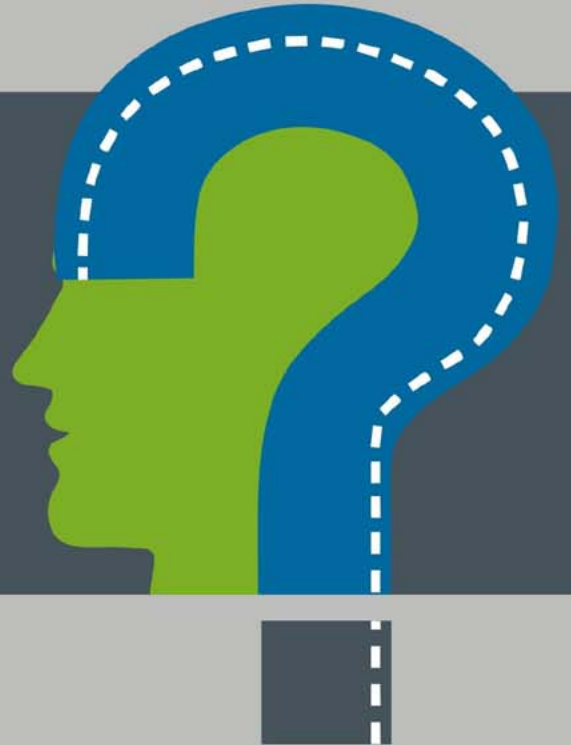


ISSN 2159-5542 (Print)  
ISSN 2159-5550 (Online)  
DOI:10.17265/2159-5542

# PSYCHOLOGY RESEARCH

Volume 8, Number 8, August 2018



*From Knowledge to Wisdom*

David Publishing Company  
[www.davidpublisher.com](http://www.davidpublisher.com)

# Psychology Research

Volume 8, Number 8, August 2018 (Serial Number 86)



David Publishing Company  
[www.davidpublisher.com](http://www.davidpublisher.com)

**Publication Information:**

*Psychology Research* is published monthly in hard copy (ISSN 2159-5542) and online (ISSN 2159-5550) by David Publishing Company located at 616 Corporate Way, Suite 2-4876, Valley Cottage, NY 10989, USA.

**Aims and Scope:**

*Psychology Research*, a monthly professional academic journal, has three main columns: General Psychology, Developmental and Educational Psychology, Applied Psychology, which cover all sorts of psychology researches on Biopsychology, Cognitive Psychology and Psycholinguistics, Child Psychiatry, Clinical Psychology, Community Psychology, Comparative Psychology, Experimental Psychology, Industrial and Organizational Psychology, Personality Psychology, Physiological Psychology/Psychobiology, Psychometrics and Quantitative Psychology, Social Psychology, Psychological Statistics, Psychology of Human Resource Management, Psychometrics, Counseling Psychology, Cognitive Psychology, Interpersonal Relation Psychology, Culture Psychology, Philosophical Psychology, Management Psychology, Psychology Research Methods, Advertising and Transmitting Psychology, Public Psychology, Consumption Psychology, Evolutionary Psychology, Abnormal Psychology, Group Psychology, Literary Psychology, Labor Psychology, Aerospace Psychology, Traveling Psychology, Medico-Psychology, Color Psychology, Decision-making Psychology, Love Psychology, Positive Psychology, Criminal Psychology, Sport Psychology, Peace Psychology, as well as other issues.

**Editorial Board Members:**

Hanna Brycz	Arcady Putilov	Yulia Solovieva	Alina Georgeta Mag
Sharma Basu	Di You	Siddharth Agarwal	Sefa Bulut
Elena Fabiola R. Ledesma	Konstantin Chichinadze	Firoz Kazhungil	Said Suliman Aldhafri
Ungsoo Samuel Kim	Tal Dotan Ben Soussan	Sefa Bulut	Shamil Tashaev
Abootaleb S. Shamir	Hari Narayanan. V.	Said Suliman Aldhafri	
Sanja Tatalovic Vorkapic	Neelam Kumar	Chao-Ming Cheng	

Manuscripts and correspondence are invited for publication. You can submit your papers via Web submission, or E-mail to [psychology@davidpublishing.com](mailto:psychology@davidpublishing.com) and [psychology@davidpublishing.org](mailto:psychology@davidpublishing.org). Submission guidelines and Web submission system are available at <http://www.davidpublisher.com>.

**Editorial Office:**

616 Corporate Way, Suite 2-4876, Valley Cottage, NY 10989, USA

Tel: 1-323-984-7526, 323-410-1082; Fax: 1-323-984-7374, 323-908-0457

E-mail: [psychology@davidpublishing.com](mailto:psychology@davidpublishing.com), [psychology@davidpublishing.org](mailto:psychology@davidpublishing.org), [psychology2159@yahoo.com](mailto:psychology2159@yahoo.com)

Copyright©2017 by David Publishing Company and individual contributors. All rights reserved. David Publishing Company holds the exclusive copyright of all the contents of this journal. In accordance with the international convention, no part of this journal may be reproduced or transmitted by any media or publishing organs (including various websites) without the written permission of the copyright holder. Otherwise, any conduct would be considered as the violation of the copyright. The contents of this journal are available for any citation. However, all the citations should be clearly indicated with the title of this journal, serial number and the name of the author.

**Abstracted/Indexed in:**

Database of EBSCO,	Excellent papers in ERIC	CiteFactor
Massachusetts, USA	ProQuest/CSA Social Science	Electronic Journals Library
CrossRef	Collection, Public Affairs	Scientific Indexing Services
Hein Online Database, W.S.HEIN, USA	Information Service (PAIS), USA	Newjour
Chinese Database of CEPS,	Summon Serials Solutions	Scholarsteer
American Federal Computer	PBN (Polish Scholarly	Sherpa/Romeo
Library Center (OCLC), USA	Bibliography)	Pubget
Chinese Scientific Journals	Google Scholar	WZB (Berlin Social Science
Database, VIP Corporation,	J-Gate	Center)
Chongqing, P.R.C.	SCRIBD	ResearchBible
Ulrich's Periodicals Directory	Academic Key	S-Journal Index
	Pubicon Science	

**Subscription Information:**

Price (per year): Print \$520

David Publishing Company

616 Corporate Way, Suite 2-4876, Valley Cottage, NY 10989, USA

Tel: 1-323-984-7526, 323-410-1082; Fax: 1-323-984-7374, 323-908-0457

E-mail: [order@davidpublishing.com](mailto:order@davidpublishing.com)



David Publishing Company  
[www.davidpublisher.com](http://www.davidpublisher.com)

# Psychology Research

Volume 8, Number 8, August 2018 (Serial Number 86)

## Contents

### General Psychology

- Violence Towards Migrants** 355  
*Patricia Martínez Lanz, María Doménica Ravelo Ladrón de Guevara, Daniela Ayari Moreno Landeta, María Fernanda Gen Lortia, Ixchel Aditi González Gutierrez, Elsa Paulina Alanis Cázares*
- Oficina das Letras: Practical Approach to Writing in a Psychiatric Hospital** 367  
*Bárbara de Caldas Melo, Leila Akemi Evangelista Kusano, Rosiberton Pereira da Cruz, Michelle Andreza Falcão Rodrigues*

### Developmental and Educational Psychology

- Genodrama as a Possible Processing of Family Patterns and Inheritance** 375  
*Borbála Tóth*
- Terrorism and Human Smuggling in the U.S. Southwestern Border** 388  
*Simón Pedro Izcara Palacios, Karla Lorena Andrade Rubio*
- Analysis of the Quality of Life of University Employed Subcontractor Laborers in the Context of Social Work** 397  
*Seher Ersoy Quadır, Fatih Altun, Kaan Sevim*



## Violence Towards Migrants

Patricia Martínez Lanz, María Doménica Ravelo Ladrón de Guevara, Daniela Ayari Moreno Landeta,  
María Fernanda Gen Lortia, Ixchel Aditi González Gutierrez, Elsa Paulina Alanis Cázares  
Universidad Anáhuac México, Mexico City, Mexico

The present study was transversal, exploratory, descriptive, and correlational in order to determine factors related to the migration of the subjects, such as levels of domestic violence, substance consumption, and sociodemographic factors before their transfer, as well as violence during their trip. The total sample was composed of 266 migrants, accommodated in two Mexican shelters. Four scales were used to evaluate sociodemographic factors, domestic violence, substance abuse (drugs and alcohol), and violence during the migratory path. For the factors of domestic violence, violence during migratory path, and substance abuse, Likert type scales were used. According to these results, the hypotheses can be verified, inferring that the factors of domestic violence, lack of money or insecurity in the country of the migrant's origin have as consequence the transfer to other countries. It was also verified that subjects that migrate suffer of some kind of violence.

*Keywords:* migration, domestic violence, migratory violence, addictions, migrant's sociodemographic factors

The rates of violence in México have been increasing in different areas, affecting the violated subjects, their family, and the mexican society.

The kind of violence migrants suffer in the route they made from their country of origin to the shelter, has been manifested and reported in diverse massive means of communication, but to our knowledge, few studies have been made about this subject.

Furthermore, the present investigation attempts to respond to a series of risk factors related to this phenomenon by analyzing a representative sample of migrants who came to the shelter seeking for help during their transfer.

As for the limits of this research, it has to be considered that the instrument was applied only to a sample of migrants arriving in Oaxaca and the results cannot be generalizable. Also the instrument was self-applicable and anonymous, which limits the sample to those who can read and write. Finally, in terms of alcohol and substance consumption, it must be considered that given the circumstances of life and the vulnerable situation the migrants face, they may prefer to hide the actual information regarding their consumption.

---

Patricia Martínez Lanz, Ph.D., Member of the Mexican Academy of Sciences, Mexican Society of Psychology, American Psychological Association, European Health Psychology Society and International Association of Cross-cultural Psychology, Director and Coordinator of the Interdisciplinary Research Center at Universidad Anáhuac México, Mexico City, Mexico.

María Doménica Ravelo Ladrón de Guevara, Student, Department of Psychology, Universidad Anáhuac México, Mexico City, Mexico.

Daniela Ayari Moreno Landeta, Student, Department of Psychology, Universidad Anáhuac México, Mexico City, Mexico.

María Fernanda Gen Lortia, Student, Department of Psychology, Universidad Anáhuac México, Mexico City, Mexico.

Ixchel Aditi González Gutierrez, Student, Department of Psychology, Universidad Anáhuac México, Mexico City, Mexico.

Elsa Paulina Alanis Cázares, Research Assistant of the Interdisciplinary Research Center at Universidad Anáhuac México, Mexico City, Mexico.

Critical findings	Implications
<ul style="list-style-type: none"> <li>• The present study confirms the presence of high levels of violence during the migrants transfer.</li> <li>• Risk factors such as domestic violence, lack of money and insecurity in the migrant's country of origin, had as consequence the transfer to other countries.</li> <li>• Domestic violence is certainly a risk factor for suffering other types of violence.</li> </ul>	<ul style="list-style-type: none"> <li>• The results of this research can serve as a development tool for the intervention strategies used in the shelters it can also serve as an element of analysis for the creation and modification of policies and strategies in the field of human rights.</li> </ul>

### Background

The World Health Organization (2002) defines violence as the intentional use of force or physical power in fact or as a threat against oneself, another person, group or community, which causes or is likely to cause injuries, death, psychological damage, developmental disorders or deprivation of any kind, being one of the main causes of death in the world among people between 15 and 44 years old, of which 14% of the population that dies are men and 7% are women. The same source divides violence into four categories:

1. *Self-inflicted violence*, in which suicide attempts or self-harm are attempted.
2. *Interpersonal violence*, which includes all types of family violence (couple, children, and the elderly) and directs towards other people without the need for kinship.
3. *Collective violence*, which includes social, political, and economic violence.
4. *Sexual violence*, which includes any comment, insinuation or sexual act that is not desired and is carried out without the consent of the person.

In this same sense, Espinar (2006) defines violence as the intentional use of physical force against others for the purpose of hurting, abusing, stealing, humiliating, dominating, insulting, torturing, destroying, or causing death. This author also defines three forms of violence:

- *Direct violence*, which can be observed and carried out through physical and/or verbal aggression.
- *Structural violence*, which can be difficult to identify as it occurs through exploitation, discrimination, marginalization, and social injustice.
- *Cultural violence*, which is carried out by attacking the cultural traits and collective identities of a community or group. It includes all those arguments, attitudes, and ideas that promote and justify direct and structural violence.

Apart from these forms of aggression, the National Institute of Women describes the following types:

- *Gender violence*, which is based on dominating and discriminating an individual by its gender, existing an inequality and hierarchy between the feminine and the masculine. It may be physical, sexual, verbal, psychological and/or include deprivation of a person's freedom.
- *Physical violence*, which includes any bodily action that has the purpose of physically damaging an individual such as pushing, shoving, kicking, shaking, etc.
- *Economic violence*, in which an individual abuses the power and control he/she has through money management.

The use of violence is one of many ancillary and non-exclusive means of expressing political and social discontent. As for the degree of violence, its possible rise or fall, rather than being stable variants in the great ideologies of a movement, is closely related to the behavior of institutional authorities and their level and type of response to the demands generated.

Other experts talk about the existence of two types of violence: the subjective and the objective. In this regard, the philosopher Slavoj Žižek (2009) points out that:

Subjective and objective violence cannot be perceived from the same point of view, because the first one can be experienced in contrast to a zero-level background of violence; Is seen as a disturbance of the normal state. However, objective violence is precisely the violence inherent in this “normal” state. Objective violence is invisible since it sustains zero-level normality against what we perceive as subjectively violent. Systemic violence is, therefore, like the famous dark matter of physics, the counterpart of a visible (in excess of) subjective violence. It may be invisible, but it must be taken into account if one wants to clarify what would otherwise appear to be “irrational” explosions of subjective violence. (pp. 243-256)

On the other hand, any individual who chooses to leave his or her place of origin in order to move to another one, be it a community, a state, or a country, for a temporary or permanent period of time, it is known as a migrant (Guzmán, 2005). In 2008, the United Nations Population Fund (UNFPA) defines international migrants as people who move from one country of habitual residence to another, with migration being understood as the movement of persons who cross a certain geographical boundary, which is generally a political-administrative division to seek better living conditions (Guzmán, 2005).

Migration is an event that arose because man had to seek new lands for food and protection; to survive, so it can be inferred that human beings are migrants by nature (Osorio, 2014). The greatest volume of migration began in the 16th century with the expansion of Europe to the New World, but in the last two centuries, migration has increased due to the globalization of economic activity and labor; it is thanks to communication and transport that people have a greater chance of movement (Martínez Lanz, 2011).

Individuals tend to migrate for a variety of reasons, including political, economic, social, cultural, personal, or the desire to meet family members living in another region (Quintana & Salgado, 2015); this is why over the last 100 years, millions of people have left their country of origin in search of better life opportunities, especially when there are times of war, genocide, or some impossibility of economic growth (Osorio, 2014).

According to Guzmán (2005), migrants by their characteristics can be classified as temporary migrant workers (they go to work to another country for a certain period of time), irregular migrants (they migrate illegally without having documents), and refugees (who move from their place of origin because they are at risk). These peculiarities are due to different types of migration:

1. Temporary, circular, or transitory migration occurs when an individual moves from one place to another maintaining his/her residence in his/her place of origin and only makes changes of residence for a certain period of time depending on his/her interests and needs.

2. Permanent migration occurs when the individual changes permanently to a place different from its place of origin.

3. Internal migration occurs when the migrant changes residence within the same country of origin; from one state to another.

4. International migration is the one in which the persons move from their place of origin to another country, crossing the border boundaries. Such limits may be illegally traded because of the lack of economic opportunities or inequalities within the country of origin. It is estimated that 3% of the world population carries out this type of migration. Although this number seems to be small over the last few years, it has increased (Figueroa, Pérez, & Godínez, 2015).



Most of the individuals migrate to central countries, mainly to global cities in which economic decisions, financial activities, and specialized services of international companies as well as innovative companies are concentrated (Figueroa, Pérez, & Godínez, 2015).

Speaking of the migration between the Mexican Republic and the United States of America, it is observed that it has a great weight within the migratory flows from the decade of the seventies, increasing until the XX century and arriving at a radical increase of 50% in recent years (Figueroa, Pérez, & Godínez, 2015).

It has been observed that people cannot always migrate with their families, although the family is almost always part of their motivation; a young migrant may move with the intention of sending money home to help their own, while others do so for their born or unborn children to have more educational and social opportunities than they would have in their country; in other cases, people migrate for the purpose of family reunification.

P. Martínez Lanz (2011) states that the impact of migration on the family is very important, with involved factors such as gender and the role of the migrant within the family. Acceptance or rejection in the new country of residence indicates the success of acculturation involving personal and family restructuring. When this is not achieved in a positive way, there are high risk factors for the mental health of the individual, as well as problems of addictions and violence among migrant families.

As already mentioned, a preponderant problem in the marginalized groups of migrants refers to family stability, in terms of separation and dysfunctionality (Martínez Lanz, 2011). According to Torrealba (1989), the impact of migration on the structure and functioning of the family is relevant in economic and social terms; the capacity for adaptation, as well as their union, through the development of new family activities, will be determined by the work, level of income and by the particular characteristics of the receiving society.

### **Method**

The present investigation is a non-experimental, cross-sectional, exploratory, descriptive, and correlational study.

#### **Participants**

The population was composed of a representative aleatory sample of 266 migrants, between the ages of 15 and 62 years old of both genders, from two different shelters in Oaxaca, México. All of the participants were selected in a non-probabilistic way.

#### **Instrument**

A specific self-applying and anonymous questionnaire was designed for this population study. It was composed of four areas: sociodemographic information and three scales: domestic violence, migratory path violence, and substance abuse (drugs and alcohol). In order to obtain the validity construct, a factor analysis with octagonal rotation was carried out, which included the reagents with factorial loads greater than or equal to 0.40. To obtain the reliability of the instrument, the statistical analysis of Cronbach's Alpha was performed, obtaining 0.831.

### **Results**

Regarding the sociodemographic data obtained from the migrants (N = 266), it was found that (Table 1):

Most of the population were young people between 12 and 22 years old (52%), although the age of the migrants varies between 12 and 60 years.

In terms of education, 32% of the population went to elementary school but didn't conclude it, 32% did conclude elementary school, 24% went to middle school, and only 10% went to high school and college.

Table 1

*Sociodemographic Characteristics of the Population*

Characteristics		Percentage
Sex	Feminine	24%
	Masculine	76%
Age	12-22 years	52%
	23-30 years	24%
	31-40 years	16%
	41 years or more	8%
Scholarship	Incomplete Elementary School	32%
	Elementary School	32%
	Middle School	24%
	High School	10%
	College	2%
Marital Status	Single	54%
	Divorced/Separated	20%
	Married/Consensual union	26%
Income	\$69.99 USD or less	15%
	\$70.12-\$154.68 USD	31%
	\$154.68-\$257.80 USD	39%
	\$257.80 USD or more	16%
Shelter	Shelter 1	23%
	Shelter 2	77%

In terms of marital status, the majority of the migrants leaving their country of origin were single (54%), followed by married or consensual union (26%) and finally separated or divorced (20%).

The shelter with the largest influx of migrants is Shelter 2 with 77% of the total population, followed by Shelter 1 with 23%.

The majority of the evaluated population has as its final destination the United States (58%), followed by Mexico (25%).

In terms of work activity, 16% of the migrants began their work lives when they were less than eight years old and 78% between nine and 19 years old. Only 6% of the migrants have never had a job. More than half of the migrants worked as technicians, or artisans (57%) in their country of origin; 29% were salesmen, clerks, merchants, or independents; 14% worked at home or were professionals.

Regarding the above, the majority of the migrants (39%) had a monthly income of \$154.68 to \$257.80 USD followed by 31% of the population who earned from \$70.12 to \$154.68 USD per month.

The person who provided the greatest amount of economic income to the household was the migrant in 46% of the cases; in 32% it was the father or the mother of the subject; 10% of the cases it was the couple or wife and 12% other member of the family.

Most of the subjects do not have any children (55%), while 33% have one to three children and the minority (12%) have four or more children.

According to the information, 34% of the population reported living with their parents before their transfer, 15% lived with their partner and children, 18% only with their partner or only with their children, 10% lived by themselves and the rest, lived with friends or other relatives.

The main problem of migrant families was in most of the cases economic (61%), verbal or physical aggression (18%), relationship problems (partner) and addictions (17%), and 4% of respondents reported that they did not had any family problem. As for the main source of the problems, the migrants reported that they were the problem (26%), their partners (23%), and 17% reported the father and/or mother.

Most subjects came from Central America (86%): 35% from Honduras, 22% from El Salvador, and 10% from Guatemala and 19% came from other countries in the same geographic region such as Belize, Colombia, Nicaragua, Panamá and Costa Rica; 8% of the migrants came from Caribbean countries and 6% come from South America.

Regarding the clinical scales applied, it was found that 35% of the surveyed population had high levels of previous domestic violence, 30% of them severe levels of violence and 37% low levels of domestic violence (Figure 1).

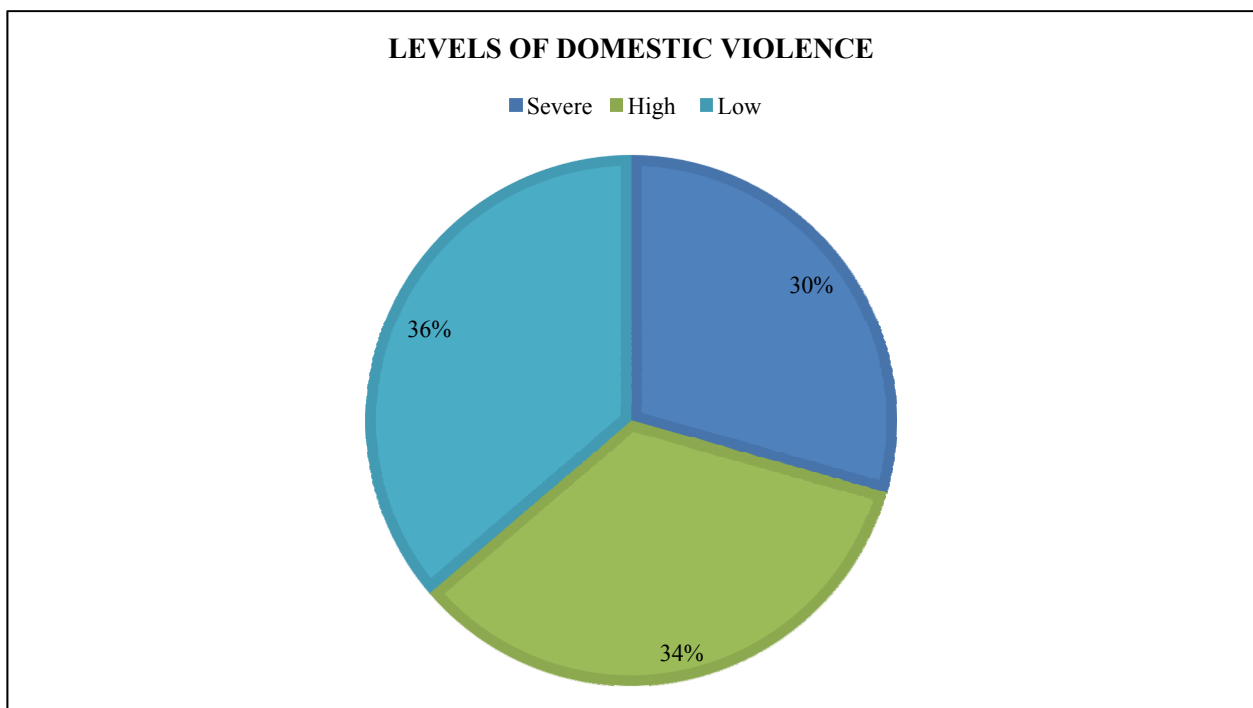


Figure 1. Levels of domestic violence.

In terms of alcohol and substance consumption, it must be considered that given the circumstances of life and the vulnerable situation they face, migrants may prefer to hide the actual information regarding their consumption. Keeping this in mind, according to the results in alcohol consumption, 79% of the participants reported low intake, 15% a high intake, and 7% severe intake (Figure 2).

Regarding substance abuse, 21% of the subjects had low intake, 38% high intake, and 42% severe intake (Figure 3).

From all of the subjects that reported drug consumption during their lifetime (before their journey), most of them reported an experimental type of use, which means they have consumed the specific drug(s) from one to three times (Table 2).

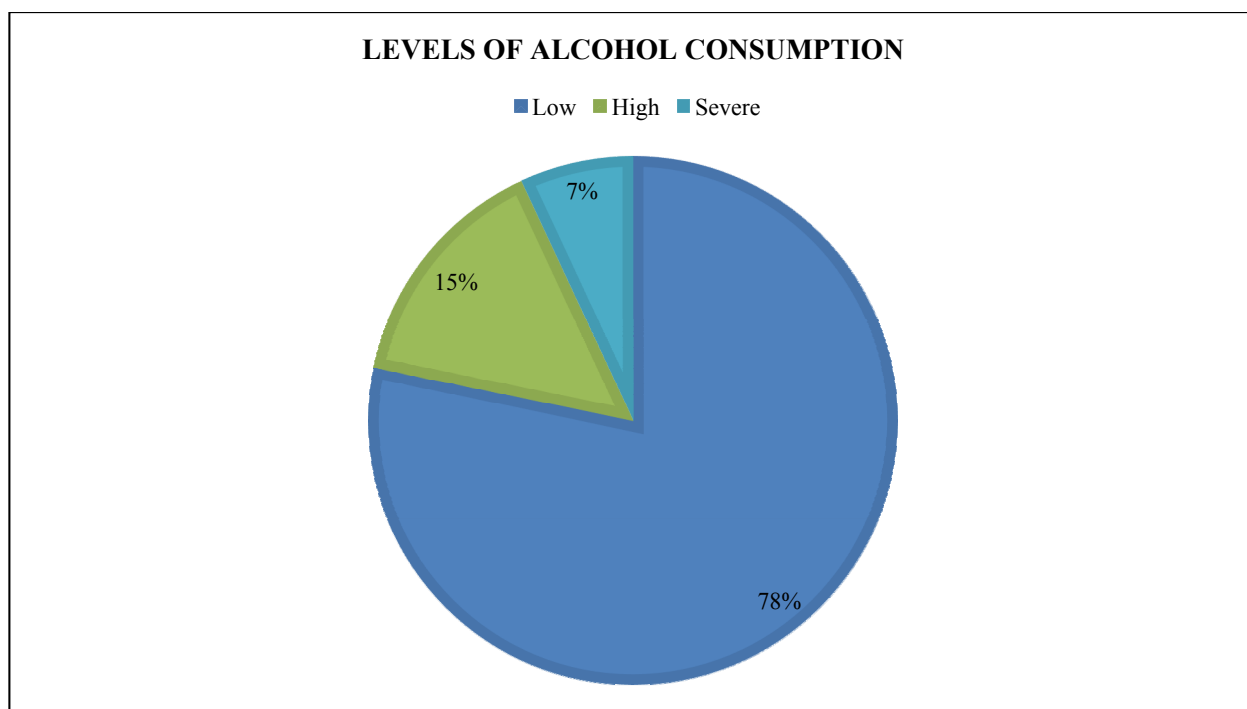


Figure 2. Levels of alcohol consumption.

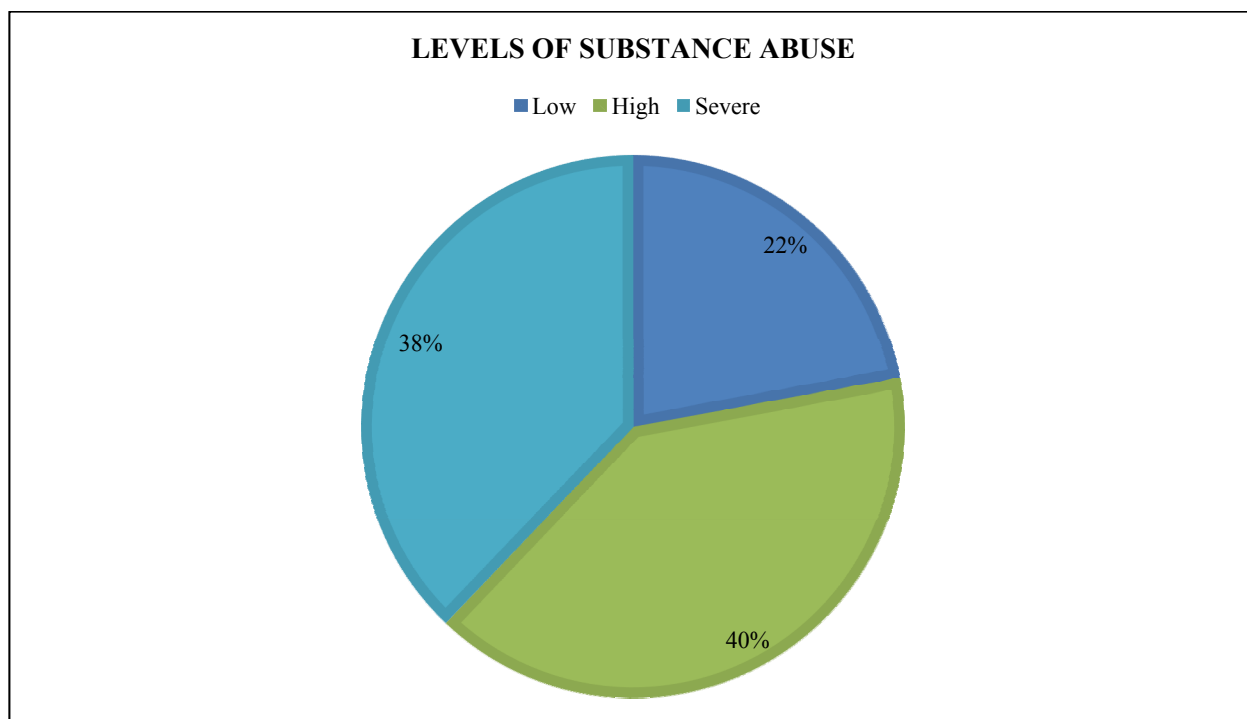


Figure 3. Levels of substance abuse.

Table 2

*Characteristics of Substance Abuse by Type of Use*

Drug	Experimental	Habitual	Addictive
Analgesics	81%	10%	8%
Tranquilizers	89%	7%	4%
Sedatives	91%	4%	5%
Amphetamines	88%	5%	8%
Inhalable	85%	4%	11%
Cannabis	85%	8%	8%
Hallucinogens	91%	7%	2%
Cocaine	93%	3%	4%
Heroin	99%	1%	0%

From the total of participants who reported suffering violence during their transfer, 65% suffered high levels of violence in their migratory path, 16% suffered severe levels of violence, and 19% suffered low levels of violence (Figure 4).

Using the cross-tab analysis (Chi squared), the following correlations were obtained with statistically significant differences:

In Shelter 1, high level of domestic violence predominated in 66% of the cases; in Shelter 2, severe domestic violence was reported to a greater extent (46%); in Shelter 3, a high level of domestic violence prevailed in 63% of the subjects and finally in Shelter 4, a low level in 43% of the cases (Sig.  $p = 0.000$ ).

In terms of levels of alcohol consumption in Shelters 1, 3, and 4, the majority of the population had a low consumption (54%, 63%, and 97% respectively); in Shelter 2, a high consumption rate was found in 54% of cases (Sig.  $p = 0.000$ ).

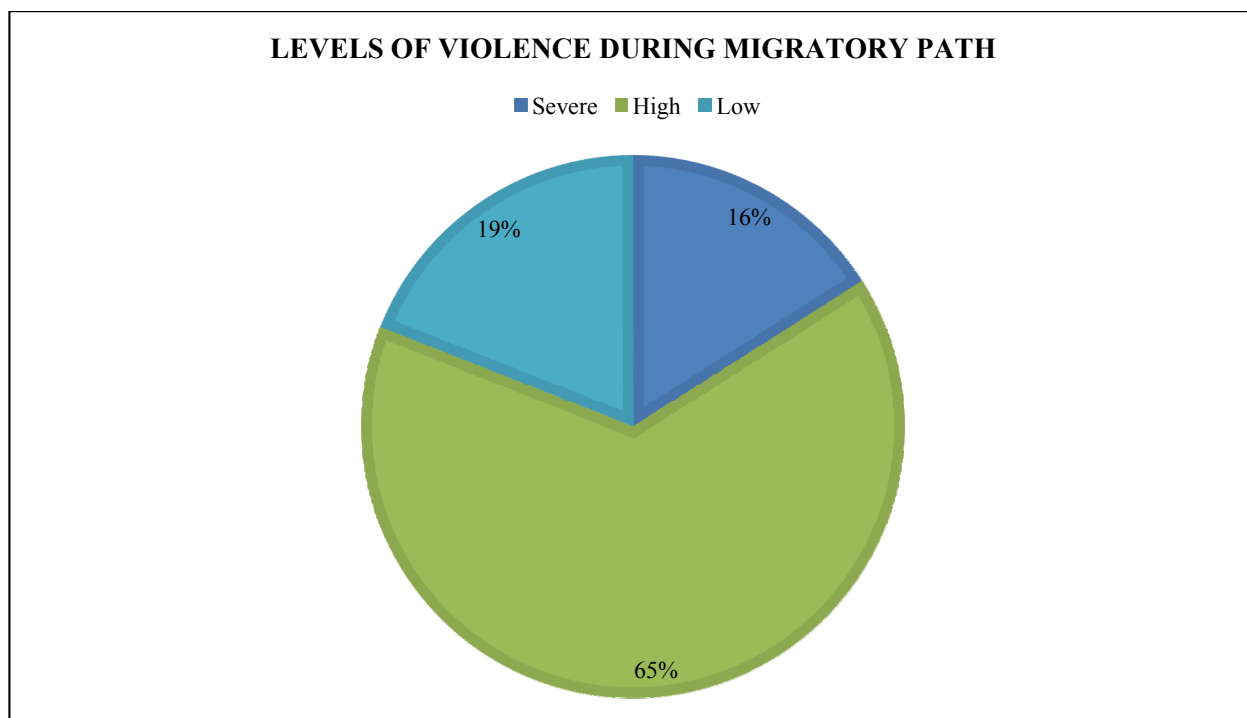


Figure 4. Levels of violence during migratory path.

According to the analysis between the levels of violence in the transfer according to the destination, it was found, that all of the migrants suffered from high levels of violence during their transfer. Subjects who planned to reach Canada and Spain suffered from the greatest levels of high violence in 85% and 81% of the cases; those who wished to remain in the United States and Mexico reported high levels of violence in 65% and 55% of the cases. The subjects who suffered from greater levels of severe violence are the ones who planned to reach Spain (19%) and the United States (18%) (Sig.  $p = 0.002$ ).

The correlation between the country of destination and alcohol consumption indicates that migrants that wished to reach Mexico are those with the greatest alcohol consumption at a low level (85%) followed by the ones going to the United States (73%), Spain (67%), and Canada (62%). In the case of migrants wishing to remain in the United States and Spain, a high level of alcohol consumption prevailed in 22% of the cases on each country of destination. Finally, those who wished to arrive in Canada report the greatest level of severe alcohol consumption (27%) (Sig.  $p = 0.000$ ).

By crossing the corresponding information between the levels of domestic violence and family problems (Sig.  $p = 0.032$ ), the results showed that economic difficulties were the main problem in all levels of domestic violence (65% low, 55% high, 60% severe); aggression and couple problems generated 21% and 18%, (respectively) of high domestic violence.

Between levels of alcohol consumption according to family problems (Sig.  $p = 0.000$ ), respondents, whose main conflict was aggression, reported high and severe levels of alcohol consumption (39% and 11%), followed by the ones who reported relationship problems who presented high levels of alcohol consumption in 30% of the cases. Most individuals reported low levels of alcohol consumption in all of the family problems.

When analyzing both types of violence (domestic violence and violence during the transfer) defined for the purpose of this work, results showed that in all levels of domestic violence, high levels of violence during the transfer prevailed in most of the cases. It was found that in low levels of domestic violence there were also low levels of violence during the transfer in 21% of the cases, in high levels of domestic violence, high levels of violence during the transfer were also found in 71% of the cases. Finally, in severe levels of domestic violence, severe levels of violence during the transfer were found in 20% of the cases (Figure 5). In this case, a correlation between the two variables was found (Sig.  $p = 0.513$ ).

In order to analyze the relationships between the variables of domestic violence levels and levels of violence along the way, and to describe the relationships between the categories of each variable, correspondence analysis were carried out. Using the levels of symptoms reported by the subjects. Figure 6 shows that the variables are clearly grouped by levels, indicating that domestic violence and violence along the way are directly related. In this analysis, it was found that the Chi square was 2.874, the correlation of 0.029 (Sig.  $p = 0.098$ ) and in the dimensions, the first one had a low level with inertia of 0.12 and the second one, a high level with inertia of 0.002, which indicates a high degree of correspondence between the singular value for dimension 1, which is more than twice that the value of dimension two and its inertia is five times greater, which suggests that the two scales are highly correlated (Table 3).

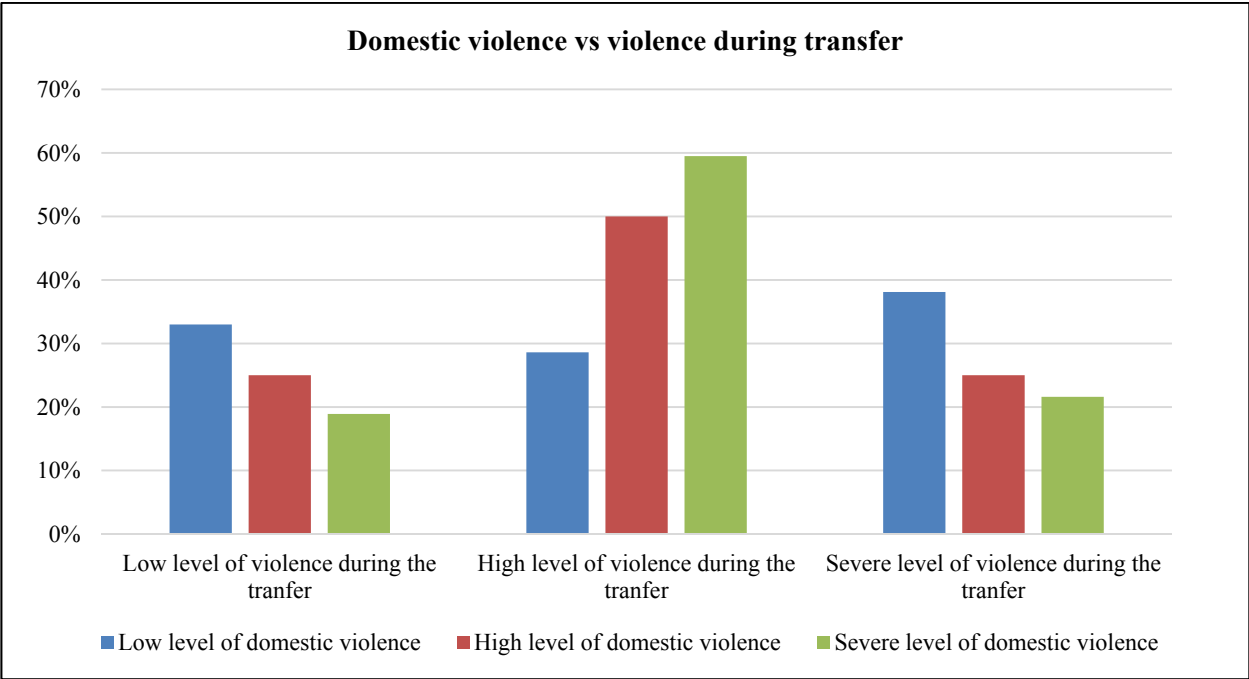


Figure 5. Level of domestic violence and levels of violence during the transfer.

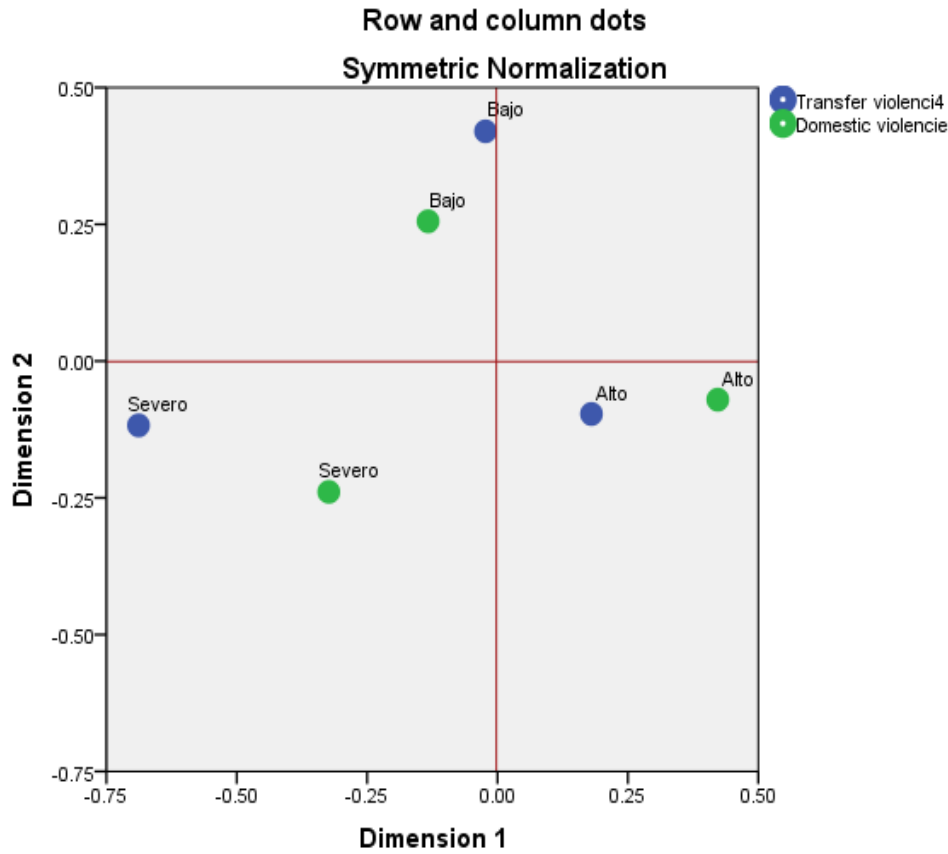


Figure 6. Correspondence analysis.

Table 3

*Resume Correspondence Analysis*

Dimension	Singular value	Inertia	Chi square	Significance	Inertia ratio		Unique value of reliability	
					Accounted for	Accumulated	Standard deviation	Correlation 2
1	0.098	0.010			0.842	0.842	0.060	0.029
2	0.042	0.002			0.158	1.000	0.063	
Total		0.011	2.874	0.579 <sup>a</sup>	1.000	1.000		

Note. a. 4 degrees of freedom.

### Discussion and Conclusion

According to the obtained results, it is observed that the prevalences in the migrant population are male adolescents between 12 and 22 years old, single and without descendants. These indices are attributed to the labor market and its segmentation by sex or the differentiated impacts of the migratory policies on men and women, as well as the role of women and men in the families' social reproduction strategies (Herrera, 2012).

Only 32% of the surveyed population completed basic education, 39% have a monthly income between \$154.68 and \$257.80 USD dollars, which explains that the reason for the transfer is due to the desire for a better salary and better life situation. Given that in their countries of origin, people perceive the work pay as insufficient or unsatisfactory, economic difficulties are underpinned as the main family problem.

As it has been established, violence suffered along migrant's journey is an extremely influential factor that prevents the subjects from fulfilling their objectives. In this sense, the present study confirms the presence of some type of violence during the transfer of the individuals from their country of origin to their country of destination; the majority of the migrants suffer from high levels of violence during their transfer. Finally, it was found that subjects who suffer from greater levels of severe violence are the ones who plan to reach Spain and the United States of America.

The association between domestic violence and violence during the journey is so serious that a prediction of the degree of risk of violence during the transfer can be made depending on the degree of domestic violence.

The hypotheses were confirmed, that risk factors such as domestic violence, lack of money and insecurity in the migrant's country of origin, had as consequence the transfer to other countries. It was also determined that domestic violence is certainly a risk factor for suffering other types of violence.

### References

- D'Angelo, V. (2014). Violencia contra violencia. Un análisis de la táctica "Black Bloc". *Revista Española De Ciencia Política*, 36, 13-33.
- Espinar, E. (2006). *Violencia de género y procesos de empobrecimiento*. España: Universidad de Alicante.
- Figueroa, E., Pérez, F., & Godínez, L. (2015). La migración y las remesas en México: 1980-2010. *Nósis: Revista De Ciencias Sociales Y Humanidades*, 24(47), 20-49.
- Fondo de la Población de las Naciones Unidas (UNFPA). (2005). International migration and the Millenium development goals. Selected papers of the Expert Group Meeting Marrakech, Morocco. Retrieved from <http://www.unfpa.org/public/publications/pid/1327>
- Fondo de la Población de las Naciones Unidas (UNFPA). (2008). UNFPA Annual Report. Retrieved from <http://www.unfpa.org/public/publications/pid/1327>
- Guerrero, V. (2016). Maltrato: la violencia de todos los días. ¿Cómo ves? Revista de la divulgación de la ciencia, Universidad Autónoma de México.



- Guzmán, E. (2005). Logros y retos del Frente Indígena Oaxaqueño Binacional: una organización para el futuro de los migrantes indígenas. Tesis Licenciatura. Relaciones Internacionales. Departamento de Relaciones Internacionales e Historia, Escuela de Ciencias Sociales, Universidad de las Américas Puebla.
- Herrera, G. (2012). Género y migración internacional en la experiencia latinoamericana: de la visibilización del campo a una presencia selectiva. *Política y Sociedad*, 49(1), 35.
- Instituto Nacional de las Mujeres (INMUJERES). (2006). *El Curso-Taller Prevención de violencia desde la infancia*. Talleres de Profesionales Gráficos de México.
- Martínez Lanz, P. (2011). Adicciones y violencia intrafamiliar en los migrantes. In *La migración en México y su impacto en la vida de las personas*, Cap V Factores de riesgo y de protección de la salud mental de los migrantes mexicanos. Ed. Parentalia (pp. 305-314). ISBN 978-607-7652-11-3.
- Osorio, E. (2014). La bestia: muerte y violencia hacia migrantes en tránsito por México (Tesis Maestría, Universidad Iberoamericana).
- Parker, R. N., & Toth, A. M. (1990). Family, intimacy, and homicide: A macro-social approach. *Violence and Victims*, 5(3), 195-210.
- Quintana, L., & Salgado, U. (2015). Migración interna Mexicana de 1990-2010: Un Enfoque desde la nueva geografía económica. *Problemas Del Desarrollo. Revista Latinoamericana De Economía*, 47(184), 137-162.
- Slavoj, Z. (2009). *Sobre la violencia. Seis reflexiones marginales*. Barcelona: Paidós.
- Sorenson, S. B., Richardson, B. A., Peterson, J. G. (1993). Race/ethnicity patterns in the homicide of children in Los Angeles, 1980 through 1989. *Journal of Public Health Briefs*, 83(5), 725-727.
- Torrealba, O. R. (1989) Migratory movements and their effects on family structure: the Latin American case. *Journal of Public Health Briefs*, 83(5), 725-727.
- Wilson, J. Q., & Herrnstein, R. J. (1985). *Crime and human nature*. Nueva York: Simon and Schuster.
- World Health Organization (WHO). (2002). *Informe mundial sobre la violencia y la salud*. Washington, DC: :Krug, Dlberg and Mercei.

# *Oficina das Letras: Practical Approach to Writing in a Psychiatric Hospital*

Bárbara de Caldas Melo, Leila Akemi Evangelista Kusano, Rosiberton Pereira da Cruz

Centro Universitário UDF, Brasília (DF), Brasil

Michelle Andreza Falcão Rodrigues

Secretaria de Estado de Saúde do Distrito Federal, Brasília (DF), Brasil

The therapeutic workshops are proposals for social insertion in mental health services, providing a space for coexistence of the subjects. Literacy workshops help the inopportune users to stay in school, through extended hospitalizations, to practice writing and reading as a resource for the reorganization of reality and the reconstruction of autonomy. This article reports on the process of implementation of the *Oficina das Letras*, held in a psychiatric hospital, and its contribution to the therapeutic process of the participants. As a result, it was possible to observe that the implementation of the workshop contributed to the recovery of the subjectivity of inpatients from the reinforcement to the use of writing and reading, in which, it sought to promote part of the reconstruction of the identity and the autonomy of the users, collaborating with the exercise of citizenship.

**Keywords:** therapeutics, mental health, psychiatric, rehabilitation

## **Introduction**

It is not enough to learn to read and write; it takes more than that to go beyond functional literacy. The person's entrance into the world of writing is through learning the full complexity of the act of reading and writing (Soares, 2003). It is necessary to practice reading and writing so that the subject becomes literate (Colaço, 2012).

The practice of reading and writing is so rooted in modern society that it is unfeasible not to interweave it in the behaviors and activities of daily life, a fact that causes change in the social place of the subject, in his way of living in the community and the insertion in the cultural context (Tfouni & Sidinger, 1997; Soares, 2003).

Writing is intended to spread ideas, and associated with reading, stimulates motor and cognitive functions—memory, attention, concentration, motivation (Tfouni, Pereira, Assiolini, Sarti, & Adorni, 2008). From meaningful words, writing has served as a function of constructing, uniting past to the present, reconstructing the history and subjectivity of the subjects (Tfouni & Sidinger, 1997). The subjects are constantly exposed to different situations of reading and writing in the interaction of the contexts in which they coexist—labels, books, advertisements, transport itinerary.

---

Bárbara de Caldas Melo, Nurse, Mental Health Specialist, Centro Universitário UDF, Brasília (DF), Brasil.

Leila Akemi Evangelista Kusano, Nurse, Pediatrics Specialist, Centro Universitário UDF, Brasília (DF), Brasil.

Rosiberton Pereira da Cruz, Psychologist, Mental Health Specialist, Centro Universitário UDF, Brasília (DF), Brasil.

Michelle Andreza Falcão Rodrigues, Psychologist, Neuropsychology Specialist, Secretaria de Estado de Saúde do Distrito Federal, Brasília (DF), Brasil.

Literacy refers to the use of language, discourse, and ways of organizing reality. The writing and the speech complement each other, are coadjutant in the complex staging of events in the institutions, constituting practices in the family, in the church, in the work, and in the society (Colaço, 2012).

Several individuals in society are excluded from literate practices, even if they know how to read and write, because they do not share knowledge for the improvement of these experiences, often due to adverse socioeconomic, educational or psychic conditions (Tfouni, et al., 2008). In these conditions, the illiterate, with learning difficulties and people with few conditions of accessibility to the educational means are excluded. Writing reorients the social structure, legitimizing the knowledge valued by schooling as a mechanism of power and ascension (Kenski, 2007).

The technology of writing interacts with thought, freeing it from the obligation of permanent memorization. It becomes a tool for the expansion of memory and communication, enabling man to expose his ideas, leaving them free to expand their capacity for reflection and apprehension of reality (Kenski, 2007).

Paulo Freire (1987) talks about how the subject learns to write his life, being the author and witness of its history, that is, biographing, existing and defending the idea of education as a liberating practice, which strengthens the breadth human, a very close context of the conceptualization of literacy.

According to Soares (2003), the concept of literacy starts from the learning of alphabet-orthographic writing, with the domain of human language, in which the symbols of writing are linguistic signifiers. And for a new dimension of entry into the world of writing, the concept of literacy designates the set of skills and knowledge involved in the use of reading and writing necessary for an active and competent participation in society.

Literacy allows the subjects to occupy new discursive places, or already erased from memory, through the (re)introduction of writing practices, reestablishing cognitive and subjective use of the word (Tfouni, et al., 2008). In this way, recognizing itself as belonging to the environment and being able to deal with discourses, reflections, and sharing, the subject perceives himself inserted in professional, social, and affective fields that excluded from the society, are at the margins of community dynamics.

Contextualizing the reflection brought by the dialogues of Kenski (2007) and Tfouni, Pereira, Assiolini, Sarti, and Adorni (2008), the reading and writing in their depths, seek to allow the subject access to various means of interaction in society, performing basic life activities and also collaborating in health demands, through formation of links, resocialization, rescue of autonomy.

According to Ministério da Saúde (2004), therapeutic workshops are activities carried out in groups and with the presence of professionals, with a view to greater social and family integration. There are several possibilities of workshops, of types: expressive—body artistic, musical activities; income generating workshops—culinary, sewing, carpentry, handicrafts in general and literacy workshops.

Therapeutic workshops are proposals for social reinsertion in mental health spaces—psychiatric hospitals, Psychosocial Attention Centers (CAPS), and other services, creating and reinventing a space of coexistence of the subjects, rebuilding the right to create, to express opinions and to relate. These enable the patient to establish ties of self-care and affectivity with the others. In the field of mental health, these therapeutic devices are seen as instruments of enrichment of the being, place of valorizing artistic expressions, discovering and expanding skills (Mendonça, 2005).

In the traditional psychiatric model, based on psychiatric hospitalization, the work and artistic activities are part of the set of strategies and institutional mechanisms of control, discipline, and vigilance, being a

habitual practice to offer therapeutic activities to the patients. The argument used for such activities is the therapeutic and rehabilitative potential that these provide to service users, with disturbed mind, delusions and hallucinations and attention re-enhancer effects (Amarante, 2012).

These facts, of valuing forms of expression and expanding and improving abilities, become perceptible through direct contact with the patient, both in the common spaces of living in the wings of hospitalization, and in the environments reserved for the realization of the workshops. With the ideals of resocialization, in addition to regaining patients' knowledge and skills, the workshops bring them back to culture, language, and social and political ways (Mendonça, 2005).

According to Ministério da Saúde (2004), literacy workshops help inopportune users to stay in school to practice writing and reading as a resource for rebuilding the exercise of citizenship, so the development of the Literature Workshop, based on the exposed concept of literacy, as a strategy for therapeutic activity offered to patients permeating the expressivity opportunized by this resource, is described in this paper, reporting the process of implementation of the writing and reading practices workshop for adults in a psychiatric hospital in the Federal District, and their contribution to the therapeutic process of the patients.

### **Metodology**

Retrospective descriptive observational study reports the process of implementation of the Letter Workshop as a form of therapeutic workshop for users of the mental health service of the São Vicente de Paulo Hospital (HSVP) of the Federal District Health Department.

São Vicente de Paulo Hospital was created in 1976 as the first public psychiatric care facility in the Federal District, formerly known as the Hospital for Psychiatric Care (Santiago, 2009). The service assists mentally ill patients, with approximately 100 new hospitalizations per month, with hospitalized subjects rotating in a short period of time.

Among the forms of care for the mentally ill patient, therapeutic workshops are held, in which the professionals propose different types of activities, among them: self-care workshop, with corporal hygiene practices; artistic workshop, in which manual skills are developed; group psychotherapies; external visits and, among others, the Letter Workshop, proposing a practice of reading and writing, spontaneous adherence of the subjects hospitalized in the hospital.

The work was carried out from a descriptive approach with the report of the implementation of the Letter Workshop. The demand for the creation of a workshop that works on the reading and writing of patients was based on a local observation of patients with a deficiency in the ability to perform simple activities such as: signing the proper name and writing sentences with complete sentences, since without stimulation, many lost the sensitivity to reading and writing, in their everyday use.

This work presents the schedule of implementation of the workshop, following the steps: bibliographical survey; theoretical construction of the model of the literacy workshop; description of proposed activities; presentation of the material resources used for this purpose, therapeutic contributions to the patients offered by the workshop and demands for adaptation in the face of adversity of implementation.

The research is related to the work to complete the Multiprofessional Residency Program in Adult Mental Health, approved by the Research Ethics Committee of the Foundation for Teaching and Research in Health Sciences (FEPECS).

## Development

The activities carried out with the patients resumed writing as a practice of culture and communication, modifying the vision of literacy as a school practice—grammatical rules—for literacy, which refers to the historical aspects of learning writing, including communication actions in society (Tfouni & Sidinger, 1997).

The group assembled for the workshop was a spontaneous decision of each patient, in which the interns were included in the three sectors of the HSVP (emergency room, day care, and emergency room) as well as professionals (nurses, psychologists, social workers, trainees).

On average, the activity was performed with 6 to 15 patients, with 1 hour to 1h30m duration. Knowing the group, it was possible to mobilize the contents for practices that were relevant to be presented to those involved in the workshop, with the desire to re-approximate them to the literate society. Given that the participants called themselves literate, the collaborative activity reinforced that everyone has something to contribute and everyone has something to learn (Colaço, 2012).

Tfouni, Pereira, Assiolini, Sarti, and Adorni (2008) point out that the workshop is a therapeutic resource where one can open space so that the participants could write part of their own history with memories and shares. During the activities, the patients shared stories, beliefs, desires, and experiences before and during hospitalization. At these moments, it was possible to perceive the experience of schooling, health care opportunities, and interpersonal relationships.

Reinserting the patient in the literate society implies an exposition of the writing, something that the time of internment has restricted them (Tfouni & Sidinger, 1997). Many of the patients go through months of hospitalization, a fact that causes a change in the routines of work, study, leisure, and social ties, and at the time of the workshop, it was possible to reintroduce communication and writing practices.

Participants were constantly encouraged to produce and interact in groups, as these are the subjects of their own learning, using writing and reading as instruments of the manifestation of their intentions, desires, projects, and histories (Tfouni & Sidinger, 1997).

After readings and retrieval of literacy activities, based on scientific publications, a schedule of activities and a script for the realization of the Letter Workshop were developed. This script made it possible to establish the direction, referring to the idealized practical activity and instrumentalisation of material resources to the other components of the group—among the professionals—who sometimes assisted in the accomplishment of this.

The script also allowed a preview of what was expected during the activity. Even with the attempt to maintain a controlled and scripted environment for the workshops, some episodes deviated from the activity of the proposed course, putting us to the test of reorganizing the activity halfway through. Considering also the unpredictability of driving that would lead to the conclusion of the workshop of the day, due to the subjectivity, peculiarity and individuality of those involved.

At the beginning of the planning and construction of the workshop proposal, it was made up of the patients' work, letters of the alphabet on 7 x 5 cm cardboard paper, which allowed the construction of words and short sentences in various activities, as well as providing a moment of manual construction and use of individual patient skills, interacting with other professionals and environments.

The place chosen for the workshop was the emergency room, a day in which emergency patients have the possibility to spend the daytime (8 am to 6 pm) performing therapeutic and recreational activities, as well as

encouraging autonomy and self-care in a less reclusive and more welcoming environment, even within the grids of a psychiatric hospital (Garcia, 2015). In this environment, constituted by free access rooms, tables, and chairs that had several participants, we sent the interested parties to participate in the workshop, leading them from other sectors, accompanied by professionals involved in the activities and with the description of the activities carried out.

*1st Meeting:* In the first edition, it made explicit to the participants of the Letter Workshop, starting from a collective base of patients, performing different reading attempts, integrating knowledge, and reinforcing the moment of interaction between them. The choice of a bar code file color skin and colored pencils, with an orientation of the first word the shapes, sizes, and colors, and in sequence, spell the full name, mirrored, backwards, scrambled letters.

This activity enabled, at first, the writing of the participant's name, reinforcing the construction of the words, cognitive retaking of previous knowledge in relation to the domain of the alphabet, knowledge of the letters and memory of the written construction of the name itself. It was possible to notice that some patients did not even remember the correct spelling of the letters of the own name, due to the distance of the practices of writing. Others, however, spoke mainly about the meaning of the name, the importance and the recognition of this for the subject and various forms of spelling as suggested in the therapeutics.

For Martins (1991), when it comes to name, a very peculiar word, it is not only a simple and Cartesian brand, but a sign, which gives rise to a representation, a level of complexity greater than a pure sign, overflowing the reference of the subject, and constituting the self.

*2nd Meeting:* In the activity described, a white A4 sheet with a letter of the alphabet was distributed to the participants, so that they could develop the writing of all the words they knew starting with the letter. It was important to observe the concentration of each participant so that he could contemplate the proposed objective, also succeeding in mutual help among those involved, in order to add more words that refer to the letter described.

According to Riess (2010), the group presents a degree of interdependence in which they are linked together and articulated by a mutuality of representations and support to a task that seeks a purpose, it is characterized, explicitly, by a learning. It is noteworthy that the resumption of knowledge and group sharing was fundamental to this activity.

*3rd Meeting:* In this moment of the Letter Workshop, the materials used for the activity were the alphabetical plaques, with the proposal that, from the letters in combination, they formed words that answered the questioning raised by the facilitator, a game known as *adedonha*.

The first question asked was "*How are you feeling today?*" And from this trigger, participants constructed signifiers that enabled a more personal and therapeutic approach, bringing a moment of sharing about the feelings and emotions experienced in that health care space. At this moment of interaction, it was possible to perceive the strengthening of links and care among patients, important also for the recovery and promotion of the health of those involved. Terms such as "joy", "luck", "happy" were perceived as patients' response.

The other questions sought to offer greater opportunities for exchange and share of information between each of the members of the group, in which they present their own desires, tastes, and desires, different from the moments of involuntary hospitalization, in which the autonomy capacity of the subject is impaired, making or misfitting the reality of daily life (Barros & Serafim, 2009).

Among the questions were: preferred food, most important person, favorite book, novel that recalled, profession and dream. The whole proposal was focused on the construction of the words and their meaning to each one, influencing the others in the story telling of important life stories of the patients and facilitators, besides the positive reinforcement to the resumption of the cognitive. One of the participants, referring to the “important person” answer, built the name of a nurse in the service, in which he explained the affectionate form of care provided to him.

*4th Meeting:* We carry out a collaborative activity with an affective background. After three weeks of meetings, the slightly more cohesive group already showed a greater sense of belonging and bond, which allowed to carry out a task with a higher level of solicitude. It was offered to the actors in the workshop that they wrote, A4 white sheet with pen and colored pencil, a word that showed a personal representation to the other people of the group. And in referring to that word, it was elucidated of the meaning that it sent.

In moments of freedom of creation, patients have developed means of constructing signifiers to their own feelings and representations, having a diversity of samples of artistic productions, being offered by the autonomy of the subject. Some of the representative and valiant words to the participants were “100% love”, “autonomy”, “knowledge”, “apology”.

Paulo Freire (1987) says that it is not necessary to imprison the mechanisms of vocabulary composition, but to seek new words, not to collect them in memory, but to say and write the world, thought and history. The subject is assuming the conscience of the witness of a story that is known author, feeling reflexively more responsible for this story (Freire, 1987).

*5th Meeting:* The suggestion for the activity was based on the use of alphabet plates, with the construction of words that refer to the sharing of feelings, films and favorite books, a novel that recalled, type *adedonha*, recalling possibilities of self-knowledge, knowledge among peers and free space for sharing and souvenirs. For Martins (1991), human beings are symbolic, because they speak and use words to communicate, words that have meaning in all cultures, thus playing a role of communication between individuals.

*6th Meeting:* In the schedule of the sixth meeting, a white A4 sheet was delivered to each participant with the following writings: my name is, I was born, I like, I am. In this way, it was possible to resume the writing and the particularity of each subject, with subjectivity, life stories, and reinforcement of socialization. In this proposal, it was possible to know the desires and wishes of the participants, in which there were several constructions, some complete and longer, others objective and direct, also enabling speech stimulation and sharing of writings.

Paulo Freire, in his method of adult education, reinforces that raising the vocabulary universe of each student is fundamental to the process of exercising writing and reading, leading him to raise awareness of teaching with the understanding of the words that surround him in his daily life (Galvêas, 2000).

*7th Meeting:* In the seventh meeting of the activity, a word-reader was created on A4 sheet and handwriting, with terms common to the routine of hospitalized patients, so that the use of these words would provide a moment of discussion of their signifiers. The words described in the production were: pain, cure, family, love, destiny, remedy, health, illness, profession, desire, dream, suffering, faith.

These terms were commonly referred to the participants in the Letter Workshop, and the choice of each term stemmed from the intentionality of externalizing feelings, promoting sharing and enriching contact with terms widely used in the routine of these patients.

In addition, Pitta (Valladares, Lappann-botti, Mello, Kantorski, & Scatena, 2003) considers that part of the process of psychosocial rehabilitation is to facilitate the user to interact through their limitations, tending to restructure the autonomy of this front to their functions in the community. The proposal to remit the inclusion of usual terms to the inmates' reality and in psychic suffering sought to practice the reconstruction of the subjectivity of individuals in a common context of life, debating terms in which all involved would understand, collaborating with their perception and experience.

*8th Meeting:* With the closing moment of the *Oficina das Letras*, the group was suggested to use the alphabetical plates, so that at the first moment the name of each participant was written. After this separation of letters, we reinforced the construction of other words with the same letters of formation of each patient's name, for example: BARBARA, ARARA, BAR, BARRA.

Martins (1991) argues that the formations of several words assume that the name itself is the essence of an identifying mark; serving to designate particular things, there is no sense in translating them, otherwise it will denature its own essence.

The implementation of the workshop contributed to the recovery of the subjectivity of hospitalized patients from the use of writing, not taking into account the level of schooling of the participants, but referring to the memory and life history of each one, similar to the one described by Tfouni, in the year 2008, with psychiatric patients in a hospital in Ribeirão Preto—São Paulo/Brazil.

### Conclusion

The experience of the implementation of the *Oficina das Letras* during a period of passage through the scenario of the Hospital São Vicente de Paulo reinforced the intervention process in the coexistence and resocialization of the subjects, both user and service team, since the autonomy of construction and routing of the activity and its developments—adjustments to the itinerary, dissemination among patients, positive reinforcement of the peers—contributed to the transformation of the reality of all those involved.

In the workshops, we note that the literacy experience sought to promote part of the reconstruction of identity, the autonomy of users and, collaborate with the exercise of citizenship—in access to health and education—with opportunities for questioning, discussion, and sharing, at the outset of ignorance of their health-disease processes.

Aimed at providing free expression through writing, the reconstitution of the individuality within the stigma of mental health, even inserted in a psychiatric hospitalization service, showed through the activities, the rupture with the isolation of the social practices of reading and writing, to the literate, in which they had already been approached at other times when out of hospital.

The free process of construction and development of the Letter Workshop reinforces the possibility of reproduction in the various health services, which require reading and writing activities with an educational purpose to the inopportune patients of such access, simplifying the propagation of the material resources used.

### References

- Amarante, P., & Costa, A. M. (2012). *Diversidade cultural e saúde*. Rio de Janeiro: Cebes.
- Barros, D. M., & Serafim, A. P. (2009). Parâmetros legais para a internação involuntária no Brasil. *Revista de Psiquiatria Clínica*, 36(4), 175-177.
- Colaço, S. F. (2012). *Práticas pedagógicas de letramento: Uma visão ideológica*. IX ANPED SUL. Seminário de Pesquisa em Educação da Região Sul. Instituto Federal Farroupilha/ UCPEL. Rio Grande do Sul.



- Freire, P. (1987). *Pedagogia do oprimido* (17ª ed.). Rio de Janeiro: Paz e Terra.
- Galvêas, E. C. (2000). *Paulo Freire e o método de alfabetização de adultos*. Retirado em 17 de outubro de 2017, em paulofreire.ufpb.br
- Garcia, K. A. (2015). *A reforma psiquiátrica brasileira e o processo de desinstitucionalização: Abordagem reflexiva o contexto do Hospital São Vicente de Paulo*. Curso de especialização em Saúde Mental, álcool e outras drogas. Brasília: Editora Universidade de Brasília.
- Kenski, V. (2007). *Educação e tecnologia: O novo ritmo da educação*. Campinas: Ed. Papirus.
- Martins, F. (1991). *O nome próprio: Da gênese do Eu ao reconhecimento do outro*. Brasília: Editora Universidade de Brasília.
- Mendonça, T. C. P. (2005). *As oficinas na saúde mental: Relato de uma experiência na internação*. Pontifícia Universidade Católica de Minas Gerais. Revista Psicologia, Ciência e Profissão. Minas Gerais.
- Ministério da Saúde, Brasil. (2004). Secretaria de Atenção à saúde. *Saúde Mental no SUS: Os Centros de Atenção Psicossocial*.
- Riess, M. L. R. (2010). *Trabalho em grupo: Instrumento mediador de socialização e aprendizagem*. Faculdade de Educação da Universidade Federal do Rio Grande do Sul. Porto Alegre.
- Santiago, M. A. (2009). *Panorama da Saúde Mental Pública no Distrito Federal de 1987 a 2007: Um estudo exploratório sobre a reforma psiquiátrica no DF*. Programa de Pós-graduação em Psicologia Clínica e Cultura. Brasília: Editora Universidade de Brasília.
- Soares, M. B. (2003). Diário na Escola Santo André. *O que é letramento*. Secretaria de Educação e Formação Profissional de Santo André. Jornal Diário do Grande ABC.
- Tfouni, L. V., Pereira, A. C., Assiolini, F. E. P., Sarti, M., & Adorni, A. (2008). *O caráter terapêutico da escrita: Práticas de letramento em um hospital psiquiátrico*. Universidade de São Paulo. Ribeirão Preto. Brasil. Paidéia. Retirado em 15 de outubro de 2017, em www.scielo. piadeia
- Tfouni, L. V., & Sidinger, F. M. (1997). *Letramento e alfabetização com moradores de um hospital psiquiátrico: A escrita como resgate da subjetividade*. Campinas: Cad. Est. Ling.
- Valladares, A. C., Lappann-botti, N. C., Mello, R., Kantorski, L. P., & Scatena, M. C. M. (2003). Reabilitação psicossocial através das oficinas terapêuticas e/ou cooperativas sociais. *Revista Eletrônica de Enfermagem*, 5(1), 4-9.

# Genodrama as a Possible Processing of Family Patterns and Inheritance

Borbála Tóth

Paediatric Clinic No.2, Semmelweis Medical University, Budapest, Hungary

The introduction of genodrama and genogram with literature references. The subject of the research is discovering transgenerational patterns hiding in the background of a 150-hour long genodramatic process of a group and after processing genogram in a genodramatic play. Genodrama group consist of 10 people, psychologists, and helping specialists, which was organized by the Hungarian Psychological Association and accredited by the Semmelweis University. Methods are registering and processing genogram using the signs of Mc Goldrick-Gerson-Shellenberger in their book titled Genograms. The participants could gain a deeper insight into their family patterns and blind spots by the help of a transgenerational system map provided by genogram; even family secrets surfaced. By drawing the triangulations, the centre straining the family became seeable and therefore processable. All participants gained possibility for a deep emotional (re)living of the situation, which helped living understanding, empathy, and forgiveness for the ancestors, and that the dysfunctional family patterns would not be transmitted. Spirituality appeared in the group in several levels spontaneously, helping the evolution of an “experience of unity”. The study summarizes the effects and strengths of genodrama as a group process. The participants of the group could experience that they carry and bear behaviour patterns and fate of their ancestors, sometimes for hundreds of years, which hide in the background of their trauma, obstruction, or entanglement in life. By processing these after bringing them to the surface, the person is able to cut off the maladaptive pattern. According to the theories concerning the familial unconscious of Lipót Szondi, the person becomes able to exchange compulsory fate for a freely chosen one, this way giving the opportunity of a better quality of life for the next generation.

**Keywords:** system approach, genogram, genodrama, transgenerational inheritance, revealing trauma, spirituality

## Subject of the Research—My Road to Genodrama

Like the great theoretical masters, I was also led to form genogram recordings and develop genodrama through my personal experience in trainings. The 1996 workshop *Genogram: A Royal Path into the Family Unconscious*, held in Hungary by the Polish family therapist Prof. Dr. Irena Namyslowska, had a significant effect on me. In my psychodramatic work, I was inspired to follow my own path by Max Clayton. I participated as a protagonist in the psychodrama workshop held by Chantal Neve Hanquet in Debrecen in 1995, and this experience has turned my professional and personal life around.

I learned about the secrets of genograms through *You Can Go Home Again* by Goldrick (1997) and *Genograms, Assessment and Intervention* by Goldrick, Gerson, and Shellenberger (1999). My knowledge of the field was further expanded by Laura Giat Roberto's (1992) *Transgenerational Family Therapies*.

Hungarian-born Ivan Boszormenyi-Nagy and Krasner (2001) added family relationships as values, and the principle of loyalty, to transgenerational family therapy. Transgenerational responsibilities and inheritance are obligations strongly forced by ethics, and are significant and justifiable demands from ancestors to descendants. The essence of the contextual approach to family therapy defined by Boszormenyi-Nagy and Krasner is that transgenerational consequences are unavoidable.

According to Laura Giat Roberto (1992), the genogram is an information network that can be understood as a transgenerational system map, showing us the complexity of the entire family. It helps to discover priorities, such as recurring symptoms and recurring family relationships. On the family system map, one can see the triangles, the coincidental repetitions in numbers, and the significance of name changes and the genogram helps to uncover secrets. On the “cross” of the genogram, transgenerational stress may be explored as presented on the vertical level, while the horizontal stress continuum points to the way the family has dealt with life cycle changes. Multigenerational patterns indicate the behaviors emerging or recurring over three or more generations, for example, in aspects of intimacy, control, autonomy, or conflicts.

In the 1980s, genograms did not have a generally standardized form, even though many used the tool. The standardized genogram was developed by a commission of renowned family therapists and doctors. Among the members were Murray, Bowen, Jack Fromm, and Jack Medalie. They determined the most practical genogram symbols and agreed on a standard format. This format records information about family members and their relationships from at least three previous generations (Goldrick et al., 1999).

The genogram recordings I conduct with families use the standard genogram symbols published by Goldrick (1997). The most interesting aspect of genograms is how families are guided to look behind the one-dimensional, linear perspectives, and how are taught to think in a systematic approach. By creating a systematic approach, the genogram systematic approach explores family events in space and time, and gives the therapist the ability to reframe, detoxify, and normalize the emotionally heated situation.

### **Arising Problems and Possible Solutions**

The study aims to answer how a systematic approach to family therapy, with the help of genograms, is able to deepen and catalyze psychodramatic work in exploring and processing transgenerational blocks and traumas in the genodrama process.

The therapeutic opportunities of a genogram interview lead from the problem defined by the family to a wider, more contextual problem. Starting from the present family situation, we can reach a similar problem in the extended family. We can get from simple questions to more complicated and provocative ones. Present events may reach back into the history of the greater family. During the genogram interview, an emotional connection develops through the family narratives with family members that have “disappeared into obscurity”. Hidden belief structures may emerge. Genograms as transgenerational system maps explore the situation of members of the extended family and catalyze the self-awareness process (Goldrick et al., 1999).

In genodrama, we can grasp the problems and life situations of the protagonist through a multidimensional approach. Representatives of depth psychology schools, the psychoanalysis of Freud, the analytical psychology of Jung, the fate psychology of Szondi, the contextual approach of Ivan Boszormenyi-Nagy and Krasner, and genogram recordings, are all combined in the classical psychodrama of Moreno, and serve as a basis for genodrama, the psychodramatic play. In Freudian psychoanalysis, the path leads from the symptom to the unconscious, to the instinctual life, to sexuality. Jung describes the archetypical nature of symbols in the

collective unconscious dimension in his analytical psychology. “In his fate analysis, Szondi explores the family unconscious through inheriting the ambitions of familial ancestors, which manifests in the person’s choice of fate” (Gyöngyösiné Kiss, 1999, p. 19). The languages of symptoms, of symbols, and of choices, help us understand three different dimensions of the unconscious mind, but these three dimensions may only be understood in continuity and globality (Szondi, 1996).

My dramatic experience is that the patterns and behavioral manifestations of the family unconscious can manifest themselves in the here and now in the dramatic play, and are often graspable in a symbolic form, further refined by the intuition that guides and helps all psychotherapy.

### Method

Psychodrama is considered in literature to be a method-specific psychotherapeutic method. The dramatic work has numerous dimensions: psychodrama can be used in self-awareness work, organizational development, and coaching. According to Vikár (2007),

Genograms have a significant role in psychodrama too, they often emerge in the background when the actual conflicts are presented; they point to what the conflicts communicate, and through this, how the previous generations influence the present. Genodrama solves the maladaptive behavioral patterns in the present, which are considered hereditary, whether we assume a genetic or learned mechanism in the hereditary process. (p. 90)

The genodrama I developed does not differ from the classical use of psychodrama in its methodology, but further develops the systematic approach taken from family therapy by using the three-generation genograms already established in family therapy.

The verbal discussion of the genograms in the group is conducted along the following aspects: socio-cultural determination, geographical, historical past, geographical movement, ethnic background, religion and change of religion, naming, parenting, education, job, profession, unemployment, military service, retirement, conflicts with the justice system, abuse which may be physical, chemical (drugs and alcohol), and psychological, or incest—problems related to eating or smoking, dates when family members have left home, diseases, causes of deaths, codependency, interesting characteristics, and gender roles.

The aim of genodrama is the dramatic presentation of the genogram, creating an opportunity to process the relational situations experienced as a trauma by the protagonist, through the method of psychodrama. Through this, manifested or hidden relationship patterns may emerge that could not be explored in such a short amount of time with the “traditional” use of psychotherapeutic methods. While exploring the family dynamics and recording the genograms by drawing relationship symbols into the family tree, the hidden communication patterns of the family become visible, which are also well-represented by the triangles defined by Bowen (1998). In understanding the genodramatic process, besides the systematic approach the approach of depth psychology schools are also necessarily integrated depending on which theory serves best the understanding, exploration, and transformation of the protagonist’s block. The Freudian psychoanalytic approach helps explore the identification process of the person, C. G. Jung helps discover collective experiences hidden in family dynamics, and with the fate analysis of Leopold Szondi, we grasp the laws governing a person’s fate.

Other characteristics of the method: working with the family tree gives us the opportunity to explore the identity formulating role of family traditions, naming and name choice, positive and negative family inheritance, the origins of the relationship patterns with family members (siblings, grandparents), and possible recurring events or diseases, as well as family secrets. The strength of the method is that it simultaneously guides the protagonist through multiple dimensions to

the original family experience, to understand the problem and to catalyze the processing process in a complex way. (Tóth, 2014, p. 61)

Numerous approaches to genodrama are present in international literature. The following is a selection of these:

The first edition of Anne Ancelin Schützenberger's *Aïe, mes aïeux! Liens transgénérationnels, secrets de famille, syndrome, d'anniversaire transmission des traumatismes et pratique du génosociogramme* (Oh, my ancestors! transgenerational links, family secrets, the anniversary syndrome, transmission, traumas, and the practice of genosociogram) was published in 1993. By developing transgenerational therapy, Schützenberger (2016) showed us how we can reclaim our freedom, and how we can stop family repetitions, to finally be able to live our own lives. She firmly stated that "We are able to grasp the opportunity: We can make our destinies our own, we can improve it, and we can avoid falling into the recurring transgenerational traps of the unconscious" (p. 18).

Schützenberger reminded us to respect Jacob Levi Moreno as well, besides the theorists of the schools of depth psychology that had the biggest influence on her. According to Schützenberger (2016), the seed from which genodrama grows can also be traced back to the first conclusion of Moreno, which he discussed through the connections between family systems and the social atom. Schützenberger further develops the merging of the social atom and the genogram, creating a so called "genosociogram":

We keep deepening and enriching the genogram until we get a genosociogram, combining it with psychosocial and psychoanalytical elements, and using tools such as the observation of non-verbal communication, paying attention to the reactions and changes happening in the client, for example in the way they inhale and exhale, or the color of their skin. Furthermore, we shed light on the things we do not speak of, the social and emotional links and connections of past and present in a kind of psychohistorical framework, during which we often work with historical dates of the 19th and 20th century. (p. 26)

The work of Faller Vitale is also based on the foundations set by Moreno, building on the use of genograms and other action techniques. Vitale referred to the master in relation to the novelty of the dramatic work, too. He quoted: "When a new need presents itself, therapists often feel that they have to create a new method or alter an older method in order to solve the given situation" (Faller Vitale, 2008, p. 122). Presenting the methodology of psychodrama, he wrote: "the usefulness of the psychodramatic method is practically unlimited—only its core is unchanged" (Faller Vitale, 2008, p. 122). Vitale made references to Moreno's family therapy-based ideas. "He often helped families in trouble by discussing their problems and the possible solutions to them openly, repeating his experience with the prostitutes in Vienna. He called this spontaneous approach *"théâtre réciproque"*. Vitale primarily used genodrama in couples' therapy. A prominent aspect of it is the understanding of the organization and reorganization of family tendencies across generations, as well as the redefinition of these in the case of the protagonists themselves" (Faller Vitale, 2008, p. 122).

To understand transgenerational effects, for thousands of years written and unwritten behavioral systems have been at work across cultures, which helped keep the balance from generation to generation. Just think of the *Ten Commandments* permeating Judeo-Christian culture, set as a law in the *Old Testament* for millennia, compliance with which became obligatory in European culture, and provided a framework for the behavior of the people (Tóth, 2017, p. 76). "Our existence does not begin at birth, rather we carry our family inheritance encoded in our genes, and the lives of our ancestors live on in us as a "pattern or imprint" (Tóth, 2017, p.75). We leave a mark on our descendants, who carry "the impressions of our lives, in their futures, habits, behavior

and in their memories that influence them on a deep level, often unconsciously” (Koltai, 2003, p. 3). There are numerous examples of the transmission of transgenerational patterns in both Hungarian and world literature. Just think of *The Tragedy of Man* by Imre Madách (1942), *Confessions of a Bourgeois* by Sándor Márai (1990), or *Roots* by Alex Haley (1976). Ivan Boszormenyi-Nagy and Krasner (2001) referred to Ezekiel 18:2: “The parents eat sour grapes, and the children’s teeth are set on edge” (p. 140).

I would like to highlight as a strength of the genodramatic method that it leads the person and the group to a deep, cathartic experience, and the understanding of the connections between family dynamics, in a relatively short amount of time.

The group process is always preceded by the presentation and interpretation of genograms and family trees, and reflections on the emerging questions and connections in family dynamics by the protagonist and members of the group. During individual sharing, it can be an especially shocking experience for everyone to tell family stories. This has enormous potential and power to teach.

I have often seen that there are young members in the group who do not have any historical knowledge or experience of their original families. Remarkably, this phenomenon can be observed mostly in the case of young women brought up by single mothers; in these cases, there are practically no memories from the father’s side. These young women show signs of serious relationship disruptions, as much in finding their partner as in keeping them. As they have not experienced a harmonious family pattern through their parents’ relationship, this causes serious deficits in the development of their personality, femininity, self-awareness, and self-esteem (Tóth, 2017).

### **Genodrama Process Analysis**

The case I discuss below was created through the recording and dramatic transformation of the genogram of a participant in a session of a 150-hour genodramatic self-awareness process.

Frida is a 28-year-old physiotherapist, presently a senior student at a university preparing for a helping profession. She joined the genodrama group aiming to improve her self-knowledge, at the recommendation of a professor at the university. At first impression, she is characterized by anxious, dim eyes and rigid, distraught facial expressions. She does not share much of herself, starts to cry, produces psychosomatic symptoms (clearing her throat, heavy breathing, and headaches). In the first couple of sessions, she is “allowed” to stay silent, to progress in her own rhythm. During the first interview before the group session, she says that she has participated in several psychiatric treatments, psychotherapy, and support meetings, but she later gives the feedback that she only realized during the interview that she is seriously traumatized. “It was then that I realized what I am dealing with, as I was not aware of it before”. On her life path, she carried on the “career” of the women of her family, longing for affection, and instead becoming a victim of sexual harassment. Her parents lived together, but as she heard from her mother her father, a respected coach at a Hungarian sports team, left them for another woman. The mother was a waitress, and while she was working she left Frida with her own mother, the grandmother with whom Frida had a close but ambivalent relationship. The mother “lived as she pleased”, getting pregnant four times from four different men, of which Frida was the first and only one to be born.

Frida was very talented at school, and her teachers took notice of her. This is how she was accepted to one of the best high schools in the capital. Still, due to her psychosocial background she was marginalized, associating with the wrong crowd. Nobody cared about her or paid attention to her in her family. She had

attempted suicide multiple times by the age of 14 years. She was unable to maintain her relationships, and unable to connect. She currently has three jobs besides attending university. She studies mental hygiene at the university, and feels fine. She says that the secret lies in the Rogerian Triad: empathy, genuineness, and unconditional positive regard. The training institution represents these values, and that is very good for her. She is accepted.

Frida's genogram analysis and play happened in the final period of the 150-hour group process. She had played several roles by that time and understanding the "full" phenomenon described by Moreno, it was not a coincidence that she was chosen to play the role of a grandmother traumatized in World War II in the play of another protagonist. This grandmother passed on the maintenance of constant control and awareness in everyday life, saying "one must always be on guard" to her grandchild, because this is the only way to lessen "everyday" anxiety. The following sentence was uttered by Frida as the grandmother: "The Russian front went through us, and the German front went through us". We saw a shocking example of the delegation of transgenerational anxiety in the play of a 60-year-old female psychologist. Frida could experience that her family was not alone in carrying the shame of sexual humiliation.

During the genogram analysis, Frida talks about how the women in her family fell into the roles of victim. She is certain that her grandmother and mother were both victims of sexual exploitation. This situation was discovered by the fine intuition of a group member who, looking at Frida's genogram, associated a "sacrificial altar". Frida was struck when she heard this. She "prepared" for processing the genogram, because she had insufficient information on her family. There was nobody in the family who would pass anything on. Then, she contacted a distant relative, Aunt Gizi, who could only "confirm" the parts of the family narrative that Frida had experience of already: "You will not be able to solve this genogram, your family could never solve anything. Your grandmother hid under the bed on her wedding night, too, and your grandfather left her, went to America. Although he did come back, but your grandmother never took him back. So, the village ostracized her. Shame never left her in her life".

In Frida's play, "shame" became one of the main motifs, even though she did not mean to manifest this consciously. We learned the following from Frida's genogram interview:

- Women became victims for generations;
- Every woman had a single child;
- Women were left by the men;
- An abusive relationship developed between mothers and daughters, as Frida put it: A wave of violence was passed from generation to generation;
  - Every woman was brought up by someone other than the mother; either the grandmother or someone else;
  - Men disappear from the women's lives. The women were beautiful "femmes fatales". Frida had always thought that infidelity was the sin of the men; she only realized later that the women did not support these men, who were actually the victims. And so was her father.

Before processing the genogram we made a sculpture—"My Mother and I" and "My Father and I"—with every group member, with a technique well-known in family therapy, which we developed further by dramatization. In the case of Frida, switching roles had an enormous effect in both situations, as she had to identify with the people with whom she had a serious emotional break. In the "My Mother and I" position, she kneels in front of her mother as a regressive little girl, unable to make eye contact. The group comes to her aid with "inner voices". Deep emotional pain is brought to the surface; Frida cries throughout the scene. Still, she

comes to the next session relieved. A member of the group notices the change in her look and says out loud: “Your hair is alive”!

When switching roles with the father she is asking Frida, as her father, to let him closer to her. Frida’s answer: I cannot do that. Still, in the role of her father she hugs Frida, and while in her own role she feels that she is unable to reciprocate, her fingers grasp the father’s shoulders. What the mouth is unable to utter is “given away” by gestures. Both vignettes have prepared Frida for the play following the processing of the genogram. In the follow-up sharing Frida admits, astonished, that she keeps repeating the same sentences about her father that she had to listen to from her mother and grandmother for decades.

Before beginning the play, I asked the group to share with Frida if they had similar experiences of sexual harassment. Three members of the group entered and told “selected” stories of becoming the victims of a ticket controller during an evening train ride, of a family man next door, or of a man while hitch-hiking. The supportive presence of the group “opened” Frida to the game.

During the promenade, she is unwilling to hold hands; she cannot bear being touched. The focus of her play is being alone. She feels that her mother and grandmother did not let her move on. We looked at this in four scenes.

(1) Scene: Frida is 5 years old, cowering in the corner, terrified of the aggression of her mother, who comes to her with a broomstick and hits her. She is unable to take on the role of her grandmother, because she is afraid that she will be so infused by anger that she might hurt someone, so we help her with auxiliary ego doubling. As her own grandmother, she expressed her aggression verbally using obscene language.

(2) Scene: She is eight years old, sitting in the bathtub while her mother tests her on the multiplication tables. She should be reciting the tables, and the bath water is getting cold. The mother argues with her: “We have been studying the multiplication tables for two hours now and you still do not know how much is  $6 \times 7$ . And I have to go to work”. Frida confesses shamefully that she passed on the same situation to her dog, but she cannot talk about it; she does not have the right words to express it. Now, she is ashamed of it. A “fine” example of the repetition compulsion described by Freud in 1920 can be seen in this situation, when the psyche tries to free itself from the painful and traumatic experience, and reach a stress-free state by repeating the traumatic experience as the active party. Judit Nóra Pintér (2014) described the situation as follows:

It seems that the powerful visual, replaying, “active memory” fundamentally characteristic of children may be activated in adults too when triggered by trauma. Thus, one might not be able to give a narrative of the traumatic event, they might not be able to integrate it through the codes of normal memory and let them become a part of the person’s identity, the “unity” of the person’s life narrative. Instead, the memory is expressed through activity, or repetition (p. 41).

The antagonists who played the roles of the mother and the grandmother have all told us that only the words came to them in these roles, while they experienced apathy and emotional emptiness.

(3) Scene: I asked her after the two plays about her feelings. The feelings that overwhelmed her: shame and disgrace. We manifested these two feelings by switching roles. “Shame” and “disgrace” manifested through the touching of two foreheads. The main feeling of shame is solitude, and of disgrace it is being bound. When I asked her about any memories, she might have of these feelings and her answer was negative. Then, a memory fragment emerged, the secret about her great-grandmother, who went to prison for deceptive business practices (she notes that the whole family is guilty of this). The great-grandmother contracted tuberculosis in prison, which eventually killed her. When she got old, she could only sleep in the garden because she was



suffocating. And that reminds Frida that she also suffers from fits of heavy breathing. Traumatic emotions were passed on at an integrational level, and Frida was the last link in the chain.

(4) At this point, Frida asked to stop the play. Then a wise member of the group, highly trained in psychotherapy, turned to Frida and said: "I would like to bless you". Frida answered: "I will kneel down". In the surplus reality field of the genodrama, Frida received the feminine (motherly) blessing that she needed to carry on with her life, and the group stood by her providing a "supportive family environment".

### Diagnostic Analysis

Looking at her individual life path, Frida has suffered serious trauma from people important to her (her mother and her grandmother) starting in early childhood. According to the *Diagnostic and Statistical Manual (DSM-5)*, she carries symptoms of post-traumatic stress disorder (PTSD) which were not sufficiently focused on, and her condition not only has not improved but in fact became worse. As we have gained information about the childhood and lifestyle of the patient in the framework of genodrama, we are unable to clearly answer actual diagnostic criteria. Presumably, the following criteria of PTSD, or more accurately the complex PTSD defined by Judith Herman, are fulfilled: Negative self-image; significant negative thoughts about herself and others; negative emotional state with a consistently depressed mood and feeling of shame; isolation and alienation from significant people in her life; inability to experience positive emotions; inability to feel happy and satisfied. She feels that she is unlovable and experiences a feeling of numbness and stupefaction. Besides the above, she is characterized by a fear of impulsivity, or losing control.

The following point to reactive attachment disorder: her personal relationships lack emotions; in her partner relationships, there is neglect or deprivation; there is a constant lack of satisfaction of the fundamental emotional needs for stimulation or for love. Further, changes in the person of the caregiver hinder the development of secure attachments.

She is also characterized by a lack of social and emotional responsiveness. When she is in contact with others, she responds with little emotion. The above criteria have been with her from early childhood.

In her work *Trauma and Recovery*, Judith Lewis Herman suggests that the anxiety, phobias and panic of traumatized people are not traditional anxiety disorders. Their physical symptoms are not traditional psychosomatic disorders. Their depression is not traditional depression. The impoverishment of their identity and relationships also cannot be categorized as traditional personality disorders. The symptomatic picture is complex in the case of survivors of long-term, recurring trauma. They show characteristic changes of personality, including various distortions of identity and attachments. In these cases, Herman suggests the use of the expression "complex posttraumatic stress disorder". She emphasizes that this has to be considered a spectrum of conditions, rather than a single disorder. In the case of Frida, the trauma may qualify as "Type 2", as defined by Leore Terr, as it is recurring and long-lasting in duration (Herman, 2003). Examining the time experience of the trauma, Judit Nóra Pintér (2014) concluded that trauma expresses the impossibility of fading into memory: "Although it only has a retrospect present, this can be more persistent than any other, actual present. Following the model of the "past that has never been the present", we can say that trauma is built on a reversed time structure: Trauma is the kind of present that will never be past" (p. 39).

In the process of the genodrama group, Frida was able to explore and externalize the suffering manifested in her life in the safe environment of the group and experience the beginning of the healing process. Following the conclusion of the group process, she has continued to work in individual psychotherapy.

### Genodrama as Spiritual Channel, Axiodrama

I would like to emphasize that we have never suggested or expressed actual expectations of spirituality during the group process. It always presented itself spontaneously, as an integral part of the group process. It appears that in the present case, genodrama is able to open up in front of the participants as a spiritual channel, and depending on their upbringing, life experiences, religious inclinations, or sensitivity, they are able to experience the common experience. Whether one is religious or not has no influence on them having a spiritual experience.

The last couple of decades brought a “novel” phenomenon in psychological research—the science of psychology publishes research and studies on the manifestation of soul and spirit. The Hungarian publisher Gondolat Kiadó published the second volume of its *Encyclopedia of the Soul* in 2016. In its preface, Emőke Bagdy interpreted the wholeness of our being as follows: “We are unique stars of our universe. There is nothing in us that is not in the universe as we know it. We are part of the whole, but our knowledge is still just ‘partial’” (Simon-Székely, 2016, p. 17). Bagdy’s thoughts coincide with the scientific experience of numerous quantum physicists, including Hans Peter Dürr, who openly claims to be a spiritual person, and who states that “everything originates in a potentiality wearing the features of a holistic spirit”.

The modern holistic psychological approach, with Ken Wilber at the front, does not work with the idea of hierarchy, but introduces the idea of holarchy in the footsteps of Koestler and Smythies, which is a constantly growing system of wholeness made up of holons, while at the same time being part of other systems. This is how we reach the subatomic world, which conveys the knowledge with the power of revelation: Our solid, material world becomes “immaterial” (spiritualized) according to quantum theory, quote: “As for example the molecule is a part of the cell, the atom is a part of the molecule, and even the atomic nuclei disappear in the virtual clouds of the subatomic world. (Izsó, 2006, p. 35)

In his discussion of qualitative psychological research, Anton A. Bucher highlighted the state of ‘feeling togetherness’ as the core of spirituality theories.

Based on the data, there are two types of the sense of togetherness: horizontal and vertical. We primarily connect to nature and the cosmos horizontally”, while the “sense of vertical togetherness is directed towards a higher being, in the Abrahamic tradition: God. (2016, pp. 134)

As Buchner defines it, there is not a single definition of spirituality, it would be a mistake trying to find it, but we may want to start with a few considerations on what we mean by spirituality.

- Spirituality as the experience of being interconnected with all manifestations of life.
- Spirituality as the relationship with God or a greater whole.
- Spirituality as being merged into and connected with the all-encompassing, final reality exceeding the person (Tomaschek-Habrina, 2016, p. 102).

Using the methods of psychodrama, we must not overlook Moreno’s relationship with spirituality. The spiritual roots of Moreno stem from the Judaic-Sephardic-Hassidic traditions, and the influence of Christian philosophy” (Tomaschek-Habrina, 2016, p. 102).

Moreno dramatizes the ethical efforts of the individual collective psyche, specifically in the dealing with axiological subjects, such as righteousness, justice, beauty, mercy, compassion, perfection, eternity and peace. Existence, death, the meaning of things, ethical choices, urges, and convictions also have to be present, which are included in the system of the picture we created of our world [...] In axiodramatic situations, one can meet the utterly different, the non doable [...] Axiodrama is a controlled and controllable practice, which might even open a transcendental dimension. (Hochreiter, 2016, pp. 116-117)

According to Pedro H. Torres Godoy, genodrama can be considered, like axiodrama, as a socio-method revealing the fundamental values of our ancestors with the goal of transforming it for our descendants as well as our professional successors, passing the values onto them in a spontaneous or creative way.<sup>1</sup>

Last but not least, I must mention Hungarian research works on spirituality, which are mostly marked by the name of Theodóra Tomcsányi. Tomcsányi took on a pioneering role in the foundation of the Hungarian mental hygienic approach and training, while also courageously standing up and publishing in the field of psychology of religion and spirituality-related subjects for over thirty years. Presently, Tomcsányi and others are conducting comprehensive qualitative research on the psychotherapists' and their practices' connection to spirituality, examining how their experience of spirituality manifests within therapy.

Relevant to my subject, I quote conclusions of theirs about the manifestation of spirituality in psychodramatic work.

- “In the psychodramatic process, it is primarily the manifestation, action governed by the patient that may bear the mode of communication along which the therapist and the group may learn about the world, the spirituality of the patient.”
- In psychodrama, the subject of spirituality typically appears in connection with liminal situations (birth, death, the dead, and God).
- Surplus reality, this essential work method of psychodrama, creates a unique opportunity to manifest spiritual contents, and does it in a way through which therapist and patient may both experience great freedom” (Tomcsányi et al., 2014, p. 46).

The study provides a differentiated analysis of the therapists' connection with spirituality by including a complete code tree.

### **Results: The Effects and Strengths of the Genodrama Group Process**

In the genodrama group process, the presented case is not only the story of the protagonist. Members of the group could experience the sense of togetherness together; they became part of each other's lives, experiences and feelings through switching roles, and thus spiritual experiences also had a common effect on the group members. What could not be expressed in words deepened into silence or a tear-jerking shock?

Group members and leaders experienced the following during the genodramatic work:

- The genodrama process can be described as a family tableau. The family structure may be explored beyond three generations, together with its hidden repetition compulsions and behavioral patterns.
- Genodrama may be grasped as a symbol. A definition given by a group member is a good example for this: “It is like a cobweb, if you touch it in one place the whole system starts to resonate”.
- Genodrama as a magnifier, a peek into historical time. The genodramatic process may draw participants into a “time vortex”, as if they are part of historical events.
- Genodrama as a guideline to consolidate identity, developing female and male gender roles. In the words of Szondi, looking for and finding the opportunity to find our fate of choice. The question might arise: Does Fate or Divine Providence govern the life path of man? For me, the two are inseparable. Accepting, transforming or refusing the Fate given to us by divine providence is our own individual, free choice.
- Experiencing “condensed time”: to be present in the Kairos. I call on Frida's story to stand as an example

---

<sup>1</sup> Dr. Pedro H. Torres-Godoy, Psiquiatra psicodramatista: Edras, Chile.

for the Kairos experience. Preparing the genogram and sharing it with the group takes approximately two hours per participant. The genodramatic process is approximately three hours long. During this period, we can witness the protagonist's stories, internal and external experiences, all the way down to physical experiences embedded in the "family time" that might reach centuries back. This mode of being in the Kairos may be described in two ways by the person: as a "long journey", or over in a second. Frida summarizes her experience on this with the following words: "In the course of ten months, I lived through a hundred, a thousand months. I have really tried many things, but this was the only psychotherapy that worked for me".

- Improving, enhancing empathy. Through switching roles, the sensitivity towards themselves and others may become more refined.

- Experiencing flow—to be present in the flow. The flow experience may be connected to the Kairos experience through experiencing that "time has stopped", and "I am in my own time". In the case of Frida, Flow was a "driver" of the play, and she used the thoughts of Csikszentmihályi (1997) to find the way back to herself, to feel that "everything is alright", which dissolved her anxiety, fears and feelings of insecurity about the future.

- Improving self-awareness. Frida has put it this way: "I can finally openly be who I am. I am relieved; I realized that the self-awareness work is a life-long process. Not only have my relationships changed, but I figured out how to handle these periods. Thanks to this, my physical symptoms improved, I am less anxious, and I have the tools to recognize the process before I lose control".

- Understanding hidden family dynamics. It is a special way to experience the phenomenon that participants may carry a heavy communicational pattern loaded with mind games for decades, and through the recorreptional modifications of the play it is not only them who begin to act differently, but their family members too, who did not even take part in the dramatic process.

- It opens up a preventive road for future generations. According to Ivan Boszormenyi-Nagy and Krasner, "We inherit the future". Thus, if the lives of fathers and mothers are settled, it can be liberating for the new generation while also supporting their development.

- Experiencing FATE: Understanding the idea of Erik Erikson (1991) that our predecessors could not have done differently than they did. Healing the soul is possible not only through understanding, but through a deep, emotional understanding and forgiving.

## Conclusions

In my study, I presented the individual and family use of genogram recording and theory, as well as working with a genogram in a group setting in the so-called genodrama process. Besides individual experiences, I quoted the system-based theoretical and practical experiences built on foundations set by Moreno of prominent personalities of psychodrama (Schützenberger, 2016; Faller Vitale, 2008). As relevant to genodrama, I supported the focus on the field of spiritual phenomena permeating the dramatic process with relevant literature, highlighting the connections between genodrama and axiodrama. I presented the genodramatic process analysis of a participant of a 150-hour group process, and finally, I collected the extra benefits of the genodrama process, which were "produced" by the group process.

Participants of the genodrama group may experience that in the background of many of their blocks and traumas they could be carrying their ancestors' fate and behavioral patterns unconsciously, even from as far back as several generations or centuries. By discovering and transforming these patterns, the person is able to

stop repeating the maladaptive pattern. According to Hungarian-born Leopold Szondi's theory on the family unconscious, the individual may become able to replace their set fate with a fate of choice, and thus give the next generation a chance for a better quality of life.

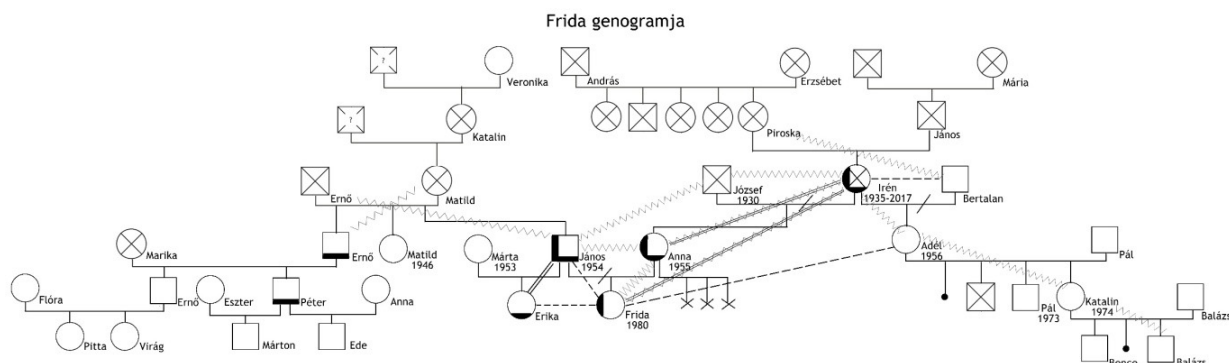


Figure 1. Genogram.

## References

- Bagdy, E. (2010). *Hogyan lehetnénk boldogabbak?* (How could we be happier?). Kulcs Lyuk Kiadó.
- Boszormenyi-Nagy, I., & Krasner, B. R. (2001). *Kapcsolatok kiegyensúlyozásának dialógusa* (The dialogue of balancing relationships). Budapest: Coincencia KFT.
- Bowen, M. (1998). *Family Therapy in clinical practice*. New York, N.Y.: Janson Aronson.
- Bucher, A. A. (2016). Úton a spirituális pszichológia felé? (On the way to spiritual psychology?) *Zeitschrift für Psychodrama und Sociometrie* (Journal of Psychodrama and Sociometry), 1, 131-143.
- Csikszentmihályi, M. (1997). *Flow: Az áramlat. A tökéletes élmény pszichológiája* (Flow: The psychology of optimal experience). Budapest: Akadémiai Kiadó.
- Erikson, E. (1991). Az életciklus: Az identitás epigenezise (The life cycle: The epigenesis of identity). In E. H. Erikson (Ed.), *A fiatal Luther és más írások* (The young Luther and other articles) (pp. 437-498). Budapest: Gondolat.
- Faller Vitale, M. A. (2008). Genodrámá: Dramatikus munka genogramokkal párterápiában (Genodrama: Dramatic work with genograms in couple's therapy). In Z. Figusch (Ed.), *Szambadrámá. A brazil pszichodrámá* (Samba drama, the Brazilian psychodrama) (pp. 119-226). Animula.
- Freud, S. (2011). *A halálösztön és az életösztönök* (Death instinct and life instincts). Belső Egészség Kiadó.
- Goldrick, M. M. (1997). *You can go home again*. New York, London: W. W. Norton and Company.
- Goldrick, M. M., Gerson, R., & Shellenberger, S. (1999). *Genograms, assessment and intervention*. New York, London: W. W. Norton and Company.
- Gyöngyösiné Kiss, E. (1999). *Szondi Lipót* (Leopold Szondi). Budapest: Új Mandátum Könyvkiadó.
- Herman, J. (2003). *Trauma és gyógyulás* (Trauma and healing). Budapest: Háttér kiadó-Kávé Kiadó-NANE Egyesület.
- Hochreiter, K. (2016). Spirituális tapasztalatminőség (Spiritual experience quality). *Zeitschrift für Psychodrama und Sociometrie*, (Journal of Psychodrama and Sociometry) 1, 115-121.
- Izso, N. S. (2006). *Hermetikus lélektan* (Hermetic psychology). Akadémiai Kiadó: PSZI Book Series.
- Koltai, M. (2003). Transzgenerációs hatások a családban. Szuicídium-gyász- megbékélés (Transgenerational effects in the family: Suicide—grief—peace). In M. Koltai (Ed.), *Család-pszichiátria-terápia* (p. 276). Budapest: Medicina Könyvkiadó Rt.
- Laplanche, J., & Pontalis, J. B. (1994). *A pszichoanalízis szótára* (The language of psychoanalysis). Akadémiai Kiadó.
- Madách, I. (1942). *Összes művei* (Collected works) (Vol. I). Budapest: Révai Kiadó.
- Márai, S. (1990). *Egy polgár vallomásai* (Confessions of a bourgeois). Akadémiai Kiadó-Helikon Kiadó.
- Nussbaum, A. M. (2013). *A DSM-5 diagnosztikai vizsgálat zsebkönyve* (Diagnostic and statistical manual of mental disorders). Oriold és Társai Kiadó és Szolgáltató Kft.
- Pintér, J. N. (2014). *A nem múló jelen: Trauma és nosztalgia* (The present that does not pass: Trauma and nostalgia). Budapest: L' Harmattan.
- Roberto, L. G. (1992). *Transgenerational family therapies*. New York, N.Y.: The Guilford Press.

- Schützenberger, A. A. (2016). *Ős-szindróma. Transzgenerációs pszichoterápia és a családfe rejtett kötelékei* (The ancestor syndrome: Transgenerational psychotherapy and the hidden links in the family tree). Budapest: Medicina Könyvkiadó.
- Simon-Székely, A. (Ed.). (2016). *Lélekenciklopédia: A lélek szerepe az emberiség fejlődésében* (Encyclopedia of the soul: The role of the soul in the development of humanity). Budapest: Gondolat Kiadó.
- Szondi, L. (1996). *Ember és sors* (Man and fate). Kossuth Kiadó.
- Tomaschek-Habrina, L. (2016). Menedzsment, szervezetfejlesztés és spritualitás: Moreno axiológiai szerepdimenziói és jelentőségük a vállalatok értelem és értékorientációjáról szóló vitában (Management, organizational development and spirituality: The axiological role dimensions of Moreno and their significance in the corporate debate on reason and value orientation). *Zeitschrift für Psychodrama und Sociometrie* (Journal of Psychodrama and Sociometry), 1, 99-113.
- Tomcsányi, T., Sallay, V., Szabó, T., Kiri, E., Csáky Pallavicini, K., Horváth-Szabó, K., & Martos, T. (2014). Spiritualitás a pszichoterápiás és pszichodramatikus praxisban Magyar pszichoterapeuták tapasztalatainak kvalitatív elemzése (Spirituality in the psychotherapeutic and psychodramatic practice: A qualitative analysis of the experience of Hungarian psychotherapists) *Zeitschrift für Psychodrama und Sociometrie* (Journal of Psychodrama and Sociometry), 1, 31-54.
- Tóth, B. (2014). Genodráma: A családi mintázatok és örökségek dramatikus átmunkálásának lehetősége (Genodrama: The possibility of dramatic reformation of family patterns and inheritance). *Pszichodráma Magazine, Autumn*, 55-66.
- Tóth, B. (2017). *Sorsunk rejtett mintázata: A genogramtól a genodrámaig* (The hidden pattern of our fate: From genogram to genodrama). Budapest: Kairosz Kiadó.
- Vikár, A. (2007). *Pszichodráma. A komoly játék. Egyéni folyamatok a csoportban: Csoport folyamatok az egyénben* (Psychodrama. The serious play. Individual processes in the group: Group processes in the individual). Budapest: Medicina Könyvkiadó.

# Terrorism and Human Smuggling in the U.S. Southwestern Border

Simón Pedro Izcara Palacios, Karla Lorena Andrade Rubio  
Universidad Autónoma de Tamaulipas, Ciudad Victoria, México

Engaging a qualitative methodology that includes in-depth interviews with 141 Mexican migrant smugglers, this paper proceeds from the following research question: Alliances between Mexican migrant smuggling networks and foreign terrorist groups could be established so that members of terrorist organizations could enter surreptitiously into the United States. This paper indicates that there is not a nexus between Mexican migrant smugglers and foreign terrorists. The control exercised by the drug cartels over much of the Mexican territory constitutes an obstacle and not an opportunity for terrorists to enter the United States.

*Keywords:* terrorism, human smuggling, migrant smuggling networks, drug cartels, United States

## Introduction

In the globalized post-Cold War world soon emerged a growing concern against transnational organized crime and the problems posed by it, ranging from human trafficking to terrorism. In order to combat this threat, on November 15th, 2000, it was signed in Palermo the United Nations Convention against transnational organized crime and the Protocols against the smuggling of migrants and trafficking in persons. The preamble of the Convention against organized crime signed by the Secretary General Kofi Annan emphasizes the presence of terrorists and human traffickers, who take advantage of open borders, free markets, and technological advances, to harm society (United Nations, 2004, p. iii). Also, the preamble to the Protocol against the smuggling of migrants expressed deep concern in the activities of organized criminal groups in smuggling of migrants and other criminal activities (United Nations, 2004, p. 53).

Human smuggling and terrorism are seen as two related activities because the first is a potential source of funding for the last and it could facilitate the clandestine transportation of terrorists (Perrin, 2013, p. 142; Welch, 2016, p. 168). Fears about the possible link between human smuggling and terrorism has led to a fortification and militarization of the borders all over the world. In the case of the United States, on January 25th, just eight days since taking office, President Trump signed an executive order defining illegal immigration as a “clear and present danger to the interests of the United States”. The White House has stated that terrorists are among those who illegally enter from the southwestern border. Therefore, in order to prevent

---

Simón Pedro Izcara Palacios, Ph.D., Department of Sociology, Universidad Autónoma de Tamaulipas, Ciudad Victoria, México.  
Karla Lorena Andrade Rubio, Ph.D., Department of Social Work, Universidad Autónoma de Tamaulipas, Ciudad Victoria, México.

An earlier version of this paper entitled “Terrorism and Human Trafficking in North America” was presented at the International Academic Conference on Social sciences, Prague, Czech Republic, 27 & 28 July 2018. This article presents results from Research Project CB-2013-01 220663, financed by the National Council of Science and Technology (SEP/CONACYT).

illegal immigration and acts of terrorism, it was ordered the immediate construction of a contiguous impassable physical wall on the southern border, 5,000 additional Border Patrol agents being hired as soon as it was practicable (Trump, 2017).

This article, based on qualitative interviews with 141 Mexican human smugglers, aims to examine the links between terrorism and human smuggling in the US southwestern border. We first examine the literature on terrorism and human smuggling; then we go on to describe the methodology, and finally we examine interviewees' opinions about the nexuses between migrant smuggling and terrorism.

### **Human Smuggling and Terrorism: The Empirical Evidence**

Anxieties about the possible association between human smuggling and terrorism are not new. This has been a concern for US authorities from the mid-1950s (Spener, 2009, p. 104). Accordingly, 1981 Executive Order 12333 acknowledged the global threat of terrorism and authorized government agencies to coordinate sweeping efforts to gather intelligence (Welch, 2016, p. 179). Since September 11th, the conflation of the migrant smuggler with the terrorist has received greater attention (Kapur, 2018, p. 134; Welch, 2016, p. 177), because two months before the attacks, a CIA report warned of the possible link between human traffickers and terrorist groups like Hamas, Hezbollah, and the Egyptian Islamic Jihad (9/11 Commission, 2004, p. 61). The association between human smuggling and terrorism was made explicit for the first time in the Directive 22 of National Security, signed on December 16th, 2002. Two years later, the Center of Trafficking and Migrant Smuggling was created in order to study the links between human smuggling and terrorism (General Accounting Office, 2010, p. 12), and in 2005 it was formed a working group to study the connections between human trafficking and the financing of terrorist activities (Rizer & Glaser, 2011, p. 70). Although, official reports point at "possible ties" (9/11 Commission, 2004, p. 61) not at demonstrated connections between human smuggling and terrorism.

Academic work on the association between migrant smuggling and terrorism has developed two opposing hypotheses. One hypothesis links human smuggling and terrorism, while the other hypothesis denies any kind of connection between migrant smugglers and terrorist organizations. These hypotheses differ in four elements. According to the first hypothesis: (i) The nature of human smuggling has changed from a small-scale "mom and pop" operation to a mafia-like organization (Coonan & Thompson, 2005); (ii) Migrant smuggling is operated by transnational organized crime (Omelycheva & Markowitz, 2018; Napoleoni, 2016, p. 55; Shelley, 2014); (iii) Human smuggling and terrorism cannot be analyzed as entirely distinct activities (Shelley, 2014); and (iv) The association between terrorism and human smuggling is undeniable (Welch, 2016, p. 181). By contrast, according to the second hypothesis: (i) The nature of migrant smuggling has not changed in the last three decades (Spener, 2009; 2011); (ii) The smuggling of migrants is operated by ordinary people (Sanchez, 2016; Izcarra Palacios, 2013b; 2017c); (iii) Migrant smuggling and terrorism are entirely distinct activities; and (iv) Any connection between human smuggling and terrorism would be coincidental rather than deliberate (Zhang, 2007, p. 134).

The first hypothesis is underpinned in studies based in secondary sources (official reports and unpublished police reports) and talks with experts from the Departments of Justice and the Police (Cornell, 2009, p. 48; Shelley, 2010, p. 70; Sheinis, 2012, p. 73; Perrin, 2013, p. 142; Welch, 2016, p. 181). One exception is İçli, Sever, and Sever's (2015, p. 10) study on the profile of human smugglers in Turkey. This study, based on interviews and questionnaires applied to 174 migrant smugglers who were detained from 2007 to 2013 in



Istanbul, concluded that more than one fourth of migrant smugglers had criminal records on terrorism.

On the contrary, the second hypothesis is based on information provided by the smugglers themselves. These studies are grounded in primary sources, and derive its conclusions from in-depth interviews with migrant smugglers conducted with an open-ended questionnaire (Zhang, 2007; 2008; Spener, 2009; Izcara Palacios, 2012; 2017b; Sanchez, 2014; 2017). These studies are very critical with official documents and sources, which are described as doubtful (Spener, 2011, p. 162), and depict human smugglers as ordinary people who make a living helping migrants driven by economic and family-oriented factors to reach the United States (Izcara Palacios, 2018; Izcara Palacios & Andrade Rubio, 2016). According to Sanchez (2016, p. 387) “Smuggling actors are neither predators nor victimizers, but rather ordinary people experiencing the tensions abundant in the precarity of contemporary, neoliberal life”.

### Methodology

A qualitative methodology was used given the nature of the study. The technique used to collect the information was the in-depth interview with an open-ended questionnaire. Contact with interviewees was made via social networks and snowballing in different Mexican states: Tamaulipas, Nuevo León, San Luis Potosí, Veracruz, Mexico City, the State of Mexico, and Chiapas.

Fieldwork was conducted between 2011 and 2017, and 141 human smugglers ranging from 21 to 48 years were interviewed. All had considerable experience in the business of human smuggling, ranging from four to 21 years. Respondents had 0-17 years of schooling, and the age at which they started working as human smugglers ranged from 15 to 45 years old (see Table 1).

Table 1

#### *Characteristics of the Interviewees*

	Average	Mode	Median	Min	Max	Standard deviation
Age	36.9	35	37	21	48	5.2
Number of years involved in human smuggling	9.6	7	9	4	21	4.0
Years of schooling	5.6	6	6	0	17	3.4
Age when started working as migrant smugglers	27.4	29	28	15	45	5.4

Source: Compiled by the authors from data recorded in the interviews.

The methodological rigor of this study is anchored in the following elements: (1) the recording and literal transcription of all qualitative material, (2) the use of a guide that included a few minimum information requirements, (3) the selection of informants willing to talk extensively about their experiences, (4) the continuation of data gathering to the point of saturation, (5) prolonged residence in the field, (6) guaranteed anonymity regarding the information collected, and (7) the selection of a large number of locations for fieldwork.

### Respondents' Narratives on the Links Between Smugglers and Terrorists in the US Southwestern Border

Migrant smugglers are seen as a risk to US national security because of its possible ties to terrorist organizations (9/11 Commission, 2004, p. 61; House Committee on Homeland Security, 2006, p. 28; General Accounting Office, 2010). Under 18 U.S.C. 2339B (approved in the mid-1990s and amended under the 2001

USA PATRIOT Act, under the 2004 Intelligence Reform and Terrorism Prevention Act, and by the Congress in 2009 and 2015), it is understood that participating in human trafficking is material support of terrorism (Welch, 2016, p. 180; Doyle, 2016, p. 2). However, there are no data supporting the thesis that weapons of mass destruction or terrorists have been introduced illegally through the southwestern border between Mexico and the United States (Rosenblum, Bjelopera, & Finklea, 2013, p. 26).

Respondents had been involved in the business of human smuggling for almost a decade (see Table 1). However, interviewees had a lack of knowledge regarding the smuggling of terrorists across the US southwestern border. None of the interviewees pointed out that Mexican human smuggling networks transported terrorists. First, none of them said to have helped terrorists to enter the US. Secondly, none of them had witnessed the crossing of terrorists into the US. Finally, none of them had heard about migrant smuggling networks transporting terrorists to the US (see Table 2).

Table 2

*Interviewees' Participation in the Smuggling of Terrorists*

	Yes	No
The interviewee said that he helped terrorists to cross the US southwestern border.	0	141
The interviewee said that he had witnessed terrorists to cross the US southwestern border.	0	141
The interviewee said that he had heard rumors about human smuggling networks crossing terrorists through the US southwestern border.	0	140

Source: Compiled by the authors from data recorded in the interviews.

Interviewees' responses to the question regarding the feasibility of terrorists being smuggled through the southwestern border using the services provided by Mexican migrant smuggling networks, emphasized their lack of knowledge about this issue (see Table 3).

Table 3

*Arguments Expressed by Respondents About the Links Between Terrorism and Human Smuggling*

Argument.		n	%
Terrorists could enter the United States by using established human smuggling networks	If illegal immigrants can cross the border also can terrorists.	50	35.5
	Migrant smugglers are unaware of the intentions of their clients.	11	7.8
	If weapons and drugs are smuggled into the US, also terrorists can be smuggled.	7	5.0
	Terrorists can enter the US because of corruption.	3	2.1
	Simple networks	37	26.3
	Complex networks	34	24.1
	Total	71	50.4
Terrorists could not be smuggled into the United States by using Mexican migrant smuggling networks	They had never witnessed the crossing of terrorists.	32	22.7
	They did not have an extensive knowledge of the border.	16	11.3
	Terrorists can't cross through territories controlled by the drug cartels.	5	3.5
	US Government blames Mexico for all of their problems.	3	2.1
	Terrorists can enter the US through hits airports.	11	7.8
	Terrorists can cross through the customs situated at the southwestern border.	3	2.1
	Simple networks	43	30.5
	Complex networks	27	19.1
	Total	70	49.6
	Total		141

Source: Compiled by the authors from data recorded in the interviews.

Respondents used two lines of argumentation to describe the links between migrant smuggling and terrorism: Half (50.4%) of the interviewees thought that terrorists could enter the United States by using established human smuggling networks.

Half (49.6%) of the interviewees did not believe that terrorists could be smuggled into the United States by using Mexican migrant smuggling networks.

### **Arguments Supporting the Thesis of the Association Between Migrant Smuggling and Terrorism**

Government reports (9/11 Commission, 2004, p. 61; House Committee on Homeland Security, 2006, p. 28) and some academic studies (Sheinis, 2012, p. 73; Shelley, 2010, p. 3) point out that human smuggling should be considered a serious threat to the United States, since Mexican human smugglers and terrorists could collude. According to this thesis, criminal organizations generate economies of scale integrating different illicit activities. Therefore, as human smuggling is a profit-driven industry, migrant smugglers would have no problem in transporting terrorists for a profit (Sheinis, 2012, p. 75; Cornell, 2009, p. 48).

Half (50.4%) of respondents were unaware of the passage of terrorists to the United States through the southwestern border with Mexico. However, they presented arguments similar to those expressed in the official discourse and disseminated through the media, to indicate that it was possible for terrorist to cross the border into US territory using established human smuggling networks.

More than one third (35.5%) of respondents made the following argument: If undocumented migrants from Mexico and Central America can be smuggled into the United States without being detained by US immigration authorities, also terrorists could cross the border without being apprehended.

Less than one tenth (7.8%) of the interviewees pointed out that migrant smugglers working in complex networks were unaware of the intentions of their clients. Migrant smuggling networks can be grouped into two types: simple and complex. Simple networks are composed of one cell led by a migrant smuggler, with the support of a small number of assistants, and operate part-time, migrant smuggler's income coming mainly from legal activities. On the contrary, complex networks are composed of one or more lines; each line has several cells, and each cell appears to be led by a migrant smuggler who has the support of several assistants, and operate full-time, migrant smuggler's income coming only or mainly from illegal activities (Izcara Palacios & Yamamoto, 2017; Izcara Palacios, 2014; 2015). Respondents argued that the border was crossed by people from different nationalities, and migrant smugglers in complex networks did not know the people being smuggled. As a result, human smugglers could be helping terrorists without having knowledge of this. As can be seen from Table 4 in the span of seven years, while the study was conducted, simple networks were declining while complex networks were growing. If we consider that smugglers in simple networks know closely the people they transport, while smugglers in complex networks do not know who are the people smuggled, we can conclude that the probability of Mexican human smuggling networks carrying terrorists without having knowledge of that could have increased in the last years.

Seven interviewees (5%) pointed out that if weapons and drugs were smuggled regularly through the border, also terrorists could be smuggled. Some cited the failed operation "fast and furious" that was implemented in 2009 by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to sell weapons to Mexican drug cartels and then identify to those responsible, but it was not reported to the Congress of the United States, and they insinuated that U.S. authorities could do the same with terrorists. Migrant smugglers argued that terrorist could be allowed by US Government to enter the country in order to surveil them. Finally, three respondents

(2.1%) pointed out that corruption was the main weakness of US border security (Izcara Palacios, 2013a). Therefore, terrorists could bribe US immigration agents in order to enter the United States.

Although half of respondents thought that it could be possible for terrorist to cross the border between Mexico and the United States by using the services provided by migrant smuggling networks, none offered any kind of evidence to sustain this argument. The answers of the interviewees indicated that ties of mutual aid or contacts between Mexican migrant smuggling organizations and foreign terrorist groups had not been formed.

Table 4

*Classification of Human Smuggling Networks Studied*

Networks		2011	2012	2013	2014	2015	2016	2017	Total
Simple	n	23	36	8	7	3	3	0	80
	%	82.1	78.3	22.2	50	33.3	75.0	0	56.7
Complex	n	5	10	28	7	6	1	4	61
	%	17.9	21.7	77.8	50.0	66.6	25.0	100	43.3
Total	n	28	46	36	14	9	4	4	141
	%	19.9	32.6	25.6	9.9	6.4	2.8	2.8	100

Source: Compiled by the authors from data recorded in the interviews.

**Arguments Supporting the Thesis of the Lack of Links Between Migrant Smuggling and Terrorism**

Empirical studies on migrant smuggling tend to emphasize that this activity is not terrorism-related (Zhang, 2007; Spener, 2009; Sanchez, 2016; 2017; Izcara Palacios, 2017a). According to Zhang (2007, pp. 132-134), migrant smugglers and terrorists have diametrically different agendas, and are operationally and ideologically dissimilar. Migrant smuggling is an irregular form of profit seeking while terrorists have a political agenda. Therefore, it is unlikely that they could collaborate. Human smugglers seek a profit without drawing attention, while terrorist organizations pursue political objectives and seek to publicize their acts, their targets being chosen to draw the most attention. Likewise, Andreas (2015, p. 786) points out that terrorist and migrant smugglers interests not only are not likely to converge, but may clash, as the migrant smuggling business would be undermined by a border shut down in the wake of a major terrorist border incident. Therefore, an association between smugglers and terrorists is seen as unlikely to occur because it will provoke negative attention from US Government. Accordingly, there have not been terror attacks in the US linked to the southwestern border, and it has not been documented the entrance of terrorists from the southwestern border (Payan, 2016, p. 21).

Two-fifths (39.7%) of respondents believed that terrorists could not cross through the border between Mexico and the United States. More than one fifth (22.7%) of respondents did not believe that terrorists could enter the United States through the southwestern border because during his long experience as human smugglers they had never witnessed the passage or detention of terrorists. Some pointed out that the places where the terrorists came were located far away from Mexico. They thought that it was unlikely that people from the Middle East, who did not speak Spanish, could contact with migrant smugglers in Mexico to enter the US territory. Although, there are reports indicating the contrary (Miró & Curtis, 2003, p. 28; 9/11 Commission, 2004, p. 67). Other respondents indicated that migrants smuggled into the United States were pacific people in search for better economic opportunities, not terrorists.

More than one tenth (11.3%) of the interviewees did not think that terrorists were smuggled to the United States, but claimed that they could not offer a reliable response because his knowledge of the southwestern border was limited. Interviewees argued that they were involved in simple networks helping their countrymen

to reach the North, and they were not professional smugglers working full time in this activity. Migrant smugglers involved in simple networks crossed the border one or a very few times per year (Izcara Palacios, 2012, p. 48). Therefore, they pointed out that terrorist would never request their services.

The involvement of Mexican drug cartels in human smuggling and the links between drug trafficking and terrorism, has been used as an argument to associate the smuggling of migrants and terrorism (Shelley, 2010; Perrin, 2013). Accordingly, some reports point to the participation of Mara Salvatrucha (MS-13) in human smuggling activities and associate people in this organization with members of Al-Qaeda (Cornell, 2009, p. 50). Other reports indicate that Hezbollah and the Mexican drug cartels have had contacts to exchange information (Sheinis, 2012, p. 72; Shelley, 2010, p. 72). However, an argument that was repeated in some of the interviews was that by the territories controlled by drug cartels it was not possible to smuggle terrorists into the United States because these organizations would never allow the passage of dangerous people from overseas. According to respondents, the presence of terrorists in the territories controlled by Mexican drug cartels would be seen for the latter not as an opportunity to obtain mutual benefits; but as a form of unwanted competition. As it was pointed out by a migrant smuggler from Nuevo Leon:

I think that it is not possible for terrorists to cross the border; they should go through other frontiers or with papers; this is the only way they could enter the US. Here (the northeastern region of Mexico) there is so much violence that everything is controlled by the delinquency (drug cartels), and anybody who is not from Mexico or Central America cannot pass through.

Three interviewees said that the argument of the U.S. Government linking human smuggling with terrorism was not credible. For them this argument was unfounded and only reflected a pejorative view of the U.S. Government towards Mexico, blaming Mexico for all the bad things occurring in the United States.

On the other hand, near one tenth (9.9%) of the respondents thought that it was possible for terrorists to enter the United States; but, interviewees did not think that terrorists and labor migrants were using the same channels. According to this argument, labor migrants and terrorists were different groups using different mechanisms to enter the United States. Labor migrants were poor people accustomed to suffering. Therefore, they were willing to suffer while they were smuggled. On the contrary, respondents thought that terrorists were well-funded people with access to abundant economic resources, and accustomed to a luxurious or comfortable life. Therefore, they would not be willing to walk during long days through tortuous pathways using the services provided by Mexican migrant smuggling networks. On the contrary, they would use comfortable means of transportation. Eleven interviewees (7.8%) indicated that terrorists were travelling by plane and entered the United States through its airports; while three respondents (2.1%) pointed out that terrorist could enter the US through the border customs located in the southwestern frontier between Mexico and the US; but not by making use of the services provided by Mexican migrant smuggling networks.

Views of migrant smugglers operating simple networks were different from those operating complex networks. The former were more likely to think that terrorists were not smuggled into the United States through Mexico, while the latter were more inclined to think that terrorist could take advantage of Mexican migrant smuggling networks.

### **Conclusion**

In the last two decades, the number of border patrol agents in the US southwestern border has increased six-fold and military personnel has been recruited to stop both the entrance of terrorists and the entry of weapons

of mass destruction. However, data collected in this study indicates that it is unlikely that alliances between Mexican migrant smugglers and foreign terrorist groups could be established, so that members of terrorist organizations could enter the United States. The control exercised by the drug cartels over much of the Mexican geography is more an obstacle than an opportunity for the passage of terrorists. Undocumented migrants in transit through Mexico constitute a copious source of revenue for the drug cartels. Immigrants are allowed to pass through the territories occupied by criminal organizations upon the payment of a fee. These territories are constantly in dispute, so that migrants are deeply scrutinized. People who could become a threat to the drug cartels hegemony (i.e.: those who do not fit the profile of non-violent labor migrants) are not allowed to transit through these territories. Therefore, terrorists would be at a serious risk if they try to reach the United States through territories dominated by Mexican drug cartels.

Migrant smugglers involved in simple networks are more inclined to express arguments denying the existence of links between terrorism and human smuggling. By contrast, those involved in complex networks are more predisposed to think that a terrorist could enter the United States using the same channels used by labor migrants. However, neither the former nor the latter have witnessed terrorists to cross the border; even they have not heard rumors about foreign terrorists using the services provided by Mexican migrant smuggling networks. Therefore, data gathered in this study indicates that there is not a nexus between Mexican migrant smuggling networks and foreign terrorists.

### References

- Andreas, P. (2015). International politics and the illicit global economy. *Perspectives on Politics*, 13(3), 782-788.
- Coonan, T., & Thompson, R. (2005). Ancient evil, modern face: The fight against human trafficking. *Georgetown Journal of International Affairs*, 6(1), 43-51.
- Cornell, S. E. (2009). The interaction of drug smuggling, human trafficking and terrorism. In A. Jonsson (Ed.), *Human trafficking and human security* (pp. 48-66). New York: Routledge.
- Doyle, Ch. (2016). *Terrorist material support: An overview of 18 U.S.C. §2339A and §2339B*. Congressional Research Service. Retrieved from [https://digital.library.unt.edu/ark:/67531/metadc958653/m2/1/high\\_res\\_d/R41333\\_2016Dec08.pdf](https://digital.library.unt.edu/ark:/67531/metadc958653/m2/1/high_res_d/R41333_2016Dec08.pdf)
- General Accounting Office (GAO). (2010). *Alien smuggling. DHS needs to better leverage investigative resources and measure program performance along the southwest border*. United States Government Accountability Office. Report to Congressional Requesters GAO-10-328.
- House Committee on Homeland Security. (2006). *A line in the sand: Confronting the threat at the southwest border*. Subcommittee on Investigations.
- İçli, T. G., Sever, H., & Sever, M. (2015). A survey study on the profile of human smugglers in Turkey. *Advances in Applied Sociology*, 5(1), 1-12.
- Izcara Palacios, S. P. (2012). Coyotaje y grupos delictivos en Tamaulipas. *Latin American Research Review*, 47(3), 41-61.
- Izcara Palacios, S. P. (2013a). Corrupción y contrabando de migrantes en Estados Unidos. *Política y Gobierno*, 20(1), 79-106.
- Izcara Palacios, S. P. (2013b). Contrabandistas de migrantes a pequeña escala de Tamaulipas, México. *Perfiles Latinoamericanos*, 42, 109-134.
- Izcara Palacios, S. P. (2014). La contracción de las redes de contrabando de migrantes en México. *Revista de Estudios Sociales*, 48, 84-99.
- Izcara Palacios, S. P. (2015). Coyotaje and drugs: Two different businesses. *Bulletin of Latin American Research*, 34(3), 324-339.
- Izcara Palacios, S. P. (2017a). Tráfico de migrantes y terrorismo: Un vínculo infundado. *Política y Gobierno*, 24(2), 333-369.
- Izcara Palacios, S. P. (2017b). Migrant smuggling on Mexico's gulf route: The actors involved. *Latin American Perspectives*, 44(6), 16-30.
- Izcara Palacios, S. P. (2017c). El coyotaje visto desde la mirada de mujeres migrantes centroamericanas. *Perfiles Latinoamericanos*, 25(49), 77-95.
- Izcara Palacios, S. P. (2018). Los empleadores estadounidenses y la migración irregular. *CienciaUAT*, 12(2), 90-103.

- Izcara Palacios, S. P., & Andrade Rubio, K. L. (2016). Los traficantes de migrantes tamaulipecos empleados por empresarios agrarios Estadounidenses. *Nóesis. Revista de Ciencias Sociales y Humanidades*, 25(50), 173-198.
- Izcara Palacios, S. P., & Yamamoto, Y. (2017). Trafficking in US agriculture. *Antipode*, 49(5), 1306-1328.
- Kapur, R. (2018). Travel plans: Border crossings and the rights of transnational migrants. *Harvard Human Rights Journal*, 18, 107-138.
- Miró, J. J., & Curtis, G. E. (2003). *Organized crime and terrorist activity in Mexico, 1999-2002*. Washington, D.C.: Federal Research Division, Library of Congress.
- Napoleoni, L. (2016). *Traficantes de personas. El negocio de los secuestros y la crisis de los refugiados*. Barcelona: Paidós.
- 9/11 Commission. (2004). *9/11 and terrorist travel. Staff report of the national commission on terrorist attacks upon the United States*. Retrieved from [http://www.9-11commission.gov/staff\\_statements/911\\_TerrTrav\\_Monograph.pdf](http://www.9-11commission.gov/staff_statements/911_TerrTrav_Monograph.pdf)
- Omelicheva, M. Y., & Markowitz, L. (2018). Does drug trafficking impact terrorism? Afghan opioids and terrorist violence in central Asia. *Studies in conflict & terrorism*. doi:10.1080/1057610X.2018.1434039
- Payan, T. (2016). *The three US-Mexico border wars: Drugs, immigration, and homeland security*. Santa Barbara, California: ABC-CLIO.
- Perrin, B. (2013). Migrant smuggling: Canada's response to a global criminal enterprise. *International Journal of Social Science Studies*, 1(2), 139-153.
- Rizer, A., & Glaser, S. R. (2011). Breach: The national security implications of human trafficking. *Widener Law Review*, 17, 69-94.
- Rosenblum, M. R., Bjelopera, J. P., & Finklea, K. M. (2013). *Border security: Understanding threats at U.S. borders*. Washington, D.C: Congressional Research Service.
- Sanchez, G. (2014). *Human smuggling and border crossings*. New York: Routledge.
- Sanchez, G. (2016). Women's participation in the facilitation of human smuggling: The case of the US southwest. *Geopolitics*, 21(2), 387-406.
- Sanchez, G. (2017). Beyond the matrix of oppression: Reframing human smuggling through intersectionality-informed approaches. *Theoretical Criminology*, 21(1), 46-56.
- Sheinis, D. (2012). The links between human trafficking, organized crime, and terrorism. *American Intelligence Journal*, 30(1), 68-77.
- Shelley, L. (2010). *Human trafficking. A global perspective*. New York: Cambridge University Press.
- Shelley, L. (2014). *Dirty engagements: Corruption, crime and terrorism*. New York: Cambridge University Press.
- Spener, D. (2009). *Clandestine crossings. Migrants and coyotes on the Texas-Mexico border*. Ithaca: Cornell University Press.
- Spener, D. (2011). Global Apartheid, Coyotaje and the discourse of clandestine migration. Distinctions between personal, structural, and cultural violence. In D. Kyle and R. Koslowski (Eds.), *Global human smuggling. Comparative perspectives* (pp. 157-185) (2nd ed.). Baltimore: The Johns Hopkins University Press.
- Trump, D. J. (2017). *Executive order: Border security and immigration enforcement improvements*. The White House: Office of the Press Secretary. January 25, 2017. Retrieved from <https://www.whitehouse.gov/the-press-office/2017/01/25/executive-order-border-security-and-immigration-enforcementimprovements>
- United Nations. (2004). *United Nations Convention against transnational organized crime and the protocols thereto*. Vienna: United Nations Office on Drugs and Crime (UNODC).
- Welch, S. A. (2016). Human trafficking and terrorism: Utilizing national security resources to prevent human trafficking in the Islamic state. *Duke Journal of Gender Law & Policy*, 24, 165-188.
- Zhang, S. X. (2007). *Smuggling and trafficking in human beings. All roads lead to America*. Westport: PRAEGER.
- Zhang, S. X. (2008). *Chinese human smuggling organizations*. California: Stanford University Press.

# Analysis of the Quality of Life of University Employed Subcontractor Laborers in the Context of Social Work

Seher Ersoy Quadır

Necmettin Erbakan University, Konya, Turkey

Fatih Altun, Kaan Sevim

İstanbul Sabahattin Zaim University, İstanbul, Turkey

On a global scale, subcontracted labor is being practiced to reduce labor costs in enterprises. This method of non-union, precarious employment, sometimes below the minimum wage, increases the urban poor and relative poverty through the subcontracted laborers. For this reason, this research aims to determine the quality of life of subcontracted laborers working in universities and to propose solutions in this regard. The sample of the research was determined by random sampling method among subcontracted laborers working in a foundation university in İstanbul and subcontracted laborers working in a state university in Konya, in 2017. A 27-item WHOQOL-BREF Quality of Life Scale was used in the study. The quality of life of the sample group was found to be moderate. The research also examined the relationship between the demographic characteristics and the quality of life of the sample group. The quality of life of the subcontracted laborers working in the state university in Konya was found to be related to their marital status and the number of individuals in their family. The quality of life of subcontracted laborers working at foundation universities in İstanbul was found to be related to their age, educational status, the number of individuals in their families, the number of working individuals in their families, monthly household income, and monthly household food expenditure. In line with these findings, proposals have been suggested to employers in order to improve the quality of life and work efficiency of subcontracted laborers.

*Keywords:* subcontracted labor, quality of life, urban poverty, relative poverty

## Introduction

Subcontracting in the working life means that in an enterprise, the work or services are being carried out by sub-employers on behalf of the principal employer. In other words, the sub-employer is the person who makes a certain work or service specified with a contract on behalf of the employer. Such relationship between the primary employer and the sub-contractor is also referred to as contract manufacturing. The laborer which is employed by the subcontractor employer is called the subcontractor laborer (Kaya, 2015, pp. 258, 259; İslamoğlu & Yıldırım, 2016, p. 176). The purpose of subcontracting is to reduce labor costs by getting rid of

---

Seher Ersoy Quadır, Dr., Associate Professor, Faculty of Health Sciences, Department of Social Work, Necmettin Erbakan University, Konya, Turkey.

Fatih Altun, Ph.D. Candidate, Research Assistant, Faculty of Health Sciences, Department of Social Work, İstanbul Sabahattin University, İstanbul, Turkey.

Kaan Sevim, Ph.D. Candidate, Research Assistant, Faculty of Health Sciences, Department of Social Work, İstanbul Sabahattin University, İstanbul, Turkey.



the obligation imposed by the regulation on job security. This is often interpreted as a transfer of informal employment to formal economy (Suğur, 2013, pp. 127, 140).

The type of employer referred to as “sub-employer” in the *Labor Law No. 4857* is, in practice, known as “sub-contractor”. In our country, subcontracting was formerly based on justified reasons. For example, subcontracting some works, such as the electrical system installation or woodworking of a building; running a cafeteria in a factory workplace; and transport of workers by service vehicles and security service are considered reasonable practices. However, since the 1980s, along with the privatization of the public institutions within the government’s downsizing policy, the use of subcontractors started first with municipalities that subcontracted their cleaning services to subcontractors, and then, spread to the private sector businesses as an epidemic disease (Şakar, 2010, p. 30; Güzel, 2010, p. 15). Currently, subcontracting has become widespread in many areas, such as hospitals, educational institutions, universities, highways, energy, and mining. These policies bring a wage below the hunger threshold or death for some workers in shipyards, mines, and bridge-road-business center constructions (Kaya, 2015, p. 261).

According to the Article 2 of the *Labor Law*:

The connection between the subcontractor who undertakes to carry out work in auxiliary tasks related to the production of goods and services or in a certain section of the main activity due to operational requirements or for reasons of technological expertise in the establishment of the main employer (the principal employer) and who engages employees recruited for this purpose exclusively in the establishment of the main employer is called the principal employer-subcontractor relationship. (Şakar, 2010, pp. 32, 33; Kaya, 2015, p. 258).

This practice, called “subcontracting”, is regarded as a despotic labor regime and brings along the following disadvantages (Okcan & Bakır, 2010, pp. 68-71; Şakar, 2010, pp. 30-33; Yücesan-Özdemir, 2010, pp. 42, 43; Açıkalın, 2013, pp. 324, 325; Suğur, 2013, pp. 127, 140; Kaya, 2015, pp. 259, 261; İslamoğlu & Yıldırım, 2016, pp. 176, 178; Murat, 2017, p. 112):

1. The precarious employment model is becoming widespread with subcontracting: Today, in large-scale public and private sector enterprises, almost all of the auxiliary work is given to the sub-employers. As stated in the above law, subcontracting has become even more widespread in the public and private sector by sharing the sections of the main activity with the justifications of “requiring expertise for technological reasons” and “business necessity”. Employment in subcontracting companies is based on a flexible and precarious employment model; leans on a fraudulent policy to lower wages; and shifts employment from the formal sector to the informal sector. As a result, flexible and precarious employment becomes widespread along with subcontracting.

2. Violations against the individual rights of workers of sub-employers are increasing: The 2nd and 5th Articles of the *Labor Law* regulate that the rights arising from the legislation can not be restricted due to the fact that workers are only employed as sub-employer workers. However, with the threat of dismissal, these sub-workers becomes vulnerable to severe working conditions and violations of rights. Unpaid overtime, late and incomplete payment of salaries, unused annual leave, arbitrary dismissal in order to reduce the number of workers when work is less, unpaid notice and termination indemnity, and absence of occupational health and safety measures are only some of these violations.

3. The wages and rights of both the principal employer’s and the sub-employer’s workers are suppressed: The subcontractor applies despotism in a harsh manner in terms of wages, working hours, and working conditions in order to get the job of the main company and suppresses the wages of subcontract workers.

Moreover, day by day, the main workers are also being dragged into this loop, and they are forced to give up their demands with the threat of “subcontracting”. Although Paragraph 6 of Article 2 of the *Labor Law* stipulates that, “the rights of the workers of the main employer can not be restricted by being hired by a sub-employer”, it is likely that such restrictions or violations of rights can be experienced. In addition, workers who do the same or similar work in their workplaces are included in two different legal statuses. This causes polarization among employees.

4. Trade union rights of workers’ are suppressed and collective bargaining opportunities are hampered: The spatial and institutional fragmentation caused by subcontracting has hampered the common resistance and struggle of laborers in seeking basic human rights. Even if unionization is maintained in the workplace, the mass of workers benefiting from the collective bargaining contract is narrowed as the main job sections are allocated to the sub-employers on the grounds of “requiring expertise for technological reasons” and “necessity for work”. As a result, the subcontracting system in Turkey has become so widespread that the number of subcontracted workers has passed the number of unionized and permanent workers in many workplaces. Therefore, in workplaces where subcontracting is prevalent in the main jobs, the strike by the unionized main employer workers is not enough to stop production. This situation makes it almost impossible for even the main workers to establish union organization and collective bargaining. Yet, a worker without a union, a job security and a social security is forced into a submissive lifestyle that submits to everything because he/she is not sure of his/her future and he/she is marginalized.

Due to these problems, workers and trade unions are campaigning for the removal of the subcontracting system and working in a work environment suitable for human dignity, however, it is observed that the this system is rapidly spreading around the world (İslamoğlu & Yıldırım, 2016, p. 176). At the same time, this process is accompanied by irregularities in wages (flexibility), poor working conditions, and irregular work. In other words, the growth of structural unemployment for the unqualified and semi-qualified labor force leads to income inequality, poverty, social polarization, and marginalization. Therefore, the increasing social polarization between high-income professional managers and temporary, unregistered employees has led to social stratification and the gradual decline of the middle income group (Açıkalın, 2013, p. 324). As a matter of fact, in a study conducted by Aksungur (2009), examining the quality of life scores of midwives and nurses according to their types of work, it was found that the quality of life perceived by the permanent staff in terms of general health, and psychological and social areas were higher than that of the contracted employees. According to the findings of Kaya’s (2015) field survey on 400 subcontractor workers working in public institutions in Adıyaman city center, temporary employment, low wages and late payments, overwork, discrimination, and annual leave are the main problems of contracted workers. The majority of workers participating in the survey have a negative approach towards subcontracting in the public sector, which they consider to be causing significant restrictions on their rights; and they demanded permanent employment, better remuneration, trade union rights, and severance pay. Similarly, in the research conducted by Cigerci Ulukan and Özmen Yılmaz (2016) on subcontracting women workers working in the public health sector, it has been found that women work under extreme workload with minimum wage not to lose their jobs, that they have no pension guarantee, and that rather than making a positive impact on the empowerment of women, subcontracting system hardened their “double working” conditions, when considered together with their domestic workloads.

Subcontracting also brings with it the concepts of “working poor”, “urban poor”, and “relative poverty”. Today, the most important indicators of working poverty in cities can be listed as low incomes, increase in

living costs especially in urban areas, inequality in access to basic services, such as clean drinking and utility water, irregularity in employment, and excessive exploitation of the workforce by hindering union rights due to subcontracting. Such inequalities also lead the subcontractor workers to compare their situation with other permanent workers and to live relative deprivation (Açıkalın, 2013, pp. 336, 337).

In line with all of these explanations, it can be said that the part of the workers employed by subcontracting companies is in relative urban deprivation. The aim of this research, therefore, is to determine the level of quality of life of the subcontractor workers employed in the universities, to compare the findings with other researches made in this subject, and to make suggestions in the context of social works.

### **The Impact of Career on the Quality of Life**

Interest in the concept of “quality of life” has increased considerably in recent years after the World Health Organization positively identified health as “a state of full physical, mental, and social well-being, but not only the absence of illness and disability” in 1946 (Özüdoğru, 2013, p. 19; Koltarla, 2008, p. 41).

The reason for the increase in interest in the concept of quality of life is the great decline in living conditions despite the technological developments, globalizing world conditions, and innovations. Even today, more than a billion people are faced with adverse living conditions, such as inadequate health conditions and facilities. Such problems make it increasingly difficult for individuals to be satisfied from life. Taking into consideration all these negativities encountered; the concept of quality of life, which is related to ensuring and maintaining a balanced psycho-social and economic prosperity, has become a universal approach (Aydiner Boylu & Terzioğlu, 2007, p. 1).

According to the World Health Organization, quality of life (QOL) is a form of subjective perception based on assessing one’s own life in the culture and values system in which the individual lives and is defined as the perception of the individual’s position in life in relation to his/her goals, dreams, standards, and anxieties. Briefly, it is a narrative of the individual wellbeing condition, and it covers the satisfaction levels on various aspects of life (Perim, 2007, p. 1; Koltarla, 2008, p. 41; Kızıllırmak, 2014, p. 10; Aydiner Boylu & Paçacıoğlu, 2016, p. 138). Thus, this concept is not a measurable quantity, but a subjectively perceived quality. When measuring the quality of life, it is necessary to determine to what extent people are satisfied with their physical, psychological, and social functions, and to what extent they are disturbed by the presence or absence of features related to these aspects of their lives. When the perceived quality of life can not be improved and/or is not sustainable, there is always the risk that the situation will become more difficult for future generations (Aydiner Boylu & Terzioğlu, 2007, p. 129).

In this case, the quality of life includes the physical functions, the mental state, and the social relations of the individual within and outside the family, and shows how much this situation affects the functioning of the individual. In other words, if the individual is healthy, is lack of physical, psychological, economic problems, and is in good relation with his/her family and environment, this shows that this individual is satisfied with his/her private life and work life, and that the quality of life is good (Güngör Çıray, Vatansever, & Durmaz Akyol 2007, p. 10; Yıldırım & Hacıhasanoğlu, 2011, p. 62; Kızıllırmak, 2014, p. 10). In this case, business and professional life can also affect the quality of life. Employees in some professions can be mentally affected because of their work and this can be reflected in their quality of life. Job stress, work-related fatigue, stress, exhaustion, depression, or occupational satisfaction are factors affecting the quality of life of individuals. Many challenging processes that employees face during their work life may worsen their quality of life while

occupational satisfaction can improve it (Yeşil et al., 2010, p. 111). Kavlu and Pinar (2009) investigated the effects of burnout and job satisfaction on quality of life of nurses working in emergency departments, and found out that as emotional exhaustion and desensitization increase, job satisfaction, and quality of life decrease; as personal success increase, job satisfaction and quality of life increase. Therefore, there was a positive relationship between job satisfaction and quality of life.

In Turkey, a limited number of studies have been found which examine the level of quality of life of individuals in different working environments and the variables that can affect their quality of lives. These studies were mostly on health professionals (Ay, Güngör, & Özbaşaran, 2004; Kaya & Piyal, 2004; Güngör et al., 2007; Kavlu & Pinar, 2009; Aksungur, 2009; Yıldırım & Hacıhasanoğlu, 2011; Selvi, Güzel Özdemir, Özdemir, Aydın, & Beşiroğlu, 2010; Yeşil et al., 2010; Aydın, Çelik, & Uğurluoğlu, 2011; Kızıllırmak, 2014), sportsmen (Güllü & Çiftçi, 2016), white-collar workers (Vural, 2010) and teachers (Karagün, 2016).

In this study, it is aimed to measure the quality of life of the subcontracted workers working in universities and to examine the relationship between the demographical characteristics and life qualities of this group.

### Research Methods and Tools

Research methods and tools have been described under the titles of research sample, data collection techniques, data collection tools, and evaluation of data.

#### Sample of Research

In the research, firstly, a foundation university was selected with the cluster sampling method in İstanbul Province and a state university was selected with the cluster sampling method from Konya Province in 2017. Then, 75 people selected by random sampling method among the personnel (officer, technical officer, and cleaning officer) assigned to both universities via subcontracting firms have formed the sample of the research. Fifty-eight point seven percent of the sample group was working in the state university and 41.3% was in the foundation university.

When the demographic characteristics of the sample group are examined, according to Table 1, 60% of the participants are male and 40% are females. In addition, 37.3% of the sample group is between the ages of 31-39 years, 33.3% is between 18-30 years old, and 29.4% is over 40 years old. Nearly half (45.3%) of the respondents to the survey were high school graduates, 26.7% were university graduates, 16.0% were primary school graduates, 6.7% were middle school graduates, and 5.3% were literate. The majority of respondents (73.3%) were married and 26.7% were single. More than half (57.3%) of the sample group had four or more individuals in the household, and 42.7% had three or fewer individuals. Considering the number of children in the household, 33.3% had two children, followed by 26.7% with no children, 22.7% with one child, and 17.3% with three or more children. When the number of individuals working in households is examined, in the household of more than half of the respondents (57.3%), only one person is in paid employment, two people in 36.0%, and three people in 6.7% of respondents. When the monthly total income in the households of the participants is examined, it is found that 38.7% of them have income over 2,801 TL, 33.3% have 1,800 TL, and less than 28.0% have income between 1801 and 2800 TL. The monthly food expenditure of households in the sampling group was found to be 501 TL and over alin 53.3%, and 500 TL and less in 46.7%.

In this case, it can be said that although the income of the group of workers involved in our research seems to gain above the minimum wage, the monthly cost of living for one person for the year 2017 is TL 1.989 and

the monthly food expenditure (hunger limit) that a four-person family should make in order to maintain a healthy, balanced and adequate diet is 1.608, 13 TL, and this shows inadequate monthly food expenditure of the sample group (TISK, 2017).

Table 1

*Demographic Characteristics of the Sample (N = 75)*

Type of university	N	%	The number of individuals in the household	N	%
State university	44	58.7	Three or less	32	42.7
Foundation university	31	41.3	Four or more	43	57.3
<b>Gender</b>			Number of children in the household		
Female	30	40.0	No children	20	26.7
Male	45	60.0	One child	17	22.7
<b>Age</b>			Two children	25	33.3
Between 18 to 30 years old	25	33.3	Three and over children	13	17.3
Between 31 to 39 years old	28	37.3	Number of working individuals in the household		
40 years old and over	22	29.4	One person	43	57.3
<b>Education level</b>			Two persons	27	36.0
Literate	4	5.3	Three persons	5	6.7
Primary school graduates	12	16.0	Monthly total income in the household (TL*)		
Middle school graduates	5	6.7	1,800 and less	25	33.3
High school and equivalent graduates	34	45.3	Between 1,801 to 2,800	21	28.0
University graduates or higher	20	26.7	2,801 and over	29	38.7
<b>Marital status</b>			Monthly food expenditure in the household (TL*)		
Married	55	73.3	500 and less	35	46.7
Single	20	26.7	501 and over	40	53.3

Note. \* 1 \$ was 3.65 TL in 2017 in Turkey.

(Source: <http://paracevirici.com/doviz-arsiv/merkez-bankasi/gecmis-tarihli-doviz/2017/amerikan-dolari>)

**Data Collection Tools**

“General Screening Model” was used in the execution of this study. Survey technique was used to obtain the data. In order to determine the factors affecting the quality of life of the sample group, a two-step questionnaire consisting of the “Personal Information Form” and the “Quality of Life Scale” was prepared.

**Quality of life scale.** WHOQOL-BREF, World Health Organization Quality of Life Short Form, contained 26 questions selected from WHOQOL-100 Form. In this study, the “Quality of Life Scale” was calculated by adding the 27th question developed for Turkish society. WHOQOL-BREF consists of 27 questions and four areas: physical, spiritual, environmental, and social area. The questions have a 5-Likert type scale. The scale does not have a total score. Each subfield score ranges from 4 to 20. Higher scores indicate better quality of life. In the evaluation, the Questions 3, 4, and 26 which have negative ratings are reversed by making them positive as 1 = 5, 2 = 4, 3 = 3, 4 = 2, and 5 = 1. The first two questions, including the quality of life and general health questions are the general questions; scores of these questions are evaluated separately, not included in sub-dimension scores.

The validity and reliability of the scale at WHOQOL-BREF was evaluated by Eser et al. (1999); the Cranach alpha values of the sub-fields were found to be 0.83, 0.66, 0.73, and 0.53 for physical, mental, environmental, and social areas, respectively. In the study conducted by Kavlu and Pinar (2009), the internal

consistency of the questionnaire was re-evaluated and Cranach alpha values were found to be 0.81, 0.76, 0.70, and 0.62 for physical, mental, environmental, and social areas respectively.

### Evaluation of Data

In the study, the averages of the life quality of the sample group were examined. In addition, Pearson Correlation Coefficient is used to determine whether there is a significant relationship between the demographic characteristics and the quality of lives of the individuals forming the sample group.

## Findings and Discussion

### Examination of the Quality of Life of the Sample Group

The first two items of the scale require separate evaluation of individual's quality of life and health satisfaction criteria from the other sub-dimensions. For this reason, the average of these two questions is taken separately. According to the obtained data, the sample group working both at the foundation university and at the state university evaluated their quality of life as "neither good nor bad" ( $X = 3.05$ ) (see Table 2). When the literature on the quality of life of employees is examined; the quality of life of the healthcare employees in Yildirim and Hacıhasanoğlu's research (2011) and the quality of life of the nurses in Farrokhan, Motaghi, and Sharif's the research (2016) was found to be moderate and similar to ours.

Table 2

*Averages of Scores for the Quality of Life Scale of the Sample Group (N = 75)*

		N	$\bar{X}$	$S_x$	Score
* How do you find your quality of life? (Life satisfaction)	State University employee (Konya)	44	3.20	0.79	
	Foundation University employee (İstanbul)	31	2.84	0.90	Neither good nor bad
	Toplam	75	3.05	0.85	
** How satisfied are you with your health? (General health)	State University employee (Konya)	44	3.64	0.97	Quite satisfied
	Foundation University employee (İstanbul)	31	3.23	1.15	Neither satisfied nor dissatisfied
	Total	75	3.47	1.06	Quite satisfied
* 1.00 = Very bad			** 1.00 = Not satisfied		
1.80 = A little bad			1.80 = Very little satisfaction		
2.60 = Neither good nor bad			2.60 = Neither satisfied nor dissatisfied		
3.40 = Pretty good			3.40 = Quite satisfied		
4.20 = Very good			4.20 = Very satisfied		

*Note.* The division into ratios is  $4/5 = 0.80$  for the gap digit of the likert type scale of 5. This number determines the minimum transition scores between the digits of the likert type scale.

Regarding individuals' satisfaction with their health, while employees at state universities were "quite satisfied" ( $X = 3.64$ ), employees at foundation universities expressed "neither satisfied nor dissatisfied" ( $X = 3.23$ ) (see Table 2). The majority of participants (70.6%) were under the age of 40 year, usually were young adults and middle-aged adults; therefore, it is normal that no health problems exist as they are experiencing a period in which the body is the most dynamic, most resistant to diseases. However, when it is taken into account that individuals aged 40 and older have no significant difference in urban distribution with respect to age (Konya: 27.3%; İstanbul: 32.3%); the difference between the universities suggests that the level of job satisfaction of those working at foundation universities may be low, which may reflect negatively on their performance and health perceptions. Other factors may be related to individual differences, such as the cities where they live (due to the traffic intensity caused by the size of the city, a large part of the individual's time

passes in traffic), or having insufficient income to cover their health expenditures and thus turning their health problems chronic.

The general health perception determining the quality of life of midwives and nurses who participated in Aksungur's (2009) research was found to be moderate and overlaps with the findings of the workers at the foundation university in our research.

### Examination of the Quality of Life of the Sample Group in Relation to Their Demographic Characteristics

According to Table 3, the quality of life of the sample group working at the state university varied significantly, especially in the mental and physical areas: Those who were single had higher quality of life in the mental area ( $r = 0.391$ ,  $p < 0.01$ ) than the married ones. As the number of participants in households decreased, the quality of life in the physical area increased ( $r = -0.383$ ,  $p < 0.05$ ).

The reason for the low level of mental quality of life for married individuals may be due to their dual responsibilities both in working life and family life, which tuckers out them mentally and lowers the quality of life in this area. Similarly, the increase in the number of individuals in the family brings along the increase in family responsibilities, which brings physical challenges.

No statistically significant relationship was found between the other demographic characteristics (gender, age, education, number of children in the household, number of individuals working in the household, monthly household income, and monthly household food expenditure) of the sample group working in state university in Konya and the total quality of life and sub-factors (physical, mental, social, and environmental area) ( $p > 0.05$ ) (see Table 3).

Table 3

*Pearson Correlation Coefficient of Life Quality of the Sample Group According to Demographic Variables (State University: N = 44)*

	Gender	Age	Education	Marital status	Number of individuals in the household	Number of child in the household	Number of employees in the household	Monthly household income level	Monthly household food expenditure
Faktör 1: Physical area	0.012	-0.166	-0.055	-0.177	-0.383*	-0.109	0.005	-0.072	0.134
Faktör 2: Mental area	0.033	-0.065	0.076	-0.391**	-0.231	-0.068	0.064	0.026	0.054
Faktör 3: Social area	0.147	-0.025	-0.185	-0.208	-0.221	-0.156	0.183	-0.042	-0.056
Faktör 4: Environmental area	-0.064	0.018	0.076	-0.021	-0.077	0.019	-0.011	-0.017	0.067
Total Life Quality	0.022	-0.077	-0.004	-0.243	-0.284	-0.085	0.057	-0.031	0.078

Notes. \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ ; \*1 = Female, 2 = Male; \*\*1 = Married, 2 = Single; \*\*\*1 = State university, 2 = Foundation university.

When Table 4 is examined, it is seen that as the age of the sample group working at the foundation university increased, the quality of life in the social area increased ( $r = 0.388$ ,  $p < 0.05$ ). The reason for this development can be attributed to the development of the social area in both business and family environment, together with age. In addition, the quality of life of participants in the environmental area was found to be higher when their education levels ( $r = 0.383$ ,  $p < 0.05$ ), monthly household incomes ( $r = 0.377$ ;  $p < 0.05$ ), and the number of individuals in the household increased ( $r = 0.380$ ;  $p < 0.05$ ).

Besides, as the number of working individuals in the households of sample group at the foundation university increased, it is found out that their quality of life in the mental ( $r = 0.393$ ,  $p < 0.05$ ), social ( $r = 0.425$ ,  $p < 0.05$ ) and environmental ( $r = 0.483$ ,  $p < 0.01$ ) areas also increased, together with total quality of life ( $r =$

0.449;  $p < 0.05$ ). It was also found that as the monthly food expenditures of the same group increased, social ( $r = 0.371$ ;  $p < 0.05$ ) and environmental ( $r = 0.401$ ;  $p < 0.05$ ) areas as well as the total quality of life ( $r = 0.355$ ;  $p < 0.05$ ) also increased (see Table 4). Thus, it can be said that as the number of working individuals in the household, household income, and monthly household food expenditure, as indicators of socio-economic level of the individual, increases; access to social and environmental resources becomes easier; resting and leisure time opportunities increases and thus quality of life increases.

Particularly in the “environment area” that determines quality of life; physical resources, physical security and safety, health services and social assistance, accessibility and quality, home environment, opportunities to acquire new knowledge and skills, recreation and leisure time opportunities, physical environment (pollution/noise/traffic/climate), and transportation variables are included. In this case, it can be said that as the level of education and the monthly income of the household, which are two of the socioeconomic level determinants, increased, the economic level of the individual also increases which therefore enables the access to the other opportunities mentioned above.

While the increase in the number of individuals in the household forced the sample group in Konya in terms of physical area, the sample group in Istanbul was pleased in terms of the environmental field. The increase in the quality of life in the environmental area felt together with the increase in the number of individuals in the household may also be related to the perceived individual differences and the lifetime in which the family lives. The traditional family life cycle was conceptualized around six basic stages by Carter and McGoldrick (1980). These phases are: independence phase, mate selection and marriage, parenting, parents with adolescent children, families with adult children, families at retirement, and old age (Zastrow & Krist-Ashman, 2014, p. 251). For example, in the beginning of the parenting period, the husband and wife may have more difficulties to access environmental resources since they are inexperienced in child care and family management. For the spouses in the midst of parenting, although the number of children and their responsibilities have increased, years of experience can make it easier for them to cope with the environmental challenges.

No statistically significant relationship was found between the other demographic characteristics (sex, marital status, and number of children in the household) and total quality of life and sub-factors (physical, mental, social, and environmental area) of the sample group working at the foundation university in Istanbul ( $p > 0.05$ ) (see Table 4).

Table 4

*Pearson Correlation Coefficient of Life Quality of the Sample Group According to Demographic Variables (Foundation University: N = 31)*

	Gender	Age	Education	Marital status	Number of individuals in the household	Number of child in the household	Number of employees in the household	Monthly household income level	Monthly household food expenditure
Faktör 1: Physical area	0.072	0.179	0.139	0.112	0.012	-0.067	0.245	-0.294	0.228
Faktör 2: Mental area	0.098	0.136	0.333	0.263	0.274	0.199	0.393*	0.124	0.226
Faktör 3: Social area	-0.034	0.388*	-0.016	-0.056	0.195	0.115	0.425*	-0.068	0.371*
Faktör 4: Environmental area	0.116	0.247	0.383*	0.289	0.380*	0.134	0.483**	0.377*	0.401*
Total Life Quality	0.092	0.254	0.291	0.218	0.267	0.107	0.449*	0.090	0.355*

Notes. \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ ; \*1 = Female, 2 = Male; \*\*1 = Married, 2 = Single; \*\*\*1 = State university, 2 = Foundation university.



### **Comparison of Findings on Gender Variables**

In this research, there was no relationship between gender and quality of life of the people working at the state university and the foundation university ( $p > 0.05$ ). Similarly, there was no statistically significant difference between sex and quality of life subscales in the research conducted by Avci and Pala (2004) on researchers and specialists working in the Faculty of Medicine; and in the research conducted by the World Health Organization (WHO, 1998). However, in some studies on healthcare employees (Yıldırım & Hacıhasanoğlu, 2011; Say Şahin et al., 2014; Kızıllırmak, 2014; Farrokhian et al., 2016) and teachers (Karagün, 2016), the quality of life of men was found to be higher than women. Therefore, the findings of these five studies did not support the findings of the research conducted.

### **Comparison of Findings on Age Variables**

In the research conducted on the employees working in foundation university in İstanbul, it was found that the living standards of the elderly in social area were higher ( $p < 0.05$ ). In other researches, it was determined that the life quality of the younger ones is higher in the social area (Say Şahin, Önal, Pehlivan Sütü, Kılınç, & Mutluay, 2014) and the physical area (Aksungur, 2009; Karagün, 2016). These three findings did not overlap with the findings of the research conducted. The reason for this distinction may be due to the fact that in our study the majority of participants (70.6%) were under 40 years old and therefore young.

### **Comparison of Findings on Educational Status Variables**

The level of education is an important determinant in the quality of life and in our study, as the education level of the employees of the foundation university increased, the living quality in the environmental area also increased ( $p < 0.05$ ). In some other studies, it was found out in the sample group that the quality of life in the physical area of those with a high level of education increased (Kaya & Piyal, 2004; Güngör et al., 2007); the quality of life in the spiritual area is increased (Aksungur, 2009); or the quality of life was not affected (Say Şahin et al., 2014). In line with these findings, it can be said that the high level of education often increases the quality of life of the individual as it provides advantages in the business environment.

### **Comparison of Findings on Marital Status Variables**

In the research conducted on the subcontracted laborers working in foundation university in İstanbul, it was found that the quality of life of married people in the mental area was found to be lower than that of the singles ( $p < 0.01$ ). Other areas of quality of life (physical, social, and environmental) were not found to be related with the marital status ( $p > 0.05$ ). Other researches conducted in this subject in the literature show that married people have higher quality of life in mental, social and environmental areas than single people (Avci & Pala, 2004); the quality of life in the physical health area is low, but the quality of life in the mental area is high (Aksungur, 2009); the quality of life in the social area is high, but the quality of life in the environmental area is low (Yıldırım & Hacıhasanoğlu, 2011); the quality of life in the physical area is low, but the quality of life in the mental area is high (Farrokhian et al., 2016). Therefore, the findings of these four studies do not overlap with each other and the findings of this research. These results suggest that marital status is not a definitive determinant of life quality.

### **Comparison of Findings on Number of Child Variables**

Among the subcontracted workers working at the state university and the foundation university, there was no significant relationship between the quality of life and the number of their children ( $p > 0.05$ ). According to

Aksungur's (2009) research, the quality of life scores of the midwives and nurses who constituted the sample group did not differ according to the number of children. This finding supports the findings of this research conducted.

### **Comparison of Findings on Income Level Variables**

The household income level is another important determinant of the quality of life and it is found that the life quality of employees in the foundation of our study increased in the environmental area as the monthly household income increased ( $p < 0.05$ ). It was also found that as the monthly food expenditure of the same group increased, the life quality in the social ( $p < 0.05$ ) and environmental ( $p < 0.05$ ) areas increased together with total quality of life ( $p < 0.05$ ). Similarly, in some studies, it has been determined that the high income level increases the quality of life of the individuals in the social and environmental area (Karagün, 2016); quality of life in physical and environmental area (Ay et al., 2004); the quality of life in the social area (Güngör et al., 2007); the quality of life in the mental area (Güllü & Çiftçi, 2016). In some other studies, it has been determined that low income leads to a decrease in the quality of life in physical and environmental area (Yıldırım & Hacıhasanoğlu, 2011) and in the quality of life in general (Kızılırmak, 2014). There is also findings that the income level of the individual does not affect the quality of life (Say Şahin et al., 2014).

Thus, while the first six research findings mentioned above were partially similar with the results of the economic indicators in the study, the findings of Say Şahin et al. (2014) did not show similarity.

### **Conclusion and Recommendations**

This study examined the quality of life of subcontracted laborers working at the universities and significant differences have been identified in the quality of life of employees at state universities and foundation universities, according to their demographic characteristics. For example, among the employees working at the state university in Konya, the quality of life of those who are single ( $p < 0.01$ ); and the quality of life of those with low number of individuals in the households ( $p < 0.05$ ) are found to increase.

Among those working at foundation universities in Istanbul Province, the quality of lives of older ones were found to be higher in the social area ( $p < 0.05$ ); the quality of lives of those with a high level of education ( $p < 0.05$ ) and with a high number of individuals in the household ( $p < 0.05$ ) were found to be higher in the environmental area. It was found that as the number of working individuals in the households of the sample group in the foundation university increased, the quality of life in the mental ( $p < 0.05$ ), social ( $p < 0.05$ ) and environmental ( $p < 0.01$ ) areas increased, together with the total quality of life ( $p < 0.05$ ). It was also found that as the monthly food expenditures of the same group increase, the quality of live in social ( $p < 0.05$ ) and environmental ( $p < 0.05$ ) areas also increased, together with the total quality of life ( $p < 0.05$ ).

As seen in Tables 2, 3, and 4, the difference in quality of life between state and foundation universities can be caused both by the employment policies of the universities and the intermediary subcontracting organizations as well as by the different cities. It is obvious that the cost of living in Istanbul and the difficulty of transportation in traffic are much more noticeable than in Konya. The quality of life of the subcontracted laborers working in the state university in Konya has not been associated with economic origin demographic characteristics, such as income, education level, and food expenditure. Especially, when considering the low wages of subcontracted workers and the lack of a future guarantee, the result is different from the expectations. The reason can be attributed to the fact that the living facilities in Konya Province are cheaper than other big cities; the business environment at the state university is far from being competitive as it is in other public units

and it has a structure that respects the personal rights of employees. As a matter of fact, in the study conducted by Yasım (2007), the level of job satisfaction of subcontracted workers was found to be high. Similarly, the study of Islamoğlu and Yıldırım (2016), on the subcontracted laborers working in the public sector, have reached the conclusion that workers are satisfied with their situation despite the negativities they have experienced, because of the high unemployment rates, because they are paid on time, and finding their alternatives is easy due to their low skills.

In addition, within the scope of Temporary Article 23 and Temporary Article 24 of the *Decree Law No. 375*, the principles regarding the transfer of subcontracted workers employed in public institutions and organizations to permanent workers' positions or to the status of workers in local administration companies, have been issued by the Ministry of Labor and Social Security and published in the Official Gazette on January 1st, 2018. This practice is a pleasing development for the subcontracted workers.

When considering the number of subcontracted workers in Turkey increases in parallel to the world, and the number of sub-employer workers is over 1.5 million in 2017 and half of them are employed in the public sector (Yasım, 2017, p. 105); it means that there will be no improvement in the situation of approximately 800 thousand subcontractor laborers working in the private sector today.

In the light of the results obtained above, the following suggestions can be made to the institutions that employ subcontracted workers in order to increase productivity in the workplace and to improve the quality of life of subcontracted workers:

- Attempts should be made to avoid the negativities arising from workers' professions; personal rights should be corrected, economic support must be provided; adequate time for sleeping and resting should be given; and healthy nutrition in the institution should be provided.
- Managers should prioritize in-house training, reorganize working hours, plan social and sporting activities, and improve the possibilities of professional progress.
- Scales related to the life satisfaction of employees should be applied at certain intervals; and measures should be taken to improve the working environment and working conditions on an institutional basis according to the changes over time

## References

- Açıkalın, N. (2013). *Kent yoksulluğu: Kent sosyolojisi* (Fatime Güneş, Ed.). Eskişehir, Birinci Baskı, Anadolu Üniversitesi (No: 2978): Açıköğretim Fakültesi (No: 1932) Yayını.
- Aksungur, A. (2009). Dr. zekai tahir burak kadın sağlığı eğitim ve araştırma hastanesi'nde çalışan ebe ve hemşirelerin iş doyumunu ve yaşam kalitesi düzeylerinin belirlenmesi (Yüksek Lisans Tezi, Sağlık Yönetimi Programı, Sağlık Bilimleri Enstitüsü, Hacettepe Üniversitesi, Ankara).
- Avcı, K., & Pala, K. (2004). Uludağ Üniversitesi Tıp Fakültesi'nde çalışan araştırma görevlisi ve uzman doktorların yaşam kalitesinin değerlendirilmesi. *Uludağ Üniversitesi Tıp Fakültesi Dergisi*, 30(2), 81-85.
- Ay, S., Güngör, N., & Özbaşaran, F. (2004). Manisa il merkezinde sağlık ocaklarında çalışan personelin yaşam kalitesi ve bunu etkileyen sosyo-demografik faktörler. *Sağlıkta Yaşam Kalitesi Sempozyumu, Program ve Özet Kitabı*, 8-10 Nisan, İzmir.
- Aydın, İ., Çelik, Y., & Uğurluoğlu, Ö. (2011). Sağlık Personeli çalışma yaşam kalitesi ölçeği: Geliştirilmesi, geçerliği ve güvenirliği. *Toplum ve Sosyal Hizmet*, 22(2), 79-100.
- Aydiner Boylu, A., & Paçacıoğlu, B. (2016). Yaşam kalitesi ve göstergeleri. *Akademik Araştırmalar ve Çalışmalar Dergisi*, 8(15), 137-150.
- Aydiner Boylu, A., & Terzioğlu, G. (2007). *Ailelerin Yaşam Kalitelerini Etkileyen Bazı Objektif ve Subjektif Göstergelerin İncelenmesi*. T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü Genel Yayın No:130. Ankara: Azim Matbaacılık Ltd. Şti.

- Carter, E. A., & McGoldrick, M. (1980). *The family life cycle: A framework for family therapy*. New York, NY: Gardner Press.
- Ciğerci Ulukan, N., & Özmen Yılmaz, D. (2016). Kamu sağlık sektöründe çalışantaşeron kadın işçiler: Samsun ve ordu ili örneği. *Çalışma ve Toplum*, 1(48), 87-114.
- Eser, E., Fidaner, H., Fidaner, C., Elbi, H., & Göker, E. (1999). Psychometric properties of WHOQOL-100 and WHOQOL-BREF. *3P Dergisi*, 7(2), 23-40.
- Farrokhian, A. R., Motaghi, M., & Sharif, M. R. (2016). Quality of life in nurses: Case study of Shahid Beheshti Hospital of Kashan City, Iran. *Quarterly of International Archives of Health Sciences*, 3(3), 93-99.
- Güllü, S., & Çiftçi, E. G. (2016). Spor merkezlerine üye olan bireylerin yaşam kalitesinin incelenmesi. *International Journal of Social Sciences and Education Research*, 2(3), 1251-1265. Retrieved from <http://dergipark.ulakbim.gov.tr/ijsser/>
- Güngör, N., Çıray, N., Vatansever, Ş., & Durmaz Akyol, A. (2007). Yoğun bakım hemşirelerinin yaşam kalitesi, iş doyumu ve tükenmişlik düzeylerinin saptanması. *Yoğun Bakım Hemşireliği Dergisi*, 11(1), 10-18.
- Güzel, A. (2010). Alt işveren uygulamasında güvencesiz bir sisteme doğru. *Çalışma ve Toplum*, 4(27), 15-28.
- İslamoğlu, E., & Yıldırım, S. (2016). Kamu sektöründe çalışan taşeron kadın işçilerin sorunları. *Girişimcilik ve Kalkınma Dergisi*, 11(2), 175-197.
- Karagün, E. (2016). Beden eğitimi öğretmenleri ile diğer branş öğretmenlerinin yaşam kaliteleri üzerine bir araştırma. *Kastamonu Eğitim Dergisi*, 24(1), 53-64.
- Kavlu, İ., & Pınar, R. (2009). Acil servislerde çalışan hemşirelerin tükenmişlik ve iş doyumlarının yaşam kalitesine etkisi. *Türkiye Klinikleri J Med Sci*, 29(6), 1543-1555.
- Kaya, G. (2015). Kamudaki taşeron işçiler üzerine bir alan çalışması: Adıyaman örneği. *Elektronik Sosyal Bilimler Dergisi*, 14(55), 257-267.
- Kaya, M., & Piyal, B. (2004). Ankara'da 112 acil yardım hizmetlerinde çalışan sağlıkpersonelinin öznel yaşam kalitelerinin sosyo-demografik özellikler yönünden yaşam kalitesi alt alanlarına göre değerlendirilmesi. *Sağlıkta Yaşam Kalitesi Sempozyumu Program ve Özet Kitabı*, 8-10 Nisan, İzmir.
- Kızılırmak, M. (2014). Hastanede çalışan hemşirelerin depresyon ve yaşam kalitesi düzeylerinin belirlenmesi (Lisans tezi, Sağlık Bilimleri Enstitüsü Hemşirelik Anabilim Dalı Yüksek, Gazi Üniversitesi, Ankara).
- Koltarla, S. (2008). Taksim eğitim ve araştırma hastanesi sağlık personelinin yaşam kalitesinin araştırılması (Uzmanlı tezi, Sağlık Bakanlığı Taksim Eğitim ve Araştırma Hastanesi Aile Hekimliği Kliniği, İstanbul).
- Murat, G. (2017). Dünyada ve türkiye'de neoliberal ekonomi politikalarının işgücüpiyasasına yansımaları. In *18. Çalışma Ekonomisi ve Endüstri İlişkileri Kongresi Genişletilmiş Bildiri Özetleri Kitabı* (pp. 112-116). Antalya: Uludağ Üniversitesi Yayını.
- Müezzinoğlu, T. (2004). *Yaşam kalitesi, üroonkoloji derneği 2004 güz dönemi konuşması*. Manisa: Celal Bayar Üniversitesi Tıp Fakültesi.
- Okcan, N., & Bakır, O. (2010). İşletmenin ve işin gereği taşeronlaştırma: Taşeron cumhuriyetine doğru. *Çalışma ve Toplum*, 4(27), 55-74.
- Özudoğru, E. (2013). Üniversite personelinin fiziksel aktivite düzeyi ile yaşam kalitesi arasındaki ilişkinin incelenmesi (Yüksek lisans tezi, Mehmet Akif Ersoy Üniversitesi, Burdur).
- Perim, A. (2007). Trakya Üniversitesi Eğitim, araştırma ve uygulama hastanesi'nde çalışan hemşirelerin kaliteli yaşam algısının belirlenmesi (Yüksek Lisans Bitirme Tezi, Trakya Üniversitesi, Edirne).
- Resmi Gazete. (2018). *Kamu kurum ve kuruluşlarında personel çalıştırılmasına dayalı hizmet alımı sözleşmeleri kapsamında çalıştırılmakta olan işçilerin sürekli işçi kadrolarına veya mahalli idare şirketlerinde işçi statüsü geçirilmesine ilişkin 375 sayılı kanun hükmünde kararnamenin geçici 23 ve geçici 24 üncü maddelerinin uygulanmasına dair usul ve esaslar*. Retrieved from <http://www.tes-is.org.tr/news-detail/161/TA%C5%9EEERON-%C4%B0%C5%9E%C3%87%C4%B0LER%C4%B0N-KADROYA-ALINMASI-HAKKINDA-USUL-ve-ESASLARI-BEL%C4%B0RLEYEN-TEBL%C4%B0%C4%9E-YAYINLANDI>
- Say Şahin, D., Önal, Ö., Pehlivan Sütü, S., Kılınç, A. S., & Mutluay, D. (2014). Acil servis ve yoğun bakımda çalışan hemşirelerde yaşam kalitesinin değerlendirilmesi. *MAKÜ Sag. Bil. Enst. Derg.*, 2(2), 81-92.
- Selvi, Y., Güzel Özdemir, P., Özdemir, O., Aydın, A., & Beşiroğlu, L. (2010). Sağlık çalışanlarında vardiyalı çalışma sisteminin sebep olduğu genel ruhsal belirtiler ve yaşam kalitesi üzerine etkisi. *Düşünen Adam Psikiyatri ve Nörolojik Bilimler Dergisi*, 23(4), 238-243.
- Suğur, N. (2013). *Fordizm ve post-fordizm. ekonomi sosyolojisi* (Veysel Bozkurt ve Fatime Güneş Ed.). Eskişehir, Üçüncü Baskı, Anadolu Üniversitesi (No: 2303): Açıköğretim Fakültesi (No: 1300) Yayını.

- Şakar, M. (2010). Ölçüsüz taşeronlaşmaya karşı önlemlerde geri adım: İş sağlığı ve güvenliği kanun tasarısı taslağına sıkıştırılan değişikliğin değerlendirilmesi. *Çalışma ve Toplum*, 4(27), 29-33.
- Türkiye İşçi Sendikaları Konfederasyonu (TİSK). (2017). *Aralık 2017 açlık ve yoksulluk sınırı*. Retrieved from <http://www.turkis.org.tr/ARALIK-2017-ACLİK-ve-YOKSULLUK-SINIRI-d11671>
- Top, M., Özden, S., & Sevim, M. (2003). Psikiyatride yaşam kalitesi. *Düşünen Adam Psikiyatri ve Nörolojik Bilimler Dergisi*, 16(1), 18-23.
- Vural, Ö. (2010). Masa başı çalışanlarda fiziksel aktivite düzeyi ve yaşam kalitesi ilişkisi (Lisans tezi, Sağlık Bilimleri Enstitüsü, Gazi Üniversitesi, Beden Eğitimi ve Spor Ana Bilim Dalı Yüksek, Ankara).
- Wold Health Organization (WHO). (1998). The Wold Health Organization quality of life assessment (WHOQOL): Development and general psychometric properties. *Social Science and Medicine*, 46(12), 1569-1585.
- Yasım, Y. K. (2017). Taşeron (işçileri) taş taşısın: Belediye işçileri örneği. In 18. *Çalışma Ekonomisi ve Endüstri İlişkileri Kongresi, Genişletilmiş Bildiri Özetleri Kitabı* (pp. 105-108 ). Antalya: Uludağ Üniversitesi Yayını.
- Yeşil, A., Ergün, Ü., Amasyalı, C., Er, F., Olgun, N. N., & Aker, A. T.(2010). Çalışanlar için yaşam kalitesi ölçeği türkçe uyarlaması geçerlik ve güvenilirlik çalışması. *Nöropsikiyatri Arşivi*, 47(2), 111-117.
- Yıldırım, A., & Hacıhasanoğlu, R. (2011). Sağlık çalışanlarında yaşam kalitesi ve etkileyen değişkenler. *Psikiyatri Hemşireliği Dergisi*, 2(2), 61-68.
- Yücesan-Özdemir, G. (2010). Despotik emek rejimi olarak taşeron çalışma. *Çalışma ve Toplum*, 4(27), 35-50.
- Zastrow, C., & Krist-Ashman, K. K. (2014). *İnsan davranışı ve sosyal Çevre I* (1. Baskı). (A. Aydın, Ç. Karaca, F. Çoban, M. Atakan Foça and S. Erdem, Trans.). Ankara: Türközü Nika Yayınevi.



## **Psychology Research**

Volume 8, Number 8, August 2018

David Publishing Company

616 Corporate Way, Suite 2-4876, Valley Cottage, NY 10989, USA

Tel: 1-323-984-7526, 323-410-1082; Fax: 1-323-984-7374, 323-908-0457

<http://www.davidpublisher.com>, [www.davidpublisher.org](http://www.davidpublisher.org)

[psychology@davidpublishing.com](mailto:psychology@davidpublishing.com), [psychology@davidpublishing.org](mailto:psychology@davidpublishing.org)

ISSN 2159-5542



9 772159 554185