war ended". The therapist responds, "Mustafa you have beautiful eyes").

Instructions to the victim role holders: Those who were simulating the traumatized clients (wearing poncho with patch) had to adopt an invented role, according to the patch on their chest and identify with that person.

2.*Contract.* Instruction to therapist: 'Ask the client for a story, testimony or memory he/she carries with him/her.

3. *Mirroring*. The therapists are asked to repeat the story, and enquire, "Did I hear you well" and correct personal interpretations into pure empathic repetition, echoing the client.

4. *Aesthetic distancing (ART).* Instruction to therapist: Propose that the client creates a small artwork which expresses or demonstrates the story, testimony, or memory you just heard. (Here the therapists were asked to help the client condense the story into a symbol or image which could contain the impact of the story). An art buffet situated on both sides of the hall enabled both the clients and therapists to approach the materials and create an artifact.

5. *Insight.* Reach an empowering insight. A sincere intimate dialogue between therapist and client is held in the presence of the artwork, led by the question: "How can this 'little art' accompany you, and empower you when you return to your family and friends in your community?"

6. *Closure*. Everybody is asked to sit in a big circle, the therapist beside his/her client, and an improvised stage is created by two chairs, a microphone and a black poncho, nearby on the floor. Now members of the group are asked to step forward in pairs and share their insights, both as post-traumatized clients and as therapists.

Two Case Studies

For a deeper understanding of the theory behind the activation of the artifacts in the two examples, it is advisable to read the article “Why apply the Gestalt 'Here and Now' Principle in Expressive Arts Therapy? A Theoretical and Practical Application of M. Buber’s (1923) ‘I and Thou’ Philosophical Concept” in this book.

In this workshop, the colleagues in the role of therapists invited their colleagues in the ‘dramatic roles’ to turn their artistic product around, and

become the artifact they produced. By identifying with the artifact and speaking from within, they could let themselves experience different dimensions which were hidden in their unconscious and projected upon the artifact. The same technique can be used by focusing on a marginal item, prototype, movement, gesture, or a word in an invented song. We shall put the colleagues' artistic theme into the ground, and let him or her experience a state of ease and tranquility, or innovation, by connecting to a new surprising figure detail that is hiding in the artifact itself.

'The Imprisoned Woman'

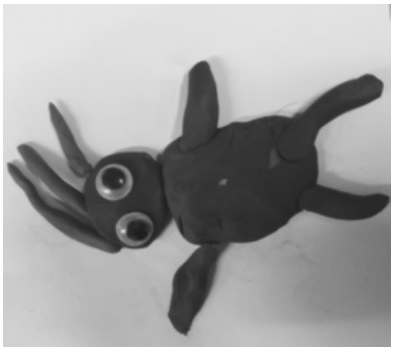
An expressive therapist got the poncho bearing the words "I was in prison", and told a story she had actually been involved with, as she worked with a woman who was in prison. The woman had been raped there several times, and after her release, could not tell her family what she had gone through in jail, fearing her family would murder her for shaming the family name. The expressive therapist (in the role of therapist) invited her to the art buffet to create an artifact which could symbolize and condense the terror she had experienced. The 'imprisoned woman' made this drawing, which she called, "My Mouth is Imprisoned".

The therapist asked the 'woman in prison' to become her mouth, and speak up.

The revealing mouth had eventually turned into a free mouth.

The Fetus from Mytilene

An expressive therapist who works with refugees in Greece, and took on the role of a male refugee, made a blue plasticine baby figurine, representing a miscarriage his wife had had while fleeing from Aleppo in Syria.



The therapist actually dealt with this trauma in a refugee camp in Mytilene, Greece. How could this tiny plastically-presented memory (made by the therapist in the male refugee role) help in finding condolence? The plasticine baby sculpture is apparently the foreground, it is the whole, yet a marginal, tiny red belly button is hiding in the center of the baby's belly. No one, not even the therapist holding the role of the male refugee, heeds this crucial key item, which may potentially reveal the vital hope. Being asked to 'become one' with this tiny marginal detail, the client talks from within, and the text this bellybutton brings up to the

therapist relates to associations such as connectedness, belonging, attachment, longing for homeland, and destiny. The therapist at the supervisory workshop asks the (therapist in) male refugee role to recreate the bellybutton cord from red plasticine, and to connect it, on the one side, to the baby's tiny bellybutton and, at the other side, to his own bellybutton.

Once in unison, the therapist in the male refugee role says, "You are part of me, I shall always nurture you, you are my connectedness to my hometown, no matter how long the cord is." We see that, once granted autonomy, the small, neglected bellybutton becomes a significant

supporting element in the artifact, and connects the traumatized to optimism and hope.

Theoretical Interpretation: the psychodynamic effects of the process

This section focuses in detail on the theoretical rationale backing the supervisory simulation workshop of SH.T.I (Short Term Intervention) with post traumatic clients. It was a great opportunity to explore and discuss, in a wide international group of arts expressive therapists, the concepts, personal evaluations and experiences they had undergone through the dramatic process, followed by the dyad experience which focused on the individual traumatic stories the 'clients' brought up.

Firstly, we discovered that the therapists who played the role of terror and refugee victims, and those who played the role of therapists, identified deeply and emotionally, not only with the evoked stories, but most of them connected even more with personal traumatic events and stories which they possessed in their own lives. The extreme abundance of emotions which were evoked by the dramatic simulation validate the research's results in claiming that professionals involved in curing or easing trauma and refugee casualties are exposed to post trauma themselves. We recommend initiating recurrent workshops which will enable professionals to experience the mental and emotional position of their clients. We also recommend enabling professionals to meet their own personal traumas by using artifacts made in an immunizing process, which will empower their strengths and assets.

Secondly, we found out that the 'aesthetic distancing' technique, where a traumatic story is taken as an inspiration for a sublimate artistic expression has empowering and healing potential. We are not sure if it applies to every single person, but we realize that, when a psychic dilemma or problem is turned by the client in arts therapies into a visual icon, it helps the client commit, behave, remember, and follow the powerful insights that the artistic icons or gestures possessed for him. With the help of the condensed data implemented inside the image, the client obtains a sensational memory that challenges obstacles in reality. The idea of 'owning' a plastically-actualized art icon is as old as human heritage. Aniela Jaffe, in her article on C.G. Jung's book, *Man and his Symbols,* (1964) talks about the 'bush soul'. She explains how savage primitive men, before going on a dangerous hunt, create a ritual where they wear the heads of buffalo on their heads, as masks to empower their strength and

courage. Once presenting a psychic power in a visual, motor, or vocal sensory form, you approximate the power you wish to possess and, eventually, you incorporate it. It's a suggestive experience, semi-hypnotic. This is also the powerful psychology behind masks. The visual icon is a visual image that holds condensed information. It's a symbol that represents whatever the client projects onto it. Our unconscious internal psychic language is compounded by visual, audio, and kinesthetic images and experiences which create the language of the dream. Likewise, computer screens are full of these visual icons. An example of a visual icon is the red 'stop' traffic sign. It represents a warning; you need to cease action and proceed with caution. The icon serves as a key to unlock access to the depth of a problem, and permits the possibility to own the option of change, which lies in the cell of this icon. Mind you, a sequence of symbols or a collection of icons creates a personal idiosyncratic language. This idiosyncratic language is the basis of client-therapist intimacy. Based on Daniel Stern (1985) (whose theory, applied to expressive arts, I analyze in this book, in the article "Expressive Arts Therapy based on D. Stern's theory of the self") the visual icons are part of our significant early learning processes. While the child develops symbolic thinking, he possesses the ability to condense data into generalized visual, audio, and kinesthetic images, which will keep a memory for him in an economic, condensed form. Daniel Stern (1985) talks about this early ability, and labeled it as 'representation of interactions that have been generalized' (RIG). Stern explains that the 'lived' episodes (the baby experiences) immediately become the specific episodes for memory, and, with repetition become generalized episodes. He formulates that, "RIG is something that has never happened before exactly that way, yet it takes into account nothing that did not actually happen once. The experience of being with a self-regulating other (in our case, the therapist or the group in therapy) gradually forms RIGs. These memories are retrievable whenever one of the attributes of the RIG is present". So, the procedure is as follows: "When an infant has a certain feeling, that feeling will call to mind the RIG of which the feeling is an attribute. Attributes are thus recall cues to reactivate the lived experience. And whenever RIG is activated, it packs some of the wallop of the originally lived experience, in the form of an active memory". Speaking about representations of interactions, we must look carefully at the role of the 'other' in the interaction, for Stern claims that, "the other is a self-regulating other for the infant. This is true even if the self-regulating other is fantasized, rather than actual. (The experience of hugging demands a partner even in fantasy, or else it can only be performed but not fully

experienced. This applies to hugging pillows, as well as people. The issue is not whether the pillow hugs back, only that the pillow be physically present or the sensation of it be imagined. In this sense there is no such thing as half a hug or half a kiss)".

Another theoretical source which reinforces my attribution for artistic icons with the potential to empower the client is Christopher Bollas' (1987) concept of 'conservative objects'. Somewhere in childhood, a child witnesses a scene, or experiences a vague event. According to Bollas (1987), if the child cannot process what he has seen verbally, he associates the scene with an object. The object receives a specific significance and, thereafter in life, will serve as a conservative object. Bollas (1992) describes the child's way of thinking: "I nominated an object - a swing - to conserve some aspects of this self-state". Then, later in life, "I had not expected to see this object; it appeared by chance. When this happens to us, it is as if we are inside a dream: Things play us, our state of mind, the outcome of events".

Another thought, coming to my mind now, considers children who learn their first words, playing a labeling game, where the parent shows them an animal, let's say a cow, and the child says "moo". This connection between icon and real-life entity in therapy is, in my opinion, a positive regression to the early stages of creating meanings and concepts. Icons help children remember how to respond accurately, and help them to orient themselves. The same applies in therapy. Clients sometimes come to gain a new perspective, symbolized by new icons, which they add to their existing repertoire, when facing life problems and change.

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