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"I AM NOT DEAF": ART-BASED PARTICIPATORY ACTION RESEARCH WITH REFUGEE WOMEN FROM BURMA

A DISSERTATION

HILLARY RUBESIN

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
May 2018

Lesley University
Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

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Dissertation Title: "I AM NOT DEAF": ART-BASED PARTICIPATORY ACTION RESEARCH WITH REFUGEE WOMEN FROM BURMA

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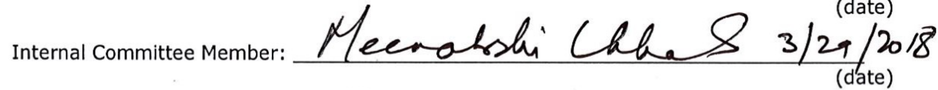

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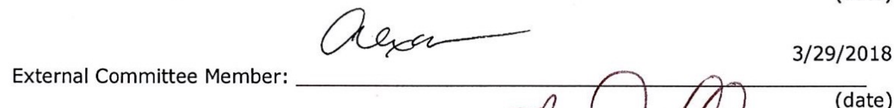

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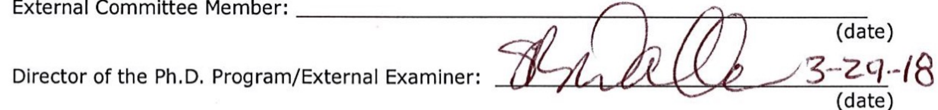

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Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

Dean, Graduate School of Arts and Social Sciences

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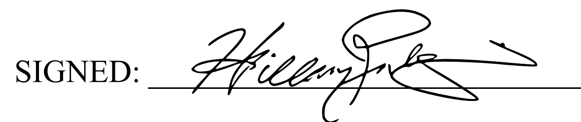
SIGNED: 

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"Here, when people on the street talk to me, they think I am deaf. I am not deaf."

-Refugee from Burma, Women's Group, Art Therapy Institute, Fall 2016

"I will participate in this research if we are able to move it to the next level. I want to make sure we do something. I want this to be important."

-*Refugee woman, debating participation in a research study, Winter 2016*

ABSTRACT

There are currently over 65 million displaced people across the world. Refugee women present a unique subset of those displaced. These women often struggle with "triple trauma," but these complex issues can go unvoiced and unaddressed as the women work to hold their families together in the midst of shifting landscapes and shifting gender roles and cultural norms.

The following study demonstrates how the arts can offer refugee women an opportunity to express themselves and process complex issues in effective, creative, accessible, therapeutic, and cross-cultural ways. It details the process and explores the impact of an art-based participatory action research study conducted with a small group of refugee women from Burma resettled in Orange County, North Carolina. Throughout the four-month data collection period, the refugee women were able to explores issues of importance to them and determine how to best address these issues.

An arts-based, public narrative process enabled the refugee women from Burma to discover and share both risk and protective factors present in their lives. Through this process, the research participants discovered just how important the Women's Group was to them, and why this group was so impactful. Relationships between the refugee women and the American-born facilitators were strengthened through practices of cultural humility and cultural safety, as well as gender homogeneity, and arts-based processes. In the end, the trust built within these relationships enabled the refugee women to challenge the facilitators to help them keep the Women's Group strong and stable after the initial research period had ended, an unanticipated and important outcome.

CHAPTER 1

Introduction

As of 2016, 65.3 million people across the globe have been forcibly displaced—the highest number in reported history (United Nations High Commissioner for Refugees, 2016). Human migration across international borders continues to grow, in major part due to religious, ethnic, and political persecution, economic crises, natural disasters, and resource depletion (Crosby, 2013; Verkuyten, 2004). On top of pre-migration and migration trauma, refugees often encounter various difficulties upon resettlement in host countries, including barriers to housing, employment, healthcare, communication, and education, as well as anti-newcomer sentiment in both personal interactions and public policies (Appel, 2012; Ellis, MacDonald, Lincoln, & Cabral, 2008; Millington, 2010; Morris, Popper, Rodwell, Brodine, & Brouwer, 2009; Moya Salas, Ayón, & Gurrola, 2013; Newman, Hartman, & Taber, 2012; Pedersen & Thomas, 2013; Rodríguez-Valls & Torres, 2014). Some researchers have suggested that these types of post-migration stressors can negatively impact mental health more than pre-migration or migration trauma (Miller & Rasco, 2011; Schweitzer, Brough, Vromans, & Asic-Kobe, 2011).

Refugee women may be particularly susceptible to post-migration issues. Women are often responsible for holding their families together, and must do so in the midst of shifting cultural norms and gender roles between their countries of origins and host countries (Connor et al., 2016; Koh, Liamputtong, & Walker, 2013). Additionally, refugee women are often at risk of ongoing domestic abuse (Chantler, 2012; Norsworthy & Khuankaew, 2004), and may also be dealing with trauma related to histories of sexual violence (Oo & Kusakabe, 2010).

Unfortunately, language and gender barriers often prevent refugee women from speaking out about resettlement difficulties and/or having healthy relationships with host community members (Clark, Gilbert, Rao, & Kerr, 2014; Watkins, Razee, & Richters, 2012). The arts may offer refugee women an opportunity to express themselves and process the issues they face as newcomers in effective, creative, accessible, therapeutic, and cross-cultural ways (Dieterich-Hartwell & Koch, 2017). Participatory action research may complement these arts-based approaches by honoring the ability of refugee women to determine their own needs and take direct action to achieve their stated goals (Baird et al., 2015; Collie, Liu, Podsiadlowski, & Kindon, 2010; Gilhooly & Lynn, 2015; Guruge & Khanlou, 2004; Norsworthy & Khuankaew, 2004; Okigbo, Reierson, & Stowman, 2009).

Statement of the Problem

The number of refugees entering the United States (U.S.) has risen significantly in recent years due to the ongoing international refugee crisis. In 2014 and 2015, the U.S. accepted record numbers of refugees, taking in over 70,000 people each year (The American Immigration Council, 2015) and increasing this ceiling to 85,000 in 2016 (Washington Post, 2016). Although the need for refugee resettlement remains high, and the Obama administration suggested 110,000 refugees be admitted to the United States in 2017 (Washington Post, 2016), these proposed arrival numbers were decreased dramatically by the current administration’s policies and travel bans (Trump, 2017) which continue to be debated in local and national courts.

Trauma

Terasaki, Ahrenholz, and Haider (2015) referred to the “triple trauma” (p. 1045) common to the experiences of many refugees: (1) pre-migration trauma, (2) migration and refugee camp trauma, and (3) post-migration and resettlement trauma. The current study looks primarily at the third type of trauma—resettlement trauma—which refers here to issues such as language and cultural barriers; problems accessing health care; lack of trust in the host country’s medical system; financial stress, food insecurity, housing insecurity, and employment instability; barriers to education; and problems with law enforcement and the legal system (Millington, 2010; Porter & Haslam, 2005; Rodríguez-Valls & Torres, 2014). In the current study, these resettlement issues are viewed specifically through a gendered lens.

Anti-newcomer sentiment

One of the post-migration stressors impacting refugees across the United States is *anti-newcomer sentiment*, discrimination or negative feelings towards newly arrived migrants (Carpenter-Aeby, Aeby, Daniels, & Xiong, 2014; McKeever, Riffe, & Carpentier, 2012). Anti-newcomer sentiment has been expressed and acted on in numerous executive orders from President Trump proposing bans on migrants from various Muslim-majority countries (Diamond & Almasy, 2017) and decreasing the overall refugee resettlement cap from 110,000 to 45,000, the lowest resettlement numbers allowed since the 1980’s (Rose, 2017). These executive orders have exposed far-reaching anti-newcomer sentiment, and have highlighted that new migrants are often viewed as potential terrorist threats (Nash, 2017), although these perceptions are unfounded (Newland, 2015). Research has shown that these types of perceived anti-newcomer sentiment and discriminatory public policies can be damaging to newcomers’ physical

and mental health (Appel, 2012; McKeever et al., 2012; Moya Salas et al., 2013; Newman et al., 2012).

Newcomers in North Carolina

McKeever et al. (2012) formally researched claims of anti-newcomer sentiment in North Carolina—the state under study—and reported above-average rates of anti-newcomer sentiment among native residents, compared to national averages. This sentiment has been demonstrated through recent statements by local politicians. In November 2015, acting North Carolina Governor Pat McCrory joined 29 other state governors to protest the potential arrival of Syrian refugees in their states (National Public Radio, 2015). North Carolina Representative George Cleveland, who sponsored a bill to ban 'sanctuary cities' (Barber, II, 2015)—cities that do not prosecute illegal immigrants—around the same time, justified his proposal by arguing, "We don't need the mentality of other parts of the world in our state" (Associated Press, 2015).

Political views and policies regarding newcomers in North Carolina are relevant because, in fiscal year 2013, the state received 3.4% of incoming refugees to the United States, placing it within the top twelve states for refugee resettlement (U.S. Department of State, U.S. Department of Homeland Security, & U.S. Department of Health and Human Services, 2014). Orange County (approximate population: 142,000) has an estimated foreign-born population of 12.7% according to census information collected between 2012 and 2016 (United States Census Bureau, 2017). Local resettlement agencies reported an increase in refugee arrivals of 53.7% in FY 2015 compared to the previous year, and the Orange County Health Department expects these numbers to grow despite the executive travel bans (Clifford, 2016).

Refugees from Burma in NC. Since 2005, the majority of refugees resettled to Orange County have been from Burma (Clifford, 2016). Burma (formally recognized as Myanmar) came under military rule in 1962, and has been in a state of turmoil ever since (Barron et al., 2007). Various ethnic minorities living in Burma—like the Karen, Chin, Kachin, and Rohingya—have been oppressed, murdered, raped, and starved by the Burmese military regime since the coup.

To escape these atrocities, well over a million people of ethnic minority descent have fled to refugee camps, primarily in Thailand and Bangladesh (Barron et al., 2007; Bearak, 2017). Most recently, the U.S. Department of State officially constituted the military's treatment of the Rohingya population as ethnic cleansing (Tillerson, 2017).

Mental health care. In 2007, a group of students from the University of North Carolina-Chapel Hill's Gillings School of Global Public Health conducted a needs assessment of the local refugee community from Burma and, among many issues, found a lack of accessible, culturally-appropriate mental health options for refugees from Burma resettled in Orange County (Cathcart, Decker, Ellenson, & Amell, 2007). One of the authors of this report expanded on these findings in her Masters thesis which advocated for art therapy as a potentially beneficial mental health approach for local refugee children (Ellenson, 2008).

A smaller, more-targeted needs assessment conducted almost a decade later through the Orange County Health Department's Refugee Health Coalition's mental health subcommittee showed increased access to mental health options in the area (Byrnes & Marcus, 2016). This said, findings also suggested that local refugees from Burma were still not utilizing available mental health resources due to lack of knowledge

of or trust in the local medical system.

Language barriers. Byrnes and Marcus' (2016) study indicated that language barriers often prevented refugees from Burma from accessing health care in Orange County. This finding mirrored other reports on refugee resettlement issues, which found language barriers to be a primary concern when seeking out various forms of social support, healthcare, housing, employment, and education (Clark et al., 2014; Mitschke, Mitschke, Slater, and Teboh, 2011; Okigbo et al., 2009; Power & Pratt, 2012; Watkins et al., 2012).

Beyond these impacts, language barriers may also fuel anti-newcomer sentiment. Language differences can heighten perceived threats to native culture, impede inter-cultural dialogue, and increase the risk that newcomers are dehumanized and discriminated against by members of their host communities (Newman et al., 2012; Pedersen & Thomas, 2013).

Refugee Women

Refugee men, women, and children may all experience the complex resettlement issues stated above; however, refugee women must deal with intersectional issues uniquely related to their gender (Guruge & Khanlou, 2004). Gender and domestic roles may be vastly different between refugee women's home and host cultures, and this discrepancy may complicate acculturation processes (Connor et al., 2016; Koh et al., 2013; Oo & Kusakabe, 2010). Refugee women also show high prevalence of experiencing or witnessing sexual violence (Oo & Kusakabe, 2010), and, once resettled, may refrain from informing medical professionals or law enforcement about abuse due to skepticism of the host country's medical and judicial systems (Chantler, 2012;

Norsworthy & Khuankaew, 2004).

Language barriers also prove a unique barrier for refugee women (Clark et al., 2014; Okigbo et al., 2009; Power & Pratt, 2012; Watkins et al., 2012). Numerous philosophers have identified language as a ‘male sphere’ and believe that “women’s oppression is rooted in language” (Strega, 2005, p. 212). Under this belief, women, in general, may feel uncomfortable raising their voices in male-dominated spaces or cultures. Refugee women—who do not often speak the dominant language of the host culture—may be doubly excluded based on their gender and their language (Guruge & Khanlou, 2004).

Refugee women from Burma

Some international research has been conducted with refugee women from Burma. Oo & Kusakabe (2010) studied Karen women, internally displaced in Burma, and noted that much of their strength and survival tactics stemmed from supporting one another in female-based social networks. Norsworthy & Khuankaew (2004), who facilitated participatory action research with refugee women from Burma relocated to Thailand, suggested that female-centered research groups were necessary to create a “container” for open sharing, especially among women who had experienced gender-based oppression.

Very few studies have focused specifically on refugee women from Burma relocated to the United States. Power and Pratt (2012) conducted gender-segregated focus groups with Karen refugees from Burma resettled to the US Midwest after being advised by cultural informants that Karen women would speak more openly in all-female settings. While these focus groups collectively helped determine health and resettlement issues

distinct to Karen refugees, the researchers did not segregate findings by gender or identify issues specific to refugee women.

Refugee women from Burma in North Carolina. After a systematic search of peer-reviewed literature as well as numerous personal conversations with local resettlement agencies, health departments, and research institutions, this author has been unable to locate any studies specifically pertaining to refugee women from Burma relocated to North Carolina. While the majority of refugee informants in the Byrnes and Marcus (2016) study were female, results were not separated or analyzed by gender. Just as in Power and Pratt (2012), this may have been a missed opportunity for important gender-based research.

This author's ongoing work with refugee women from Burma combined with the apparent dearth of research on this specific population helped inspire the current study.

Expressive Arts and Refugee Populations

Various projects around the world are effectively using art-based practices to work with refugee populations (Fitzpatrick, 2002; Mumtaz, 2015; Sajnani, 2016; Sonn, Grossman, & Utomo, 2013; Yohani, 2008). Non-art-based refugee organizations are also beginning to recognize that "alternative therapeutic approaches" like the expressive arts may, in fact, be much more traditional, familiar, and comfortable for refugee clients than Western medical approaches (Alexander, Arnett, & Jena, 2017; Felsman, 2016; National Partnership for Community Training, 2016b).

Art-based Participatory Action Research with Refugees

Some art-based studies with refugees have employed participatory action research (PAR) methods (Sutherland & Cheng, 2009). Anti-oppressive research methods such as

PAR are aimed at representing voices of participants accurately and respectfully, and have been implemented successfully with various refugee populations (Borwick, Schweitzer, Brough, Vromans, & Shakespeare-Finch, 2013; Gilhooly & Lynn, 2015; Sonn et al., 2013).

Several researchers have suggested that PAR should be the preferred research approach for working with groups of refugee women, because the process highlights issues of voice and agency via collective narratives (Baird et al., 2015; Collie et al., 2010; Gilhooly & Lynn, 2015; Guruge & Khanlou, 2004; Koh et al., 2013; Norsworthy & Khuankaew, 2004; Okigbo et al., 2009). Additionally, PAR encourages “safe spaces” where people can express themselves openly (Bergold & Thomas, 2012).

The Present Study

The present study sought to engage a small group of refugee women from Burma in art-based, participatory action research (PAR). It was inspired by the needs and desires of refugee women from Burma who were already members of an ongoing ‘arts and wellness’ group led by the author and other interdisciplinary collaborators. This study adds to the literature on an under-researched population and works to honor the voices of community members who often go unheard. It was conducted as part of the requirements for a PhD in Expressive Therapies from Lesley University, and was approved by the Lesley University IRB.

Research results provide insight into the desires, needs, stressors, and relationships of refugee women from Burma. The current study also examines and presents a model for health professionals and students who wish to work alongside this unique population to determine issues they face, and effective, action- and strengths-

based practices for communicating, researching, and addressing these self-determined issues.

Background

The Art Therapy Institute (ATI), a community-based non-profit where the primary researcher (PR) currently works, has provided expressive arts therapy services to local refugee populations since 2008. ATI's "Newcomer Art Therapy Program" expanded from serving 13 refugee adolescents from Burma in 2008 to serving over 230 newcomer children, adolescents, and adults from over 26 countries in 2017. While ATI has evaluated and reported on its school-based programs for newcomers (Kowitt et al., 2016; Rowe et al., 2016; Rubesin, 2016a; Rubesin, 2016b), ATI's programming for newcomer adults—including the women's groups that have been in place since 2011—has never formally been studied.

Social Location and Experience of Primary Researcher

The primary researcher (PR) is a registered expressive arts therapist and licensed professional counselor. She is a Caucasian, American, Jewish, cisgender female, raised in a middle-class home in the Northeast by two politically liberal parents. Her first language is English, and she is proficient in Spanish. Before returning to graduate school to become an expressive therapist in 2006, she was a second grade teacher.

In 2008, the PR moved to North Carolina and began working with the local refugee community from Burma through the Art Therapy Institute. Since that time, she has continued to provide individual and group therapy to this population in local schools and community health centers. The PR has worked with refugee children from Burma since 2009, and refugee women from Burma since 2011. Over the years of doing this

work, the PR has attended numerous mental health and cultural trainings relevant to this work. She has been in the homes of most of the families with whom she works, and has attended many of their cultural festivals and ceremonies.

The PR is an active member of local refugee health coalitions, working collaboratively with resettlement agencies, medical providers, and other programs devoted to refugee health and empowerment. She has worked on quantitative, qualitative, and art-based research projects about ATI's refugee programming since 2012, and has been a research fellow at the University of North Carolina-Greensboro's Center for New North Carolinians since 2016. In her doctoral pilot study research, the PR evaluated the use of art-based public narrative practices with newcomer students. Alongside her colleagues at ATI, the PR has educated others about the use of expressive therapies with newcomers through presentations at local, national, and international conferences.

Current Services for Refugee Women

In the fall of 2015, ATI began partnering with the Refugee Mental Health and Wellness Initiative at the School of Social Work at the University of North Carolina-Chapel Hill, a project that builds connections between refugees and their host communities and works to fill gaps in mental health services. Via this collaboration, Masters of Social Work student-interns from UNC-CH, Masters of Expressive Arts student-interns from Lesley University, and ATI staff co-facilitated bi-weekly health and wellness groups for refugee women from Burma. The MSW students facilitated the eight-session Pathways to Wellness curriculum (PTW, 2011), while ATI staff and Lesley student-interns augmented this curriculum with art-based experientials focused around the weekly topics.

Previous Research with this Group

In the fall of 2016, one of the MSW student-facilitators conducted informal research on two local groups of refugee adults participating in the PTW curriculum. One of these was the women's group run in partnership with ATI and incorporating art-based components, while the other group under study followed the original, non-arts-based PTW curriculum. The student evaluated these groups by measuring baseline and follow-up scores on the Refugee Health Screener-15, a tool developed by PTW in 2011 as a "culturally-responsive, efficient, validated screening instrument that detects symptoms of anxiety, depression, and PTSD across multiple refugee populations" (Johnson-Agbakwa, Allen, Nizigiyimana, Ramirez, & Hollifield, 2014, p. 3) This tool has been specifically validated for use with refugee adults from Burma (Terasaki et al., 2015).

While there were notable limiting factors in this informal research—for instance, the art-based group was run with refugee women from Burma, whereas the other was a mixed-gender group for Congolese refugees—statistically significant differences were found in the RHS-15 group scores. Baseline scores of traumatic stressors increased by .06 in the group of Congolese refugees by follow-up, whereas baseline scores dropped by 10.7 points on average for the women from Burma. T-test results ($p = .04$) showed that the art-based group members' scores had dropped at a statistically significant rate (Keyes, 2016).

Inspiration for Current Research Study

In November 2016, during one of the final bi-weekly, art-based PTW groups for refugee women from Burma, one of the most active group members shared ongoing frustrations regarding her inability to communicate with host community members.

Through an interpreter she stated, “Here, when people on the street talk to me, they think I am deaf. I am not deaf!” This statement directly impacted the decision to implement the current research project.

At the next women’s group session, the PR informally asked participants if they would be willing to work alongside her on a research project to help address some of the needs and desires they had expressed over the course of the previous semester. Group members informally agreed to this process and shared some of the primary concerns that they wanted to address via the research process. These stressors included issues such as language barriers, financial concerns, worries about the future, physical and mental health issues, roles in the home and family, homesickness, being separated from family members, and generalized anxiety. Importantly, the woman who stated, “I am not deaf!” also expressed her views about engaging in research: “I will participate in this research if we are able to move it to the next level. I want to make sure we do something. I want this to be important.” This statement seemed to validate the choice to engage in action-based research.

Research Questions

Two formal research questions surfaced over the course of the data collection period based on the above concerns. Because the chosen research method of participatory action research (PAR) allows for an iterative approach depending on the needs, desires, and in-process realizations of the study participants, both of these questions were able to be honored and examined throughout the research project.

Research question #1. The initial research question was based on the collective desire of the refugee women to share their needs and desires with the greater community.

Along with the student-facilitators, the PR worked with the refugee women to develop the following initial question: "*What are the issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and addressed within the greater community?"*

Art-based public narrative. This question was examined through art-based participatory action research, facilitated via the three-part process of *art-based public narrative*, described in detail in the Method and Results sections of this paper. The facilitators took a strengths-based approach when implementing this process, a choice based on research advocating for strengths-based frameworks when eliciting, processing, documenting, and publicly sharing the stories of refugees (Tedeschi & Kilmer, 2005; Tol, Song, & Jordans, 2013).

Murray, Davidson, and Schweitzer (2010) insisted that "Obtaining and listening to refugees' personal testimonies…[is] an essential component of personal and social healing" (p. 582). García-Ramírez, et al. (2011) similarly proposed that strengths-based narrative construction can "transform oppressive settings into empowering contexts" (p. 87) and return "voice and power to silenced immigrant groups" (p. 88).

From a public standpoint, storytelling that highlights refugee migration experiences has been shown to increase positive public perception (Verkuyten, 2004; Watts, 2004). Taku, Tedeschi, Cann, & Calhoun (2009) demonstrated that perceived positive reactions from community members might also be affiliated with increases in posttraumatic growth among those who choose to disclose their personal trauma narratives.

Research question #2. The initial research focus shifted halfway through the data

collection process. The timing of this shift appeared linked to when the women realized that the group in its current iteration would have to end due to funding limitations and the student-facilitators graduating at the end of the semester. Suddenly, the refugee women no longer showed an interest in communicating their art-based narratives with the broader public. Instead, the women began to express in various ways that the primary issue they wanted to face and address was the women's group itself. They began asking questions such as: "*How can we make the women's group strong and stable? How can we keep it going? What will happen to us when the group ends? Who will help us then?"*

Because the facilitators and the refugee women all knew that the current group couldn't continue, they chose to use the remaining two months of the research process to examine themes of strength and stability within themselves, each other, and the greater community. The second research question was explored in hopes of finding answers to their questions regarding the strength and stability of the women's group and then acting on those answers.

Limitations of the Study and Contributions to the Field

Various obstacles and limitations impacted this study including but not limited to language and cultural barriers, attendance and retainment issues, the inability to do "ideal PAR," and lack of ad-hoc follow-up procedures. Many of these limitations will be addressed in the concluding chapter.

Despite these limitations, this study contributes to the field of expressive therapies by presenting the outcomes of a research process reflecting the needs, desires, and experiences of refugee women as directly as possible. It records and evaluates how art-based practices can be integrated into participatory action research with refugee women

from Burma living in North Carolina—an under-researched, under-heard, and under-resourced population.

This study also demonstrates how expressive therapists can engage in respectful, collaborative research practices with refugee women from Burma, working towards culturally-congruent, community- and action-driven research aims. This is especially important in a time where anti-newcomer sentiment is prevalent in U.S. administrative policies, and voices of marginalized communities often go unacknowledged and/or disrespected.

Additionally, this study can help educate interdisciplinary practitioners about expressive therapies in the Southern United States—a region where the field is still relatively unknown. Through this study, the PR hopes to introduce the field to other health professionals and researchers in order to highlight the intersectional possibilities for the fields of expressive therapies, social work, public health, women's studies, and cross-cultural studies.

Finally, and most significantly, this study provides answers and action steps to the refugee women's critical research questions.

Terminology

Various identifying terms related to the refugee women will be used throughout this study. These terms are defined below.

Refugee

The 1951 United Nations Convention Relating to the Status of Refugees defined a refugee as someone who,

> …owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 1951, p. 14)

Burma vs. Myanmar

The name "Burma" is utilized throughout this paper instead of "Myanmar" out of respect for the democracy movement occurring in the region, a policy also followed by the U.S. Department of State (2017). Primarily, this choice was made because the refugees the PR works with in Orange County still refer to their homeland as Burma, and participatory research approaches dictate that participants label themselves.

Refugees from Burma

This phrase is used throughout the paper instead of "Burmese refugees" in order to include refugees from Burma representing all ethnicities. Refugees representing ethnic minorities in Burma can be offended when incorrectly referred to collectively as "Burmese," the ethnicity of their oppressors (Parsons, 2013).

Beyond the Burmese (also referred to as Burman) people, who represent the ethnic majority in Burma, the country currently has eight primary ethnic groups and 130 distinctive subgroups living within its borders (Barron et al., 2007). Two of these ethnic minority groups are particularly relevant to the current study, the Karen and the Rohingya. The Karen people are a recognized ethnic minority group that has been

historically oppressed by the ruling military regime since 1962. The Rohingya are currently an unrecognized ethnic minority living in the Rakhine State who have been stripped of citizenship rights and have been fleeing to Bangladesh in exponential numbers since 2016.

Co-researchers

The PR originally chose to use the word 'co-researchers' to label the refugee women, until or unless they chose to label themselves differently. This choice was made in order to view the women as equals in the research study as much as possible. Throughout this paper, the term 'co-researcher' is used to describe both the refugee women as well as the larger group of student-facilitators, the PR, and the interpreter. When a certain subset of the larger co-researcher group is referred to, the author further delineates this group by specifying sub-groups as 'refugee women co-researchers' or 'the student-facilitators.'

CHAPTER 2

Literature Review

The following chapter presents a comprehensive analysis of recent literature focused on refugee mental health. Specific interest was given to studies examining stressors impacting refugee women, as well as the best clinical and research approaches utilized with this population.

Refugee Mental Health

Refugees face numerous stressors that impact their mental health. Meta-analyses and systematic literature reviews of refugee mental health studies suggest that refugees often enter host countries with extensive psychopathological issues due to complex trauma (Porter & Haslam, 2005). While prevalence rates vary among studies, severe mental health concerns—in particular depression, anxiety-related disorders, and PTSD are consistently reported as much higher in war-affected refugees than in non-war affected host community members (Bogic, Njoku, & Priebe, 2015; Fazel, Wheeler, & Danesh, 2005). Certain refugee groups may exhibit more vulnerability related to migration stressors, including children, the elderly, women, and the mentally and physically ill (Polatin, 2017).

Triple Trauma

Michultka (2009) details the three stages of the triple trauma paradigm: *Trauma of the country of origin* refers to traumatic experiences refugees may have been exposed to in their home countries, such as war, famine, disease, religious persecution, ethnic violence, gender-based violence, torture, the death of loved ones, and/or pre-existing mental and physical health conditions. *The trauma of the escape/journey of immigration*

relates to the difficult conditions experienced during the migration journey, including but not limited to fear of death or capture, lack of food, water, and shelter, exhaustion, family separation, sexual assault, disease and sickness, and/or witnessing the death of a loved one. *The trauma of the relocation process* encompasses any issues experienced by migrants once they are resettled into host communities. These concerns may be related to language and cultural barriers, employment, education, housing, and healthcare instability, financial stressors, separation from family, survivors' guilt, legal problems, and perceived anti-newcomer sentiment (Crosby 2013; Ellis et al. 2008; Millington 2010; Rodríguez-Valls & Torres 2014). Research has indicated that resettlement stressors may impact refugees more negatively than pre-migration or migration stressors and are associated with heightened levels of PTSD (Bogic et al., 2015; Ellis et al., 2008, Miller & Rasco, 2011; Schweitzer et al., 2011).

Barriers to Care

Despite ongoing psychological concerns and complex trauma, refugees often cannot or do not access mental health services in their new communities due to various barriers to care including but not limited to transportation and logistical/caretaker issues, lack of insurance and concern regarding medical costs, misunderstanding or fear of the host community's medical model, language and cultural barriers, and pervasive cultural stigma against mental illness (Crosby, 2013; Nazzal, Forghany, Geevarughese, Mahmoodi, & Wong, 2014; Rasmussen, Crager, Baser, Chu, & Gany, 2012). Additionally, refugees must often focus on addressing basic survival needs such as food and housing before tackling mental health concerns (Polatin, 2017). Hence, when basic needs remain unmet, mental health concerns frequently go unaddressed.

Anti-newcomer Sentiment

Being on the receiving end of anti-immigrant or anti-refugee sentiment has been affiliated with exacerbated mental health issues, increased distress levels, social exclusion, and poor academic performances among newly arrived people (Appel, 2012; Moya Salas et al., 2013; Stempel et al., 2017). Ellis et al. (2008) studied Somali adolescent refugees relocated to New England (N = 136). The authors employed various validated assessments to measure gender, age, PTSD, depression, resettlement stress, acculturative stress, and perceived discrimination. Results comparing independent variables showed that perceived discrimination was strongly correlated with depression (partial $r = .24$, $p < .01$).

Moya Salas and colleagues (2013) showed similar findings after leading a focus group for female Mexican immigrants living in the United States (N = 43; ages 13 to 50). The researchers found that participants who perceived racism and nativism in their host communities reported poor physical and mental health, as well as post-migration trauma. These findings suggest potential covariance between perceived discrimination and negative mental/physical health conditions. Brown (2015), who researched newcomer adolescents, offered another viewpoint, suggesting that perceived discrimination could also be a motivating agent for migrants seeking to challenge and overcome discriminatory attitudes and policies.

North Carolina. In 2012, McKeever and colleagues evaluated perceptions of immigrants via a survey of adults living in North Carolina (N = 529; 58% female, 78% White, comparable to state demographics). McKeever et al. found that on a scale of 1-5 (with higher numbers signifying anti-newcomer sentiment), the mean response on 12

anti-immigrant questions was 3.47 (*SD* =1.25), signifying that many survey respondents believed immigrants to be a civil threat. While *anti-immigrant* sentiment does not necessarily equate to *anti-refugee* sentiment, host community members may generalize discrimination across various types of newcomers.

Language Barriers

Many refugees consider the language barrier to be the most problematic resettlement concern (Mitschke et al., 2011). Language barriers may lead to increased anti-newcomer sentiment among host community members (Okigbo et al., 2009; Pedersen & Thomas, 2013). Language barriers can also exacerbate mental health problems among refugees, and prevent refugees from accessing appropriate health services, social support, housing, education, and employment opportunities (Power & Pratt, 2012; Watkins et al., 2012).

Newman and colleagues (2012) used surveys and experimental data to study the impact of direct exposure to Spanish-speaking newcomers on host community members in the United States. The researchers found that experiencing unfamiliar cultural stimuli—in this case, witnessing a foreign language being spoken and/or receiving a document in more than one language—within one's home environment could be disorienting for native language speakers. Through an experimental design, causal links were found between this disorientation and perceived cultural threat and emotional disturbance. Subsequently, these feelings led to anti-newcomer sentiment and anti-newcomer policy support amongst host community members, who believed migrants should prioritize learning the language of the host country and only communicate in that language when in public.

Gender-specific Language Concerns

Newcomer women experience a unique set of concerns surrounding language barriers. As previously stated, language is often viewed as a ‘male sphere’ (Strega, 2005) and, women, in general, may feel uncomfortable raising their voices in male-dominated spaces. Refugee women may feel doubly uncomfortable speaking out in certain settings because of both their gender and their language barrier.

Stempel and colleagues (2017) demonstrated the importance of language acquisition to refugee women in their study with Afghan refugee adults living in California. The researchers employed various quantitative measures to assess distress in relation to various resettlement factors and, among other findings, reported that English language acquisition was associated with lower levels of distress in Afghan women. The authors used the 24-item Talbieh Brief Distress Inventory (TBDI) as one of their measures (higher scores signifying more distress), and found that as the Afghan women moved from low to high English ability, their TBDI scores were reduced at a statistically significant rate when compared to the Afghan men.

Clark and colleagues (2014) also found language-related results when examining the health concerns, barriers to care, and health care preferences of refugee women living in Australia. The researchers held four culturally-segregated focus groups—specifically surrounding the topic of medication management—with refugee women from Central Africa (various countries), Burma, Afghanistan, and Bhutan. Interpreters were utilized for each of the focus groups. Out of the five primary themes Clark et al. uncovered regarding issues with accessing appropriate health care, two were language related. *Language as a barrier* was identified as the greatest concern for the women from Burma and from

Afghanistan, and the lack of appropriate *use of interpreters* was identified as a core issue within all four focus groups. Not only were language barriers paramount to health care inaccessibility, but women in three out of the four research groups reported that language barriers were also highly problematic when shopping, looking for employment, and/or when dealing with personal finances.

Warriner (2007), who worked with recently-arrived Sudanese refugee women in the United States, reminded readers that, even though English language learning is often touted as the "key" to a better life in America, English language proficiency does not "always translate into economic self-sufficiency or social mobility" (p. 344). In her paper, Warriner implicated the long-standing Anglo-American history of forcing newcomers (and indigenous peoples) to assimilate to language and cultural "norms." The author examined how English language proficiency became an important yet, false measurement of "insider status," reifying an "us" vs. "them" attitude in the US. As stated previously, according to Newman et al. (2012), this exclusionary narrative only perpetuates anti-newcomer sentiment.

While both Clark et al. (2014) and Warriner (2007) worked with refugee women to explore language issues, none of their findings were explicitly gendered, leaving readers to question how language concerns specifically impact women in ways they might not impact cisgendered men. Warriner's work reported that the Sudanese women in her study were concerned about how language acquisition would both help and harm their family (for instance, learning English might help them get a job, but if they had a job, who would stay home with their children?). This finding implied that refugee women might be struggling with multiple roles (mother, caretaker, breadwinner) that refugee

men might not need to undertake, but the author did not present a gendered analysis of her results.

Language issues with women from Burma. There are limited articles on language issues specifically related to refugee women from Burma. Power and Pratt (2012) conducted four gender- and ethnically-segregated focus groups with 40 Pwo Karen and Sgaw Karen men and women resettled in the United States. These focus groups revolved around pre-migration experiences, migration journeys, acculturation processes, and views on mental health and medical care in the US. The researchers chose to segregate the focus groups by gender after cultural informants advised that mixed-gender groups would negatively hinder conversation flow. This choice to create female-only "containers" for open sharing and perceived safety has also been made in other research studies (Norsworthy & Khuankaew, 2004).

Additionally, Power and Pratt (2012) were informed that group members would speak more openly if the facilitator was of the same gender, culture, and language as the group participants. Unfortunately, although focus groups were gender-segregated, similar to Clark et al. (2014) and Warriner (2007), Power and Pratt did not identify or analyze results by gender.

Watkins and colleagues (2012), who conducted ethnographic observations and interviews with 67 Karen refugee women resettled in Australia, reported that "Participants unanimously described difficulty with English language proficiency and communication as the 'number one' problem affecting their well-being" (p. 126). The authors asserted that language acquisition was an inherently gendered concern, due to cultural practices in Burma, where women were generally confined to the home and were

not encouraged to or supported in seeking out formal education. The researchers found that this lack of formal educational experience in their home countries appeared to negatively impact Karen women's abilities to engage confidently in language classes in Australia.

Like Warriner (2007), Watkins et al. (2012) also reported that women's responsibilities in the home did not seem to shift once they came to Australia, and these ongoing homemaker and caretaker responsibilities further limited the women's ability to take English classes. Watkins and colleagues suggested that this presented a catch-22, as English language acquisition would have helped them in their roles are caretakers.

Refugees from Burma

Beyond the language-based articles referenced above, other research has explored more generalized issues related to refugees from Burma, including customs, beliefs, and overviews of cultural norms (Barron et al., 2007; National Partnership for Community Training, 2016a).

Mitschke and colleagues (2011) worked with Karen refugees from Burma relocated to the Southwestern United States (M_{age} = 39.6). Twenty-one individual interviews were conducted by bilingual Karen refugees, structured around individual and collective biopsychosocial needs. Resulting themes, which were member-checked with all participants, highlighted struggles common to the refugee resettlement experience: disillusionment, lack of financial resources, lack of job opportunities, health care concerns, language barriers, and violence in their new host communities. Only two themes related to positive aspects of the experience: community support among other Karen refugees, and more opportunities for children's education. The authors concluded,

"Results of this needs assessment indicate that many of these basic needs are not being met…, and significant efforts need to be taken toward achieving social justice for this vulnerable population in the United States" (p. 500).

Borwick and colleagues (2013) interviewed 18 men and women from Burma resettled in Australia (M_{age} = 39, *SD* = 10.58) regarding their pre-migration lives, their migration stories, and their post-resettlement experiences. The interviewers allowed the refugee participants to guide the conversation and thus have agency over the interview process. Unlike Mitschke et al. (2011), interviewers sought to elicit *strengths-based* responses by asking questions with a positive valance such as, "What helped you to get through that period?" (p. 93). Researchers next used interpretive phenomenological analysis to pick out four over-arching themes of strength and resilience: *interpersonal relationships, existential values, sense of future and agency*, and *spirituality*. These themes guided the subsequent clinical work with the informants and their communities, demonstrating how participants can directly influence the services they receive.

In North Carolina

Although the majority of refugees resettled to Orange County in the past decade have come from Burma, very little research has been done with this particular population. As previously stated, between 2006-2007, a team of Masters students from UNC-Chapel Hill's Gillings School of Global Public Health conducted a needs assessment of the local community from Burma, which was estimated at 250 people at that time. The authors compiled information from two focus groups of refugee teenagers from Burma, as well as individualized interviews of 23 refugee adults from Burma, and 17 service providers. The following four themes were found as most relevant to the strengths and challenges of the

refugee community from Burma (Cathcart et al., 2007, p. 7):

> Adult Education – Community members want to attend English as a Second Language (ESL) classes to improve their English, but ESL class scheduling conflicts with work and family life.
>
> Community Organization – A lack of organization hinders the community's ability to help new arrivals, maintain culture, and improve the lives of community members.
>
> Health Knowledge – Lack of knowledge about U.S. health practices around personal and home care makes it difficult for community members to stay healthy and access the care they need.
>
> Interpreter Services – The lack of interpreters for the Burmese and Karen languages in Chapel Hill/Carrboro prevents access to services and reduces their quality.

After themes were established from the interview and focus group data, a community forum was held for refugees from Burma to assess what was going well in regards to these themes, what could be better, and what action steps were needed to improve on these issues.

While the community forum and the body of the Cathcart et al. (2007) report appeared to be focused around 'challenge' areas, there were various strengths presented in the appendix. These strengths included good community support, the value of education, strong spiritual beliefs, family ties, and perseverance. Participants also shared strengths of the local host community, including good school systems, religious freedom, quality health care, good job opportunities and free public transportation. Interestingly,

the topic of mental health was mentioned only in the appendix, and was not addressed in the body of the report.

Mental health. One of the authors of the Cathcart et al. (2007) report decided to conduct further research into the under-mentioned topic of mental health. After further considering the language barriers as well as the overall difficulties of addressing trauma verbally, Ellenson (2008) suggested that art therapy might be an appropriate mental health approach for refugees from Burma living in Orange County. Ellenson worked alongside local art therapists from the Art Therapy Institute to create a sample curriculum and evaluation protocols for school-based art therapy sessions. These documents were utilized to write a successful grant proposal for the Burma Art Therapy Project, which began in the Fall of 2008.

Eight years later, another group of Masters-level researchers from UNC partnered with the Orange County Health Department to specifically examine the issue of mental health within the local community of refugees from Burma (Byrnes & Marcus, 2016). According to the authors, the population from Burma living in Orange County had quadrupled since the time of the Cathcart et al. (2007) and Ellenson (2008) reports. Byrnes and Marcus compiled data from 20 interviews with refugee adults, 45 surveys from service providers, and results from mental health screening tools such as the Refugee Health Screener-15. Results showed that service providers had overarching concern for the mental health of this population, specifically the trauma that most refugees from Burma continued to live with. This concern was corroborated by data from the RHS-15 which showed that 68.6% of the 35 refugee adults interviewed screened positive for emotional distress.

While Byrnes and Marcus' (2016) interviews with refugees from Burma in Orange County indicated ongoing issues with communication and stigma against mental illness, there were also positive responses. Refugee interviewees expressed their desire to have more knowledge about mental health, and also shared a multitude of community strengths including good social support, ample places for community gatherings, welcoming religious institutions, and organizations dedicated to refugee health. Importantly, the authors also stated that it was difficult for community members to talk about their own personal strengths.

In conclusion, Byrnes and Marcus (2016) suggested three actions to approach the issues raised by the needs assessment: "1.) increase the mental health literacy in this community, 2.) sensitize providers to issues around alcohol use, communication styles, and sources of support, and 3.) improve access to existing services" (p. 7).

The Art Therapy Institute. Although the Art Therapy Institute began collaborating with UNC to fund and implement art therapy programming with refugees from Burma in 2008, no research was conducted on this program until 2012. Between 2012-2014, ATI partnered again with UNC's Gillings School of Global Public Health to conduct two formal evaluations of the work. Kowitt et al. (2016) reported on a pilot program evaluation of the Burma Art Therapy Project and Rowe et al. (2016) described the results from the full program evaluation completed over the following academic year.

Kowitt and colleagues (2016) implemented both an outcome evaluation and a process evaluation of an assessment protocol designed to measure social-emotional functioning of nine refugee adolescents from Burma participating in a school-based art therapy program. The authors asked therapists to implement four quantitative assessment

tools with refugee adolescent clients and their ESL teachers or school social workers: the Hopkins Symptom Checklist (HSCL-25; Parloff, Kelman, &Frank, 1954); the Harvard Trauma Questionnaire (Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992); the Piers-Harris Children's Self-Concept Scale (Piers, 1984); and the Strengths and Difficulties Questionnaire (Goodman, 1999).

Results showed that 44% of the students interviewed were symptomatic for depression and anxiety, and, on average, had personally experienced 1.7 traumatic events in their lives, and had witnessed an additional 2.7 events (Kowitt et al., 2016). Fifty percent of the SDQ surveys returned by school staff reported abnormal classroom and behavioral symptoms amongst students. Due to the small sample size, no statistical tests were run on the data.

Kowitt et al.'s (2016) process evaluation suggested that both the refugee adolescents and their teachers had difficulty understanding some of the assessment items. At points, the therapists administering the evaluations appeared to have difficulty navigating the dual roles of therapist and researcher, wanting to move 'off-script' from the formal directions given in the assessment. The therapists' new 'researcher' role was both complicated and aided by the fact that they had worked with the refugee adolescents before and had thus already developed rapport. Finally, the authors reported that adding expressive arts activities after the assessments seemed to help ground the students, and they recommended continuing with this practice in the future.

Rowe et al. (2016) expanded on Kowitt et al.'s (2016) work by scaling up the pilot evaluation to evaluate pre- and post-test data of 30 refugee adolescents from Burma (ages 11-20) involved in the Art Therapy Institute's school-based program. Baseline

results from the four assessments (same tools as used in Kowitt et al., 2016) showed increased rates of trauma exposure, anxiety, depression, and school social-emotional issues when compared to national averages for American adolescents. Follow-up results after six months of weekly art therapy sessions showed statistically significant decreases in anxiety, decreases in school difficulties, and slight elevation in positive self-concept.

Despite these promising results, Rowe and colleagues (2016) appeared concerned that the chosen measurement tools were not able to represent the impact of art therapy effectively. They lamented that the four quantitative measures focused heavily on mental health and social-behavioral deficits, whereas art therapy goals often focused on building client strengths.

Refugee Women

While some of the above research conducted with refugees from Burma living in North Carolina included women participants, none of the research surveyed focused specifically on this subset of the state's refugee population.

Unique Stressors

Recent studies have begun to explore specific stressors, needs, and desires related to different populations of refugee women (Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thorton, 2005; Halcón, Robertson, & Monsen, 2010; Khakbaz & Faye, 2011; Pho & Mulvey, 2003; Stempel et al., 2017; Wachter, Heffron, Snyder, Nsonwu, & Busch-Armendariz, 2016). While these studies focused on diverse ethnic and cultural populations of refugee women, many common themes were reported. These themes included trauma backgrounds, heightened levels of distress (when compared to refugee men), histories of sexual assault, ongoing issues of domestic violence, traditional and

shifting gender roles, safety concerns for women and their children, social isolation and loneliness, importance of family and social support, respect for elders, language barriers, health concerns, the importance of education, employment concerns, and feelings of being disempowered and overwhelmed by responsibilities and financial stressors. Guruge and Khanlou (2004) acknowledged these concerns from a postcolonial, feminist perspective:

> New ways of inquiry into the health issues and concerns of immigrant and refugee women must locate individual health and illness experiences within the complex socio-economic, historical, political, and institutional structures and dynamics in the pre- and post-migration context (p. 33).

In North Carolina

Very little research has been conducted with refugee women resettled in North Carolina. Felsman (2016) reported on "The Global Women's Group," a health and wellness support group for multi-cultural refugee women in Durham, NC. Felsman initiated this gender-segregated support group after noticing the apparent shyness and lack of involvement of refugee women in a mixed-gender health group led by the researcher. Following the Pathways to Wellness (2011) curriculum, the group examined stress reduction, relationship building, women's health issues, and health literacy over the course of eight sessions.

The nurse and the social worker leading the group integrated art-based experientials, discovering "that these activities served to open the door for women to speak with each other more freely and to let go of anxiety related to language barriers" (Felsman, 2016, p. 229). Other findings suggested that interventions for refugee women

were most effective when they were trauma-informed, community-based, and facilitated in group settings to increase social support.

Refugee Women from Burma

The PR focused her review of the literature on three ethnic groups from Burma: Burmese/Burman, Rohingya, and Karen. These cultures were chosen because women from these three ethnic groups participated in the current research study.

Burmese/Burman women. While cultural generalizations of South and East Asia often assume women to be of lower status than men, some scholars report on the contrasting "traditional high status" of women in Southeast Asia, including Burma (Ikeya, 2005/06). This elevated status indicated gender equality across various societal realms, like education, religious freedom, and employment opportunities. Ikeya also noted that this highlighted status may be linked with the resiliency often associated with Burmese/Burman women. Ikeya specified that this prominent status only seemed to refer to Burmese Buddhist women, and did not apply more broadly to women of other ethnic backgrounds or religions living in Burma.

Rohingya women. As previously stated, the Rohingya are currently experiencing ethnic cleansing at the hands of the Burmese military regime. These atrocities can impact women in profound ways. In his article, Ibrahim (2016) addressed rampant military violence against Muslim Rohingya women, and the ongoing practice of selling these women into lives of prostitution or domestic slavery.

Zarney & Cowley (2014) described how Rohingya women are also subjected to marriage and childbirth restrictions in order to limit population growth. The authors spoke to how maternal health has been severely impacted by limited access to healthcare

services, a refusal to train Rohingya women as midwives, and the continued illegality of abortion. Additionally, due to an increase of Rohingya men being arrested and killed, many Rohingya households are headed by females, who often struggle to meet the financial demands of the family due to lack of job opportunities and the need to stay at home to care for family.

Abdelkader (2014) agreed with these reports, stating that Rohingya women are uniquely vulnerable to gender-based violence, human trafficking, hard labor, discriminatory birth control regulations, and education inequality. On this last point, the author reported that over 80% of Rohingya women are illiterate.

Karen women. Karen women have suffered similar atrocities to the Rohingya at the hands of the Burmese military, including rape, sexual abuse, abduction, and forced labor (Oo & Kusakabe, 2010). Many of these issues, especially sexual abuse, are associated with increased suicidal ideation amongst Karen women living in the refugee camps (Falb, McCormick, Hemenway, Anfinson, & Silverman, 2013). The Karen Women's Organization (KWO) was created in the Thai refugee camps to help Karen women speak out about issues of resettlement, including language barriers, access to education, basic health needs, resource allocation, and gender sensitivity (Fuller & Pittaway, 2008). The KWO asserted that resettlement materials needed to be translated and/or interpreted into Karen due to the lack of English skills of most Karen women living in the camps. Like Rohingya women, Karen women often lag behind their male counterparts in language acquisition due to lowered social, vocational, and educational opportunities in their countries of origin, the refugee camps, and their resettlement countries.

Watkins et al. (2012) examined barriers particular to Karen women that might inhibit them from taking advantage of educational opportunities in their new host countries. The authors reported that caretaking for children and elderly relatives and household management complicated women's progress towards language acquisition. Watkins et al. also noted cultural norms revolving around Karen women being shy and passive—self-described traits that might impede the drive to learn a new language in a new setting.

Due to the differing personality traits among refugee women from Burma, Watkins et al. (2012) advocated that a one-size-fits-all view of English acquisition and/or health education for refugees from Burma might not be the most effective approach. Still, other researchers have had success gathering data from mixed groups of refugee women from Burma, especially when working with younger women, who appeared to have similar resettlement experiences, despite their ethnic differences (Koh et al., 2013). In the case of these young refugee women, the 'bi-cultural' experiences of 'pre-migration vs. post-migration' seemed to transcend any ethnic differences they had with their Burmese or Karen peers in the resettlement context.

Just as Fuller and Pittaway (2008) spoke to the advocating efforts of the KWO, Oo and Kusakabe (2010) described Karen women's resourcefulness. These arguments seemed to refute Watkins et al.'s (2012) description of Karen women as shy and passive. Oo and Kusakabe relayed various coping skills or 'response strategies' specific to Karen women dealing with relocation stressors including changes in family roles and structures. The most notable tools for survival all revolved around the maintenance and creation of strong social networks comprising other displaced woman.

Oo and Kusakabe (2010) described how women's networks could act as a social support for collective trauma experienced within the community, dealing with issues such as widowhood, loss of children, single parenting, food scarcity, and physical ailments. All-female groups also seemed to allow women to acknowledge and increase their personal and collective strengths. This result mirrored findings by Norsworthy and Khuankaew (2004), who stated, "Breaking the silence and discussing… violations in a supportive community offers…women an experience of universality and a safe haven for acknowledging the strength of their survival" (pp. 272-273).

Refugee women from Burma in North Carolina. While the research above explored issues related to refugee women from Burma, this author was unable to find any research articles specifically focused on refugee women from Burma living in North Carolina.

Best Practices in Mental Health and Research with Refugees

While there is a dearth of peer-reviewed research related to refugee women from Burma residing in North Carolina, various national and international studies have reported on best practices in mental health and research with refugee adults. For example, Murray et al. (2010) conducted a meta-analysis of best mental health approaches for resettled refugees worldwide. An in-depth review of 22 studies highlighted the following practices: Cognitive behavioral therapy (CBT); Eye-movement desensitization and reprocessing (EMDR); pharmacotherapy; expressive therapies, exposure therapies, and testimonial therapies; multifamily and empowerment mutual learning groups; and supportive, psychoanalytical individualized therapy. Some of these practices are

examined below, with special focus on interventions directed toward refugee women if gender-specific studies were available.

Characteristics of Interventions

Weine (2011) suggested that examining the best *characteristics* of interventions with refugees was more important than debating the best *type* of intervention. Weine named eight key characteristics, including *feasibility* (Is the intervention doable?), *acceptability* (Will the refugees accept it?), *prosaicness* (Does the intervention use understandable language and imagery?), *culturally tailored* (Does the intervention fit within the refugee group's cultural practices?), *multilevel* (Does the intervention take into account multilevel stressors in the refugees' lives?), *time-focused* (Does the intervention take into account time-dependent processes?), *effectiveness* (Will the intervention yield measurable changes?), and *adaptability* (Is the intervention flexible, iterative, and generalizable?).

Weine (2011) also advocated for interventions that worked from resilience or strengths-based models, as they seemed to increase refugee buy-in. Accordingly, the author stated that interventions should work to enhance *protective factors*—which increase stability within refugee families—and *community collaborative approaches*. Weine defined these collaborative principles as:

> (1) building on cultural and community strengths…; (2) co-learning among all community and research partners; (3) shared decision making; (4) commitment to application of findings with the goal of improving health by taking action, including social change; (5) mutual ownership of the research process and products. (pp. 418-419)

Additional studies working with strengths- and community-based approaches will be examined later in this chapter.

Trauma-informed Care

Refugees are ten times as likely to experience PTSD compared with the general population (Crumlish & O'Rourke, 2010). Even refugees not formally diagnosed with PTSD often have trauma histories related to experiencing, witnessing, or hearing about disturbing events before, during, and/or after migration (Alexander et al., 2017; Terasaki et al., 2015). Medical practitioners who are not familiar with the effects that trauma, torture, and displacement have on the bodies and minds of refugees may find treating these patients a challenge (Crosby, 2013).

Gill, Szanton Taylor, Page, and Campbell (2009) reported that refugee women and children show higher rates of PTSD than men after traumatic assaults, and Sangalang, Jager, and Harachi (2017), who studied Southeast Asian refugee mothers resettled in the United States, stressed that, if reactions to adverse experiences are not evaluated and processed, it can lead to "intergenerational transmission of trauma" (p. 179). Based on the above reasons, various researchers, clinicians, doctors, and educators tout trauma-informed approaches as best practice when working with refugee women. Trauma-informed approaches encompass multiple strategies; however, the overarching philosophy assumes that people must feel calm, safe, respected, and heard before they are ready to heal, learn, and/or connect with others (Crosby, 2013; Rosenbalm, 2017).

Risk factors. Various researchers have evaluated ongoing post-resettlement risk factors related to trauma, including but not limited to exposure to violence, social or language-related isolation, mental illness, poverty, housing insecurity, and perceived

discrimination. Gender is another specific risk factor for trauma, as women are often more susceptible to sexual assault, genital mutilation, and/or domestic violence—issues that may lead to social stigma and physical/mental health repercussions (Crosby, 2013; Fazel, Reed, Panter-Brick, & Stein, 2012).

Protective factors. Protective factors for trauma, on the other hand, include stable family structures, social support, positive educational experiences, bonding with refugees from the same country of origin, safety in neighborhoods and greater communities, and perceived acceptance within host communities (Fazel et al., 2012; Weine, 2011). Protective factors influence trauma-informed care. Oftentimes, trauma-informed practices simply suggest that medical practitioners, educators, social workers, case workers, and therapists move at a slower pace during sessions. This may entail scheduling multiple short appointments with refugee clients, withholding physical examinations until later visits, and asking questions about trauma backgrounds in non-threatening ways in order to develop trust, safety, and meet refugee clients, especially traumatized women, where they are (Crosby, 2013; Heavey, 2014).

Strengths-based Approaches

Other researchers have warned against refugee mental health practices and research studies focusing too heavily under a trauma discourse (Gross, 2004; Summerfield, 1999; Weine, 2011). Papadopoulos (2007) reminded readers that the term "refugee" should not presuppose psychopathology. This sentiment was in agreement with other researchers who stated that medicalizing and traumatizing the refugee discourse only furthered negative or victim-based views of refugees (Murray et al., 2010; Nelson, Price, & Zubrzycki, 2014).

Gross (2004) highlighted the complicated nature of these issues: "'Trauma' provides a moral base for migrants' access to social, political, and economic resources. In this respect, medicalization may be helpful. At the same time, medicalization may become a threat to migrants' personal meaning and narrative of survival" (p. 163). Agreeing with the latter, many mental health practitioners and researchers working with refugees have emphasized the importance of interventions focused on resilience and strengths-based practices instead of psychopathology (Borwick et al., 2013; Halcón et al., 2010; Papadopoulos, 2007; Halcón, Robertson, & Monsen, 2010; Weine, 2011).

Posttraumatic Growth. A psychological concept focused on resilience that has gained recognition over the past two decades is *posttraumatic growth* (PTG), the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). In their 1996 seminal paper on PTG, Tedeschi and Calhoun analyzed various strengths-based trauma studies. From these studies, they distilled three positive, over-arching categories related to growth ability after trauma: changes in self-perception, changes in interpersonal relationships, and changed philosophy of life.

While many researchers and clinicians have embraced the concept of posttraumatic growth, other researchers have examined how these types of strengths-based approaches may actually hinder refugee clients. For example, highly traumatized clients may not be ready or willing to consider that their trauma could result in positive growth (Papadopoulos, 2007). Additionally, for clients who have been pathologized or identified as victims for an extended period, shifting to a strengths-based identity may feel forced or inauthentic (Saleeby, 1996). As such, clinical practices like only

implementing strengths-based assessments may dissuade refugees from describing important negative thoughts and emotions (Shakespeare-Finch, Martinek, Tedeschi, & Calhoun, 2013). For these reasons, clinicians are encouraged to meet clients where they are, and wait to see if clients show signs of strength, resilience, or hope *before* introducing the concept of posttraumatic growth (Tedeschi & Kilmer, 2005).

Posttraumatic growth with refugees and immigrants. While researchers have studied posttraumatic growth within refugee and immigrant populations; very few papers have focused specifically on newcomer women. Berger and Weiss (2006), who lamented the scarcity of PTG research with female immigrants, studied PTG in 100 Latina immigrants resettled to the United States from 16 Latin American counties. The researchers used seven quantitative assessments to measure PTG within their sample, and reported on various findings including *religious coping* and *participation in counseling* being related to higher levels of PTG. No differences in PTG appeared to be linked with age or education level. The authors also found no correlation between social support and PTG, which seems to go against other research highlighting the importance of social support and social integration in the lives of traumatized refugees and immigrants (Salt, Costantino, Dotson, & Paper, 2017). Finally, the authors reported that stress levels for their participants were lower than other non-immigrant samples experiencing traumatic stress (such as breast cancer or car crash survivors), and they attributed this to the fact that the women in their sample had *chosen* to immigrate. Under this reasoning, these findings might not apply to refugee women, who were forced to leave their homelands.

Adversity-Activated Development. Another strengths-based theory is Adversity-Activated Development (AAD; Papadopoulos, 2007). This theory differs from

posttraumatic growth (PTG; Tedeschi & Calhoun, 1996) in that it doesn't assume or require traumatization, but focuses on responses to any type of adversity. AAD also removes the "post" concept associated with PTG and PTSD. Instead, AAD suggests that development can happen in the midst of adversity, as adversity is often ongoing and present in various forms. Still, the core concepts are similar to PTG: "When AAD is triggered off then new perceptions emerge of oneself, of one's relationships and, ultimately, of one's meaning and purpose of life" (Papadopoulos, 2007, p. 308).

Action and Community-based Approaches

Theories related to strengths-based responses to trauma—such as Posttraumatic Growth (Tedeschi & Calhoun, 1996) and Adversity-Activated Development (Papadopoulos, 2007)—are often linked to action and community.

Hussain and Bhushan (2011) studied Tibetan refugees ($N = 226$, $M_{age} = 43.96$, $SD = 15.46$) and recommended that, because trauma often affects entire communities, therapeutic interventions should (a) happen on a community level, and (b) translate "growth cognitions into growth actions" (p. 733). These suggestions, while not formally studied in their research, were consistent with findings from other (non-refugee) studies that suggested posttraumatic growth is heightened when hopeful thoughts are "accompanied by actions, not solely cognitive maneuvers" (Hobfoll et al., 2007, p. 359).

Action-focused research and programming address Tedeschi and Calhoun's claim that "Growth…does not occur as a direct result of trauma. It is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs" (2004, p. 5). While this statement highlights the *individual's* struggle, Tedeschi and Calhoun also understood the value of transforming

trauma into growth within a supportive community: “With…determined leaders who wish to transform their own experiences of trauma, …there can arise mutual support among those with similar experiences, and in such support there can be important social change” (2004, p. 14).

Effecting social change. As in Tedeschi and Calhoun (2004), numerous theoretical papers and research studies have linked trauma/adversity to action/social change. While it is beyond the scope of this literature review to explore every paper in detail, two studies are summarized below.

Lebel and Ronel (2009) explored the *grief-anger-social action continuum* (p. 673) by conducting interviews with Israeli parents who lost their children to political violence. These grieving parents converted their anger into political activism by publicly sharing their stories. Similarly, Leseho and Block (2005) conducted unstructured interviews in Argentina with the Madres de la Plaza de Mayo, women who continued to march in protest of their children being kidnapped and murdered by oppressive regimes twenty years earlier. From these interviews, the researchers concluded that the primary conduits to healing were regaining one’s voice, speaking out, and taking action.

Public narrative. One practice that encourages action, social change, and community-based approaches is *public narrative*, a story-sharing intervention inspired by both the United Farm Workers and Civil Rights Movements (Ganz, 2009). This three-step process helps participants (1) explore and organize their personal stories (*Story of self*), (2) connect these stories to others’ narratives (*Story of us*), and then (3) determine how to act on the shared themes/goals that emerge from the collective stories in order to effect social change (*Story of now*). These steps seem to coincide with Tedeschi and

Calhoun's (1996) three core concepts of posttraumatic growth—changes in self-perception, changes in interpersonal relationships, and changed philosophy of life—as well as Papadopoulos' (2007) three core concepts of adversity-activated development--new perceptions of oneself, of one's relationships and, of one's meaning and purpose of life . Ganz also addressed how public narrative was a format to translate values into action, to develop "the courage to make choices under conditions of uncertainty, to exercise agency" (2011, p. 274).

Public narrative with refugees. While the impact of public narrative has not yet been formally researched with refugees, the process has been informally piloted in certain refugee communities and reported as effective for refugee empowerment, community building, and public policy/advocacy efforts (F. Olagbaju, personal communication, October 29, 2014).

As one example, the PR of this study successfully implemented an art-based public narrative pilot study with refugee and immigrant adolescents in early 2016. Rubesin (2016a) conducted a three-part process with newcomer youth in which they (1) painted individual plates depicting parts of themselves, (2) created a large, communal table cloth showcasing commonalities found in their plates, and (3) invited other school staff members and students to a "dinner party" where they displayed their artwork and narratives, and invited show attendees to create their own plates to add to the collective story. Results from this pilot study indicated that the process helped newcomer students explore and express both their individual identities as well as their ethnic/cultural identities. The process also seemed to increase classroom engagement and ownership over school projects. Finally, art-based public narrative appeared to evoke emotional

expression from the students, and it allowed for mutual disclosure between students, their classroom teacher, the art therapists facilitating the program, and outside school staff and non-newcomer students.

Other narrative approaches. Beyond public narrative, other narrative-based interventions have been implemented and studied within multicultural populations (Hughes, 2014; Luebben, 2003; Neuner et al., 2010; Phan, 2003; Wang, Koh, & Song, 2014). García-Ramírez et al. (2011) proposed that strengths-based narrative construction could “transform oppressive settings into empowering contexts” (p. 87) and return “voice and power to silenced immigrant groups” (p. 88). Similarly, Saleeby (1996) suggested that storytelling/narrative approaches could help clients build meaning from their own cultural experiences and combat marginalization and social oppression: “It is part of the work towards liberation to collaborate in the projection of people’s stories, narratives, and myths outward to the institutions that have ignored or marginalized them” (p. 302).

For refugee women, narrative approaches may be particularly effective in helping empower them to tell their stories. This said, they might also be reticent to speak out due to fear of gender-based violence or cultural norms against them voicing opinions. It is imperative that researchers do not co-opt participants’ stories for their own institutional agenda or push research participants to share their stories publicly before and unless they are truly ready and desiring to do so (Cole, 2010; Leeman, 2011).

Power differentials, cultural humility, and cultural safety. According to many critical researchers, educators, and medical providers, marginalized people are empowered and served most effectively by leaders who reflect their own races and cultures (hooks, 1994; Perry, Steele, & Hilliard, III, 2003; Reavy, Hobbs, Hereford, &

Crosby, 2012). In situations where this is not the case, and participants, clients, and/or students come from different cultural backgrounds than primary researchers or study facilitators, experts have suggested *cultural humility* and *cultural safety* as best (and necessary) practices.

One of the more frequently used terms in multicultural practices is *cultural competence*. Tervalon and Murray-Garcia (1998) shared one definition of 'competence' often used in medical fields: "An easily demonstrable mastery of a finite body of knowledge, an endpoint evidenced largely by comparative quantitative assessments" (p. 118). Instead of limiting cultural interactions with clients to this narrow idea of competence, the authors emphasized the importance of *cultural humility*, which they defined as continual engagement in "self-reflection and self-critique as lifelong learners and reflective practitioners" (p. 118). The authors continued,

> It is a process that requires humility in how physicians bring into check the power imbalances that exist in the dynamics of physician-patient communication by using patient-focused interviewing and care. And it is the process that requires humility to develop and maintain mutually respectful and dynamic partnerships with communities on behalf of individual patients and communities in the context of community-based clinical and advocacy training models (p. 118).

Similarly, Reavy et al. (2012) stated that healthcare providers had to go beyond cultural competency to address *cultural safety*. The researchers explained that cultural safety, like cultural humility, required the exploration and acknowledgement of power differentials between healthcare providers and patients. Citing various studies, Reavy and

colleagues distilled, “Cultural safety involves social change through partnership, participation and protection specific to vulnerable populations” (p. 4).

According to Reavy et al. (2012), cultural safety requires institutions to make structural changes to empower vulnerable populations. As one example, the authors studied the impact and implementation of specific structural changes related to cultural safety at the Culturally Appropriate Resources and Education (CARE) clinic serving refugee women and other disenfranchised communities in Idaho. This clinic was structured on the recommendations of refugee women after several focus groups with this population.

In direct response to the conversations with refugee women, numerous cultural norms were embedded into the clinic’s operations and infrastructure to promote cultural safety: The CARE clinic (Reavy et al., 2012) employed trained medical interpreters and peer advisors from within the refugee communities. Group meetings were often done sitting in circles, either on the floor on in chairs, depending on the culture of the women. Artwork and background music from different cultures was displayed and played throughout the clinic, and a large map at the clinic’s entrance showed the countries that patients had migrated from. An English classroom, a small ‘incentive’ store for everyday needs, and a kitchen for cooking classes were also housed on site based on the women’s recommendations.

As evidenced by the CARE clinic model, refugees *can* have a voice in what cultural practices promote and demonstrate humility and safety within healthcare settings. These practices may be particularly important for refugee women who follow gendered norms specific to their cultures (Crosby, 2013). For instance, some women may feel more

comfortable receiving health services in group settings. In numerous cultures, women may not be allowed to touch men who are not their husbands or family members, and eye contact might be banned or considered rude between genders. Additionally, women may have experienced genital mutilation or other forms of ritual violence, making it imperative that service providers try to understand these complicated cultural factors and approach them with care.

Ecological Systems Theory

The CARE clinic described above applied an ecological model when creating their new community health building. Reavy and colleagues (2012) explained the three levels often affiliated with this concentric model:

> The *Intrapersonal Level*, or innermost circle, represents the individual characteristics that influence behaviors. For example, knowledge, attitudes, thoughts, beliefs and personality… The *Interpersonal Level* represents processes and interactions with primary groups such as family, friends and peers. These interactions are a person's cultural and social support as well as his or her role definition. Finally, the *Community Level* represents institutional and community structures such as hospitals and refugee agencies (p. 3).

Ecological Systems Theory (Bronfenbrenner, 1979) or ecosystemic frameworks like those implemented in the CARE clinic have been applied and studied elsewhere to describe how refugees, like all people, must be seen holistically via: (a) microsystems; (b) mesosystems; (c) exosystems; and (d) macrosystems (Guruge & Khanlou, 2004; Williams, 2010; Yohani, 2008). These theories, which suggest examining personal issues, as well as community and societal concerns, mirror the core processes of posttraumatic

growth, adversity-activated development, and public narrative. Guruge & Khanlou (2004) specified how this cultural framework applies to newcomer women:

> The ecosystemic framework provides a basis for analysis of the complex issues at the intersection of race, gender, and class identities (both imposed and assumed) and the interaction of these and other identities with micro-, meso-, and macro-level factors and issues. Only by examining structural and systemic inequalities, and their impact on the health and well-being of immigrant and refugee women, can we hope to achieve equitable health care for all women. (pp. 38-39)

Holistic Care

Many of the theories and approaches discussed above adhere to the concept of *holistic care*, also termed integrated, person-centered, or whole person care. Peek (2013) suggested that integrated care combining physical and mental health under one system destigmatized mental health and allowed for "a systematic and cost-effective approach to provide patient centered care" (p. 2). Similarly, whole person care, which uses a comprehensive, biopsychosocial approach, addresses all the following factors: biological, psychological, cognitive, social, interpersonal, developmental, spiritual, and cultural issues (Harrison, 2017).

Person-centered approaches also try to mitigate power differentials between medical providers and clients. Carl Rogers, a humanist psychotherapist and founder of person-centered therapy, based his approach on the premise that therapist and client must work together *as equals* to empower and respect the client's knowledge of self (Rogers, C., 1951; Rogers, C., 1961; Rogers, N., 1993). Raskin, Rogers, and Witty (2008) echoed this idea, stating, "The client-centered therapist trusts the person's inner resources for

growth and self-realization… The therapist aims to follow the client's lead and to avoid taking authority over the client" (p. 142). This sentiment matches the concept of cultural humility, described above.

Meeting basic needs. Holistic care considers the whole client, including addressing their basic needs for survival. As previously stated, despite ongoing psychological concerns, refugees often cannot or do not access mental health services due to everyday issues, such as transportation and logistical barriers, obstacles with insurance and medical costs, language and cultural barriers, and cultural stigma against mental illness (Crosby, 2013). Maslow (1943) theorized that, before one can establish an idea of self, one must satisfy fundamental physiological needs, like hunger, thirst, and environmental safety. As the developer of the *hierarchy of needs* model, Maslow described how sudden moments of extreme hunger, thirst, fear or pain turn the world into "a place in which anything at all might happen, in which previously stable things have suddenly become unstable" (p. 377). Holistic, person-centered care takes these issues into account in order to stabilize patients.

Group Work

Another issue addressed in refugee mental health is whether services should be provided in individual or group settings. Group settings can cut interpreter costs by serving numerous refugee clients at once, and many advocates say the benefits of group work can be especially critical for refugee women (Akinsulure-Smith, Ghiglione, & Wollmershauser, 2008). Refugee support groups often include elements of Yalom's (1995) group therapeutic factors including instillation of hope, universality, altruism,

imparting of information, interpersonal learning, group cohesiveness, imitative behaviors, socialization techniques, and catharsis.

Cultural adjustments to traditional group therapy factors should also be considered when working with refugee women. Alterations might include having familiar food at group meetings, having multiple family members within the same group, and encouraging group members to socialize outside of the therapy setting (Akinsulure-Smith et al., 2008)

Kira et al. (2012), who studied refugees and torture survivors, reported that group therapy not only aided in the personal mental health of participants but also allowed for social advocacy and community healing. The authors stated that refugees often hail from cultures that are more collectivistic, and because of this, it is more natural for healing to take place within groups. Kira and colleagues studied various pioneers of refugee-based group therapy, gleaning that the most acceptable practices included “socialization activities of a traditional nature, providing practical information, and meeting concrete needs” (p. 72). By focusing on social support, culturally congruent activities, basic needs, and education, these groups were able to provide healing and empowerment without the stigma often attached to therapy.

Perceived control and agency. Kira et al. (2012) also reported on *perceived control* within their groups. While they did not formally measure this factor, the authors stated that an apparent increase in perceived control over outside situations (like renewing health insurance or securing housing, etc.) appeared to coincide with increased self-control and future hope among their study participants. This perceived control also appeared to coincide with reductions in trauma, depression, and anxiety. Formally

measuring these factors might have strengthened the study, but the observations about the relationships between these factors are still worth noting.

Other programs designed to help refugee women regain perceived control over issues impacting their lives have proven particularly important (Akinsulure-Smith et al., 2008; Khamphakdy-Brown, Jones, Nilsson, Russell, & Klevens, 2006). For instance, Bailey (2012), who worked alongside refugee women of African descent, reported that perceived control/ agency was an important stepping stone in the women's participation in education and advocacy work. Akinsulure-Smith and colleagues (2008) also included perceived control as part of a three-part mission in their NYC-based African women's wellness group (pp. 108-109): (a) to reduce social isolation and foster a sense of community and belonging, (b) to provide culturally relevant therapeutic support, and (c) to help restore feelings of agency and control through empowerment.

Hybrid groups. Norsworthy and Khuankaew (2004), who led "peace and justice" workshops with refugee women from Burma, suggested *hybrid support groups* for refugee women. The authors, who adapted this term from the Association for Specialists in Group Work, described hybrid groups as a combination of task/action groups, psychoeducational groups, and counseling groups. In their study, Norsworthy and Khuankaew described important steps for working with groups of refugee women: *community building, trust building*, and *introductions* (all part of the "container"); *empowerment and self-authorization activities*; *reflexive practice* including expressing, processing, and applying what has been learned; *deep listening*, based on respect, caring, nonviolence, and justice; and *power and gender analysis*. The researchers used these tools to inspire the refugee women from Burma to create change on multiple levels,

including individual, family, community, organizational, institutional, and societal levels. These levels reflect the ecosystemic models discussed earlier.

Gender and cultural homogeneity. Many studies have expressed the importance of gender homogeneity in support groups, especially when it comes to refugee women, who may not feel as comfortable speaking in the presence of men (Felsman, 2016; Kira et al., 2012; Power & Pratt, 2012). Other authors suggested that refugee women develop immense strength from female-based social networks or gender-segregated “containers” (Norsworthy & Khuankaew, 2004; Oo & Kusakabe, 2012).

In contrast, research is mixed on whether mono-ethnic or multi-ethnic groups are preferred for refugees. While mono-ethnic groups allow refugees to speak openly about shared cultural experiences, often in a shared language, multi-ethnic groups also promote cross-cultural acceptance and learning. Both mono- and multi-ethnic refugee women’s groups have shown positive results (Akinsulure-Smith et al., 2008, Felsman, 2016; Kira et al., 2012).

Art-based Approaches

Review of the literature shows that art-based interventions have been implemented within diverse newcomer communities to address complex trauma and increase hope, resiliency, and empowerment (Baker, 2006; Grodin, Piwowarczyk, Fulker, Bazazi, & Saper, 2008; Guerrero & Tinkler, 2010; Harris, 2007; Lykes, 2013; Ramirez & Matthews, 2008; Rees, Travis, Shapiro, & Chant 2013; Sliep, Wiengarten, & Gilbert, 2004; Sonn et al., 2013). Many research studies have specifically targeted refugee children and adolescents, demonstrating how art-based interventions can (a) increase posttraumatic growth (Mohr, 2014; Prag & Vogel, 2013); (b) utilize ecological/

ecosystemic models (Yohani, 2008); (c) help torture victims heal (Harris, 2007), and (d) be implemented effectively in school-based settings (Hughes, 2014; Quinlan, Schweitzer, Khawaja, & Griffin, 2016; Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005; Rowe et al., 2016).

Refugee women. While fewer in number than the youth-focused literature, multiple studies have indicated that the arts offer an effective way to work with refugee women. Many of these reports did not intentionally study the arts, but rather realized the positive impact of utilizing art-based interventions while evaluating best practices for working with groups of refugee women. For instance, Khakbaz and Faye (2011) worked with multicultural refugee women resettled in Australia. Their group goals included *restoration of independence*, through meeting basic needs and settlement life skills; *equitable access to resources and services*; *cultural orientation*; *development of new social connections*; and *restoring a sense of hope and dignity* (p. 15).

Khakbaz and Faye (2011) found that offering a 'Women's Life Skills and Craft Group' attracted women because of its perceived safe and friendly environment. Once the refugee women felt comfortable in the group setting, they began outwardly addressing past trauma and resettlement difficulties at their own pace. In this case, the art-making process became an inviting, culturally-appropriate, safe, and normalizing container that also acted as a catalyst for sharing and growth.

Kira et al. (2012) demonstrated similar findings with female refugees and torture survivors. The authors reported that art-based activity groups including movement, drama, storytelling, writing, and textile work could mitigate the intensity of talking about traumatic experiences, encourage self-expression, increase feelings of productivity, and

aid in community-building. A similar study with African refugees in a 'Women's Wellness Group' found it beneficial to incorporate storytelling, drumming, dance, and songs into the group process, as these art-based practices were embedded into the women's cultural modes of communication and were a natural way the women knew to express emotions (Akinsulure-Smith et al., 2008).

Felsman (2016), who studied a nurse-led, community-based wellness group for multicultural refugee women in Durham, North Carolina, noticed similar ideas. When art-based activities—such as expressive watercolor painting and paper lantern folding—were introduced, the women seemed less worried about language barriers and were able to speak more freely with one another. Lenette, Cox, and Brough (2015) studied how digital storytelling—text, photos, video, music, and narration—could empower refugee women to share their personal narratives Finally, Alexander et al. (2017) utilized drawing as a tool to help Chin refugee women share their narratives, asking them to answer various questions about their lives through imagery. The researchers reviewed the pencil drawings with each individual participant as a way to stimulate communication around sensitive topics. Alexander et al. next analyzed the women's verbal descriptions of the drawings as data, but did not analyze the drawings themselves.

Expressive Therapies

The above studies all documented how art-based activities could be effective in working with refugee women. None of these articles, however, focused specifically on expressive therapies, which apply the arts intentionally to evoke, contain, process, and reintegrate emotions (Dieterich-Hartwell & Koch, 2017). Malchiodi (2005) defined expressive therapies as "the use of art, music, dance/movement, drama, poetry/creative

writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care" (p. 2).

Recently, expressive therapies have been highlighted as best practices for refugee mental health (National Partnership for Community Training [NPCT], 2016b). The NPCT's Refugee Services information guide recently shared five reasons why Expressive Therapies are effective with refugee populations (2016, p. 3):

1) Increase options for clients to engage with behavioral health interventions and concepts that may feel foreign or uncomfortable initially

2) Develop healthy coping tools and responses to stress, anxiety, trauma, and depression

3) Offer more universal language for providers to introduce mental health

4) Increase social engagement, self-awareness and resiliency

5) Encourage growth and expansion of client interactions

Dieterich-Hartwell and Koch (2017), who presented an overview of studies related to expressive therapies and refugees, suggested that expressive therapies could provide a feeling of home for displaced people. The authors emphasized the need for re-imagining and redefining "home" when working with refugee populations due to the complex feelings often associated with refugees' home countries such as loss, homesickness, fear, and trauma.

Furthermore, Dieterich-Hartwell and Koch (2017) theorized that expressive therapies could act as both *containers* and *bridges* for refugees. The authors analyzed various studies of multicultural refugees and found that expressive therapies seemed to provide familiar, safe, culturally-appropriate, structural frameworks for expression and

also helped to reduce uncertainty in new host communities. The authors stated that, once safety and containment had been established, the expressive therapies could then facilitate growth, self-exploration, and act as a bridge for integration into the new host communities.

Refugee women. Various studies have demonstrated that expressive therapies approaches may be particularly important when working with refugee women. Apergi (2014) studied a multicultural refugee women's empowerment and teamwork group that acted as a supplement to the individual psychotherapy each participant was receiving. The group implemented drama therapy techniques, explaining "Drama therapy has the power to offer such rituals alongside a transitional art/playspace where transformations can occur in a seemingly separate reality from the rest of a client's life" (p. 125). The group specifically used drama therapy to explore community connections, issues of power and powerlessness, play, ambiguity, embodied experiences, cultural issues, and racism.

Landis (2014) also explored drama therapy interventions with refugee women, specifically studying trauma-informed drama therapy. The author explained that drama therapy can allow for (a) therapeutic metaphors that act as catalysts for emotional expression as well as safe containers in which to explore trauma, (b) the group model to act as a therapeutic agent, helping to build connections, trust, validation, and a sense of belonging between group members, and (c) creativity to promote transformation, expression, and health. The researcher also described directives that promoted self-efficacy and the ability to make choices.

Kalmanowitz (2016) reported that art therapy practices (alongside mindfulness practices) can help refugee women increase resilience and address trauma. The author, who worked with refugee women from seven different countries resettled in Hong Kong, wrote about the arts' ability to access nonverbal memories. Similar to the drama therapy studies cited above, this article spoke to the metaphors and symbolism that can be utilized within artmaking processes to both evoke and contain trauma. Kalmanowitz (2016) implemented an 'Inhabited Studio Approach' that encouraged refugee women to "focus on the present and establish a safe and nonjudgemental [sic] environment with an emphasis on cultivating a culture of curiosity and openness" (p. 77). Safety remained a central theme within the research process, and the author reminded readers that psychological and physical safety were prerequisites to addressing stress and trauma. Kalmanowitz also reported that safety and predictability were necessary to achieve self-control, self-agency, and stability within an unstable world.

Cohen (2013) reported on a textile-based art therapy group in Ecuador, designed for Colombian refugee women who had experienced gender-based violence. The author researched Chilean *arpilleras*—narrative textiles often created by survivors of violence—and suggested a similar technique for the Colombian women. Beyond the imagery portrayed on the textiles, Cohen noted that the actual process of stitching created a repetitive, quiet, precise, anxiety-reducing practice for the traumatized women. Cohen asked each woman to sew a decorative border around her arpillera before filling it with narrative imagery. In this sense, the art acted as a physical container for the women's stories. Similarly, Cohen reported that the women were asked to determine how much and what aspects of their personal narratives they wanted to sew onto the textile. These

art-based, decision-making skills which encouraged self-efficacy and self-control were later re-enacted when the women chose how much of their personal story to verbally share with other group members.

Finally, Fitzpatrick (2002) provided art therapy to a group of Bosnian refugee women resettled in Australia, and wrote a phenomenological case study about one of the group participants. Fitzpatrick used drawing and collage to have the participant describe various stages of her life, but, unlike Alexander et al. (2017), Fitzpatrick was able to use her art therapy training to analyze the visual imagery created during sessions. Beyond listening to the participant's descriptions of the images, Fitzpatrick also actively observed how the participant engaged with certain art materials, noted the level of control with which she worked, the amount of space that she used on the page, the repetition of markings, the presence or absence of ground lines, and the symbols of companionship and solitude present in different images. All of these visual indicators helped Fitzpatrick know how to best guide the sessions.

Fitzpatrick's (2002) findings mirrored many of the previous studies that used art-based interventions: Artmaking enabled refugee women to face disturbing memories in indirect, safe, contained ways; the process imbued structure and control into traumatic issues from the past and present; and the strengths-based themes encouraged future-based hope and rebuilding. As the author succinctly described, "The act of creating provides a counterbalance to loss" (p. 157).

While the research described above demonstrates effective uses of expressive therapies with refugee women from numerous cultures, the PR was unable to locate any

studies implementing or evaluating expressive therapies with refugee women from Burma. The current study addresses this gap in the literature.

CHAPTER 3

Method

The present study engaged a small group of refugee women from Burma in art-based, participatory action research. The refugee women worked alongside an interpreter, student facilitators, and the PR to determine research questions that were important to them. Through the iterative process of art-based participatory action research, the following two primary research questions emerged:

1. "What are the issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and addressed within the greater community?"
2. "How can we make the women's group strong and stable?"

The processes of discovering, exploring, analyzing, and acting on these questions are detailed below, alongside the theoretical and philosophical rationales for all methodological decisions.

Critical Research Approaches

Various terms are used to describe critical research approaches that seek to expose issues of power and privilege inherent in knowledge creation. These anti-oppressive approaches all adhere to Brown and Strega's insistence that,

> …research reflect, both in terms of its processes and in terms of the knowledge it constructs, the experience, expertise, and concerns of those who have traditionally been marginalized in the research process and by widely held beliefs about what "counts" as knowledge. (2005, p. 6)

Gross (2004) reminded readers that these approaches can be especially important

when working within refugee communities:

> Asylum seekers and refugees are underprivileged members of…society, but this should not make us forget that migrants are not merely victims of a system of power and its medical subsystem…, they have means and methods of expressing their projects and desires and pursuing their goals. pp. 158-59)

In line with the above reasoning, numerous researchers have implemented and advocated for critical, anti-oppressive study designs with refugee populations (Bailey, 2012; Guruge & Khanlou, 2004; Norsworthy & Khuankaew, 2004; Sonn et al., 2013; Sutherland & Cheng, 2009).

Participatory Research

Subtle differences distinguish the critical, anti-oppressive research approaches. Rutman, Hubberstey, Barlow, and Brown (2005) explained that *participatory research* invites clients to participate in as many aspects of the research process as possible. This approach seeks to mitigate traditional power differentials between the ‘researcher' and the ‘researched,' but it does not require direct action be taken during the research period.

Action Research

Action research, in contrast, expects direct action as a result of the research. It does not assume participation of clients in the research design, methodological choices, or data collection and analysis, although collaboration with clients is often part of the process (Rutman et al, 2005).

Participatory Action Research

Participatory action research (PAR) combines elements of the two approaches above, bringing together "inquiry, learning, critical analysis, community building, and

social change" (Rutman et al., 2005, p. 155). It attempts to involve participants as collaborators in research that seeks to improve their own health and wellbeing (Baum, MacDougall, & Smith, 2006), and commits to producing practical knowledge that benefits the community (Conrad & Sinner, 2015). Bateman (2014) laid out five characteristics of PAR, stating that PAR should be 1) participatory, 2) defined by need for action, 3) useful and meaningful, 4) reflexive about the creation of meaning, and 5) flexible and iterative (p. 1).

Art-based Research

Finally, *art-based research* refers to the use of artistic expression as a primary mode of enquiry within the research process (Barone & Eisner, 2012; Leavy, 2009; McNiff, 2013). In this type of research, the arts do not typically supplement other primary research methods or act simply as data points. Rather, the arts work to push the research forward through all parts of the process, including creating and exploring the research question(s) as well as analysis procedures.

Combining the Approaches

Participatory action research incorporating art-based approaches have been utilized effectively with various marginalized populations (Kapitan, Litell, & Torres, 2011; Lykes, 2006; Sakamoto, Chin, Wood, & Ricciardi, 2015; Teti, Murray, Johnson, & Binson, 2012), including refugee communities (Mumtaz, 2015; Sonn et al., 2013). Many expressive therapists suggest that social justice-oriented approaches to clinical practice, community programming, education, and research—like PAR—are critical to our field (Frostig, 2011; Hadley, 2013; Hahna, 2013; Nolan, 2013; Sajnani, 2012). These anti-colonialist approaches are especially important when engaging in cross-cultural art

making (Kapitan, 2015).

Art therapists Ottemiller and Awais (2016) listed five important considerations for implementing expressive therapies projects within communities, and these considerations seem to mirror the previously discussed tenets of PAR: 1) project goals are established in collaboration with group participants, 2) trusting relationships must be built with community members, 3) therapists must be transparent and clear about goals and limitations, 4) collaborative decision-making spans all stages of the project, and 5) all group participants have the ability to decide how they will be referred to or identified within the project (pp. 146-147).

Another essential list of considerations was put out by *Refugees, Survivors, and Ex-Detainees* (RISE; Canas, 2015), an Australian-based organization run by and for refugees, asylees, and ex-detainees with the motto, “Nothing about us without us.” The following points, detailed by staff member Canas, act as guidelines for outsider artists who wish to work with RISE newcomer communities: Focus on the process not the product; critically interrogate your intentions; realize your own privilege; participation is not always progressive or empowering; understand the difference between presentation and representation; spaces are not “safe” just because you say they are; marginalized community members should not be expected to be grateful to outsider artists; marginalized communities cannot be reduced to one issue; learn what is already being done in the communities in which you want to work; and remember that ‘art is not neutral,’ it is a political practice.

Art-based Participatory Action Research with Refugee Women

The current study is defined by the PR as art-based participatory action research.

As previously noted, various researchers have emphasized that PAR is the ideal research approach for working with refugee women, because the participatory process works to address and improve issues of voice and agency amongst this doubly-marginalized population group (Baird et al., 2015; Collie et al., 2010; Gilhooly & Lynn, 2015; Guruge & Khanlou, 2004; Norsworthy & Khuankaew, 2004; Okigbo et al., 2009).

Additionally, PAR attempts to build and foster “safe spaces” where participants can express themselves openly (Bergold & Thomas, 2012), something that might be achieved most easily for refugee women in gender-segregated spaces (Norsworthy & Khuankaew, 2004; Power & Pratt, 2012). Canas (2015), however, offered an important consideration on the topic of “safety,” reminding potential outside artist-collaborators that “safe-spaces” were not necessarily safe for newcomers just because project leaders labeled them as such.

Working on a PAR Continuum

Language differences between community members and collaborating researchers can create a formidable barrier to conducting ethical research (Knight et al., 2009). This research concern comes into even greater consideration when debating the feasibility of engaging in ‘ideal’ PAR, where researchers seek to involve community-members in all aspects of research design, implementation, and analysis (Rutman et al., 2005).

In the current study, the PR utilized trained interpreters throughout the research design to attempt to hear, understand, incorporate, and honor the voices of the participating refugee women as fully as possible. Even with this practice in place, it was impossible for the PR and the refugee women to communicate fully without translation. Additionally, it was not possible for the refugee women to participate in writing,

compiling, or editing the written aspects of this research study. Because of these limitations, the PR cannot categorize this research as ideal PAR, but still places the research on the PAR continuum, since the research implemented as many principles of the approach as possible.

While the PR asked the refugee women what they wanted to be called in the study—a supposed act of respect and empowerment suggested by Ottemiller and Awais (2016)—they answered her question with what became a typical response throughout the study, "Whatever you want, teacher!" This answer seemed to reflect—among other complex concepts explored later—the women's ongoing interest in the actual group process, instead of focusing on research labels and terms. Based on this conversation, the PR chose to label the women by various names in the written aspects of this study: *co-researchers, participants, refugee women,* or, simply, by initials. By employing diverse labels, the PR also hoped to honor Canas' (2015) request that refugees not be reduced to a single narrative.

Art-based Public Narrative

In her pilot research, the PR worked with refugee and immigrant adolescents utilizing an approach titled *art-based public narrative* (Rubesin, 2016a). This approach combined art-based research with *public narrative* (Ganz, 2011), the three-part process described in Chapter 2, that asks participants first to explore personal narratives ("Story of Self"), then next, to create collective narratives ("Story of Us"), and then, finally, to decide what to *do* with these narratives in order to impact social change ("Story of Now").

Art-based public narrative is, effectively, a PAR process, and it provided a key art- and action-based framework for working with refugee women from Burma. In accordance with Canas' (2015) recommendations, the PR was conscious of not reducing the women's narratives to a single collective research topic, unless, of course, the women chose to do so. All efforts were made to honor the narratives that each woman chose to bring to the table.

Research Steps

Inspired by the above philosophies, models, considerations, and frameworks, the method for this art-based participatory action research study was distilled into the following six steps:

1. Establish co-researchers, setting, and timing.
2. Define the research question and develop plan of action.
3. Implement plan of action.
4. Analyze data collectively.
5. Reflect on project, and decide on future directions of the group/research.
6. PR analysis.

Steps 2-5 were repeated based on the needs and desires of the refugee women and the shift in the research question.

Step 1. Establish Co-researchers, Setting, and Timing

The first step of the research was to secure participants/co-researchers who consented to and *wanted to* participate in the research process, and to find a "safe" setting and a consistent time for the research group. Beyond clarifying these critical research

components, this initial step also included finding appropriate interpreters, and also solidifying who the group facilitators would be.

Co-researchers. The PR utilized purposeful convenience sampling to determine and secure refugee women co-researchers. As previously stated, the PR and various student-facilitators were already involved in a bi-weekly, community-based health and wellness group co-facilitated by the Art Therapy Institute (ATI) and the UNC-Chapel Hill School of Social Work's Refugee Mental Health and Wellness Initiative (RW).

According to informal reporting by its refugee group members, the health and wellness group—which had been operating for over a year prior to this research study—had been successful in helping participants learn about mental and physical health, finances, American culture, and also develop friends within their community and practice their English. The women did not want this group to end, but instead suggested recruiting more women to join and adding an action step to the group to make their voices heard within the greater community. These elements inspired the PR to propose an official research process designed for and primarily by the refugee women.

Because the previously-established refugee women's health and wellness group was an open, optional, community-based group, it was decided that no continuing members would be obligated to participate in the new research aspect of the group. It would simply be an additional element of the group that women could opt into if desired. Accordingly, the multi-lingual recruitment flyers [APPENDIX A] did not focus specifically on the research proposal. Instead, new women were invited to participate in the ongoing art-based health and wellness group and were then allowed to choose their

level of participation in the research study—including none at all—after joining the group.

This choice in wording was made at the suggestion of the interpreter, a refugee from Burma herself. She shared with the PR that the word 'research'—unfamiliar to many people in Burma—printed on a flyer might confuse or alienate potential recruits. Instead, she suggested that this concept be explained in person within the group setting with an opt-in or opt-out option. The flyers were disseminated to local community centers, interpreters, health practitioners, and early childhood programs that work closely with refugee women from Burma. Ten refugee women from Burma joined the study at different points throughout the process, and 6 of these women remained involved by the end of the data collection period.

The PR made the choice not to ask for or collect specific demographic data on the participants besides what arose naturally throughout their casual conversations and sharing of verbal and art-based narratives. This choice was originally made because the interpreter suggested the women might be confused by the concept of research. The PR determined that formal research components such as collecting demographic data might alienate the women or further separate them from the facilitators, as those being "researched." This decision was later seen as a study limitation, discussed in more detail later.

Table 1 depicts the basic demographic information of the refugee women that was expressed by them, unprompted, throughout the study.

Table 1

Demographic Characteristics of Participants (*N*=10)

Refugees	Ethnicity	Language	Religion	Age[a]	Time in U.S.[a]	# Weeks Attend
YY	Burmese	Burmese	Buddhist	34	6 years	8
KT	Burmese	Burmese	Buddhist	79	6 years	8
TY	Burmese	Burmese	Buddhist	60's	6 months	6
NPB	Burmese	Burmese	Buddhist	N/A	N/A	2
AM	Burmese	Burmese	Buddhist	N/A	N/A	1
XX	Burmese	Burmese	Buddhist	N/A	N/A	1
MA	Burmese	Burmese	Buddhist	N/A	N/A	2
EP	Karen	Karen	Christian	N/A	N/A	1
Z	Rohingya	Rohingya, Burmese	Muslim	70's	N/A	6
R	Rohingya	Rohingya, Bengali	Muslim	30's	1 year	7

Note: A total of 10 women participated in at least one part of the formal research (and gave consent).

[a]Information about age and time in the U.S. were never formally solicited. These data come from informal, unsolicited conversations with the women. N/A denotes that the participant never mentioned this factor.

Consent and interpretation. Before the first research group, the PR met with the group interpreter to discuss the best way to go about obtaining informed consent. The interpreter shared that many of the refugee women might not be able to understand the complexities of the research language in written form and/or might not be able to read in their native languages. She stated that refugee women from Burma were accustomed to signing English forms that had been verbally translated, as this was common practice in schools, housing-, employment-, and medical settings. Based on this conversation, the PR verbally explained participatory action research to gauge the women's interest in and commitment to the process.

Next, written consent forms [APPENDIX B] documenting the same aspects of the study that had been verbally described were disseminated to the group members prior to official data collection. At the request of one interpreter, the PR also made a bullet-

pointed document [APPENDIX B] summarizing the consent information to help the interpreters explain the process more succinctly.

In-person interpretation. In-person interpretation was provided by a Burmese woman named Mu who had interpreted for ATI's refugee women's groups since 2011. Mu speaks Burmese, Karen, and English. She is in her mid-30's and arrived to the US in 2008, a refugee herself.

Phone interpretation. While in-person interpretation was provided for Burmese and Karen speakers during every group meeting, phone interpreters were used to do reminder phone calls in between meeting dates. There were no female Rohingya interpreters available locally, so a Rohingya phone interpreter was hired for group meetings. Unexpectedly, she was only used for two of the sessions, because her dialect was hard to understand, and she did not always have availability during the session times. Due to these issues, one of the group members, Z, who spoke Burmese and Rohingya, translated for R, the sole Rohingya-only speaking woman.

Facilitators. The research group had five, non-refugee facilitators working alongside the refugee women. Two were MSW students from the University of North Carolina at Chapel Hill (interning with the Refugee Wellness initiative there), and two were MA students from Lesley University (interning with ATI). The PR was a Lesley University PhD candidate, and the author of this report. All five facilitators identified as White, English-speaking, North-American women in their 20's and 30's who had resided in the United States for most of their lives. An important study oversight is that the facilitators' identities were never formally examined in light of the differences between themselves and the refugee women.

Still, identity factors of all the women—including the refugee women, the interpreter, the PR, and the other facilitators—were shared informally during the collaborative art-making processes. Importantly, because the American group facilitators eventually (and then consistently) began contributing their own verbal and visual responses to the research questions, they are, at points here, labeled as co-researchers alongside the refugee women, to denote the equalizing practices of PAR.

Setting. The research groups were held at the Art Therapy Institute (ATI) in Carrboro, North Carolina, a location close to the homes of many of the refugee women and accessible via the free public bus route. Besides the convenience of the location, ATI was chosen because it was familiar to the refugee women who had already been attending the health and wellness group in this space. The space was also handicap accessible and open late on the weekends.

The Art Therapy Institute is a small, windowless, two-room office space with hardwood floors and brick walls covered in client artwork. Art supplies fill the shelves at the back of the office, and a large map of the world is posted on one of the back walls. This 4'x 6' map is pinned with flags representing all of the countries where clients and other office visitors have arrived from. Over 100 countries are marked.

Two large, paint-covered wooden tables are normally pushed together in the back room. Between 12-16 people can fit comfortably at chairs around these tables. Therapeutic groups at ATI are typically conducted in this formation, unless standing or sitting on the floor is more comfortable for the clients.

Timing. The women were consulted about how often they wanted to meet, how long they wanted each research group to last, and what day of the week and time of day

was best for the majority of the women who wanted to be involved. It was determined that bi-weekly Sunday nights, from 6-8PM, were the best time and frequency for most group participants and the interpreter. The research process was scheduled to run from January through April or May 2017, since that is when the student facilitators from UNC and Lesley University would finish their school semester and had to terminate their participation in the group.

Step 2. Defining the Research Question(s) and Developing the Plan(s) of Action

Once the co-researchers all agreed to engage in PAR, they worked together to define the specific issue(s) to examine.

Research question(s). The first research question was inspired by KT's statement that people in the greater community thought she was deaf, and her assertion that she, in fact, was not deaf, and actually had quite a lot to say. This question was as follows: "*What are the issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and addressed within the greater community?"*

Importantly, it was the facilitators' interpretation of KT's "I am not deaf" statement that framed the initial research question, asking the women about issues of importance to them, and the ways in which they could communicate this information. While the facilitators suggested this question, the women agreed that this inquiry seemed relevant to their needs, following the tenets of PAR.

Importantly, the initial research question shared above morphed into a different inquiry halfway through the research process: "*What can make the women's group strong and stable?"* This "new" research question appeared a logical, action-driven extension of

the first question, and was determined by the refugee women, after they learned that the current iteration of the Women's Group had to end—based on the facilitators' timelines. The story of this shift in research focus is detailed in Chapter 4.

Action steps. After determining the first research question, the refugee women and the group facilitators decided on the best action methods to explore and address the issue(s). This included discussing how and what kinds of data to collect (for example, photographs, interviews, focus groups, surveys, artwork and artmaking, etc.); how often these data would be collected during the research process; and how the data would be recorded, protected, themed, presented, and preserved after the study.

In order to help facilitate this process, the PR engaged all the co-researchers in a brief, introductory, art-based public narrative activity, using an "I am" poem framework. In this activity, described fully in Chapter 4, the PR asked the refugee women to verbally and/or artistically share ideas about themselves ("Story of Self"). Using art-based methods, the PR then engaged the co-researchers in determining the collective topics—if any arose—from their "I am" poems (reflecting a "Story of Us"), and next deciding if any of these topics were worth further exploration through a more in-depth action-based research project ("Story of Now").

During the "Story of Now" segment of the initial public narrative activity, the PR displayed examples of potential action-based projects that the refugee women could engage in to address their proposed research question(s). These examples included art-based ideas such as making books, painting murals, exhibiting in art shows, creating a dance or theater project, etc., as well as civic engagement ideas like reaching out to local politicians and media outlets. While the PR provided numerous examples as a jumping

off point, she emphasized that the women would be able to choose and direct any kind of project they desire. The art-based public narrative process that emerged during the second half of the research study, described in detail in the following chapter, was different from anything originally suggested or anticipated by the PR.

Data sources. Data sources that were discussed and agreed upon with the refugee women included the following: (a) PR and student facilitator field notes, including written and photographic observations of all groups, (b) artwork produced during the course of the project; (c) direct quotations from co-researchers, recorded by hand during group sessions, and (d) transcripts of interviews held with student-facilitators and the interpreter(s). Interviewing the interpreter regarding her opinions of the study was suggested in Mirdal, Ryding, & Sondej (2011) since interpreters play an integral part in cross-lingual research studies. Data were triangulated across these multiple sources.

Audio recording and data security. Written, typed, photographed, and/or audio-recorded data from the women's group sessions, as well as from the interviews of the interpreter and co-facilitators from UNC and Lesley, were collected on the PR's private, confidential laptop, which is password-protected. These data were transferred on a regular basis to a secure external hard drive and stored in a locked file cabinet throughout data collection and analysis. Any original artwork collected throughout the project was also stored in a locked file cabinet in the office where the women's group was held. The exception to this final security rule came at the end of the second public narrative process when the co-researchers who had worked to create the large fabric art piece together asked that it be displayed prominently on the wall of the Art Therapy Institute.

Step 3. Implement Plan of Action

In this step, group members engaged in agreed-upon methods of addressing the research question(s). Because there ended up being two research questions throughout the process, the co-researchers underwent two public narratives processes. The refugee women worked alongside the interpreter, the PR, and the student facilitators to choose which project ideas and art materials were appropriate to explore their questions, and how and if to share their work with the greater community.

Notably, the PR was the person who often suggested specific art-making processes throughout the research sessions, based on her clinical training as an expressive therapist. For example, as previously stated, the PR created PowerPoints showcasing potential art projects that might help address the women's stated priorities in their first research question. While this dual role of acting as expressive therapist and PR could be seen as biasing the research process, critical approaches generally allow researchers to wear multiple hats, as long as they consistently reflect on the potential benefits and harms of these choices.

Similar to above, throughout the first research question and during the initial stage of the second research question, the PR introduced more contained artmaking processes and materials, like collage, colored pencils, beads, and cut fabric in order to affirm safety within and control over the research process for the refugee women. Only later did the PR bring in more fluid art materials, like paint, to help increase trust, collaboration, and expansive ideas amongst group members. These deliberate choices by the PR, based around the Expressive Therapies Continuum (Hinz, 2009) are explored in detail in the next two chapters. In all cases, the refugee women were invited to accept, reject, or alter the artistic suggestions made by the PR, in accordance with PAR principles.

Importantly, and as mentioned before, the refugee women often looked to the PR and the other facilitators to "teach" them. Although she initially tried to negate it, the PR eventually embraced this role, since it was dictated by the refugee women and appeared culturally congruent for them. In these ways, the PR's choice to accept the teaching role given to her still fit within PAR guidelines, even if this designation appeared to maintain a hierarchy within the research process.

Step 4. Analyze Data Collectively

Both throughout and after the data collection period, the refugee co-researchers and facilitators engaged in various *collaborative coding* processes (Saldaña, 2016, pp. 36-37), using both verbal and art-based methods to code the data. Through ongoing coding exercises during each group meeting, the refugee women, the UNC and ATI student-facilitators, the interpreter, and the PR all worked together to determine codes from the various sources of data collected during the research project period. The process and results of determining sub-themes and over-arching themes from these collectively-generated codes are discussed in detail in Chapter 4.

Ongoing member checking. Due to the language barrier and the fact that the refugee women were unable to read, type up, or physically edit themselves, in-person collaborative coding and member-checking were conducted throughout the research project, instead of at the end of the process. Each time data—including photographs, artwork, and recorded verbal statements—were collected, the PR returned to the larger group and presented them with the emerging collective findings to see if the refugee women, the interpreter, and the student-facilitators agreed with the ideas/concepts/topics

that were emerging from the process, and/or if they wanted to add, delete, or modify anything.

This modification was done in both verbal and art-based ways. For instance, if the PR read back the women's words from the previous group or summarized the ideas that had been shared, the women would verbally agree or modify what had been said. Art-based coding and modification were achieved by reviewing the artwork created during the previous sessions and adding to it with more materials if desired. If the artwork was modified, group members discussed why that choice had been made, and new concepts/codes were determined as needed.

This collaborative coding process was repeated at the beginning of each group until all co-researchers, including the refugee women and the facilitators, were satisfied with the codes and corroborating data presented. This format of ongoing collective coding helped limit the amount of data that needed to be analyzed at one time and allowed co-researchers to modify the research protocol as needed based on their bi-weekly analyses. This ability of and commitment to modifying the research process as needed during data collection was integral to the PAR process.

Final group analysis. During the final research group session, the PR printed out over 200 photographs taken by the PR and student facilitators during the eight-session research process. The PR encouraged the co-researchers, including the refugee women and the facilitators, to examine these photographs and pull out up to ten favorite photographs that represented their reflections and responses to the research questions. Everyone in the room was then invited to share summarizing words about their favorite

photographs. These concepts were later incorporated into the PR's final analysis process, detailed below.

Step 5. Reflect on Project, and Decide on Future Directions of the Group/Research

After the data collection was over and all the co-researchers, including the refugee women and the facilitators, agreed upon important and unifying concepts that emerged from the research process, they reflected on the entire project and discussed next steps for both the research findings as well as the refugee Women's Group in general. As part of this final process, co-researchers decided if and how to best share the research with relevant audiences. These audiences could include the local refugee health coalition, health departments, other local agencies working with refugee communities, the local host community, the greater public (for example, via online sharing), other refugee women from Burma, or no one at all.

Step 6. PR Analysis

As stated above, due to language and literacy barriers as well as time limitations, it was not possible to include the refugee women in the final analysis and development of overarching themes. After the research group stopped meeting, the PR combined all the refugee women's agreed-upon codes with topics that emerged (a) within the field notes written by the PR and other student-facilitators, (b) within the interview transcripts of the interpreter and student-facilitators, and (c) from the PR's interpretations of the photographs taken and the artwork created throughout the research process. These combined codes/topics generated a list of sub-themes.

Due to the diversity of data sources, the PR used an *eclectic coding* framework when manually organizing and analyzing the qualitative data. Eclectic coding allows

researchers to trust their "first impressions" (Saldaña, 2016) when reviewing the data and creating initial codes, but assumes that researchers will then return to synthesize and recode the data into more unified themes. Eclectic coding is justified by Saldaña as follows:

> Eclectic coding is appropriate for virtually all qualitative studies, but particularly for beginning qualitative researchers learning how to code data, and studies with a wide variety of data forms (e.g., interview transcripts, field notes, journals, documents, diaries, correspondence, artifacts, video). Eclectic coding is also appropriate as an initial, exploratory technique with qualitative data; when a variety of processes or phenomena are to be discerned from the data; or when combined first cycle coding methods will serve the research study's questions and goals. (2016, p. 213)

In the current study, the "first impressions"/initial coding were determined in ongoing collaboration with the refugee women, the interpreter, the PR, and the other facilitators throughout the sessions. The re-coding and re-synthesis of the data into overarching themes was completed by the PR after the final group session. Unfortunately, these overarching themes were not shared with any other co-researchers due to study design limitations which will be discussed later.

Along with eclectic coding, the PR based her data analysis process on Kvale's (1996) qualitative interview coding, which follows five steps—condensation, categorization, narrative structuring, interpretation, and ad hoc methods. These steps seemed to compliment Saldaña's eclectic coding process in honoring the voices and experiences of study participants, although ad hoc methods were not completed to

satisfaction. Still, the PR was able to combine elements of both approaches into the steps summarized below.

1. *Condensation*: Condense all qualitative data—including photographs of participant artwork, photographs from sessions (taken by PR and student-facilitators), poster board writing, verbal responses from session discussions, transcripts from interpreter and student-facilitator interviews, and PR/student-facilitator field notes—into one document, organized by session.
2. *Categorization*: Read over compiled document to get PR 'first impressions' of the combined qualitative data, written out as notes/phrases in the margins of the document. Type up highlighted phrases by session, and write potential codes next to each phrase. Combine these PR-created process/reflections codes with the refugee women's codes created and member-checked during each session.
3. *Narrative structuring*: Use these divided codes/phrases to write up Results section by session/public narrative stage.
4. *Interpretation:* Review codes/phrases/sub-themes from all stages and synthesize into broader overarching themes that run through the entire intervention (See Table 5).
5. *Ad-hoc methods*: Engage in ad hoc methods as time allows, such as member checking and peer review with refugee women, interpreter, and student-facilitators.

Timeline

Table 2 depicts the overarching timeline of the art-based participatory action research process. Table 3 provides more detail by research session.

Table 2

Research Timeline by Step

Steps	Dates
Step 1. Establish setting and co-researchers.	Jan 2017
Step 2. Define the research question and develop plan of action.	February 2017
Step 3. Implement plan of action.	February-April 2017
Step 4. Analyze data collectively.	April 2017
Step 5. Reflect on project and decide on future directions of the group/research.	April 2017
Step 6. PR analysis	May-June 2017

Table 3

Session Information

Session	Date/Time	Attendees	Theme/RQ	Topic/Activity
1	1/22/17 6-8PM	YY, KT, TY, NPB, AM, EP, XX, Mu (Interpreter), all facilitators	RQ1: Story of Self	-Explanation of PAR through PowerPoint -"I am" bead activity
2	2/5/17 6-8PM	YY, KT, TY, NPB, Z, R, Mu, all facilitators	RQ1: Story of Self; Story of Us	-Explanation of PAR for new members -New members answered "I am" questions -Collective coding through symbols on poster board
3	2/19/17 6-8PM	YY, KT, TY, Z, R, Mu, all facilitators	RQ1: Story of Now	-PowerPoint of potential ideas -Verbal exploration of how to take the group to "the next level," (KT) and how to "make the Women's Group strong and stable." (TY)
4	3/5/17 6-8PM	YY, KT, Z, R, Mu, all facilitators	Art of the Pause	-Art-making and sharing re: topics of importance, especially importance of Women's Group

5	3/26/17 6-8PM	YY, KT, Z, R, Mu, all facilitators	RQ2: Story of Self	-Movement intro -Filled inner circle of bulls-eye w/ “inner strengths.”
6	4/2/17 6-8PM	YY, KT, TY, R, MA, Mu, all facilitators	RQ2: Story of Us	-Movement intro -Filled second ring of bulls-eye w/ painted handprints and discussed group strengths -Began discussion of group termination and next steps
7	4/23/17 6-8PM	YY, KT, TY, Z, R, Mu, all facilitators	RQ2: Story of Now	-Movement/scarf intro -Filled outer circle with decorations about moving forward/community strengths -Determined how to spend final group
8	4/30/17 6-8PM	YY, KT, TY, Z, R, MA, Mu, all facilitators	Graduation Ceremony and Data Analysis	-Celebratory feast -Analyzing and organizing photos from sessions -Sharing resources; defining next steps -Graduation ceremony

Trustworthiness

While this study was unable to fulfill ‘ideal’ PAR due to language, literacy, and timing limitations, it still attempted to engage in as many PAR principles as possible, most importantly, inviting refugee women to serve as co-researchers. In this co-researcher role, the refugee women helped determine the research questions that they wanted to address and how they wanted to address them. The women also helped decide how and what kind of data to collect and participated in the collective coding process. By collecting various types of data, from the viewpoints of numerous people, and engaging refugee women in collective coding, a level of triangulation was achieved. Finally,

ongoing member-checking was accomplished by engaging the refugee women in clarifying conversations at the beginning of every group session regarding ideas/topics that were arising throughout the research process.

Limitations

There were also various limitations to the implementation of this study. Some of these limitations included lack of appropriate interpretation at points (in particular for Rohingya group members); inadequate explanation of research process and therefore lack of comprehension by the refugee women; time limitations; imbalance of power between PR/student facilitators and the refugee women (for example, only the PR and student facilitators took pictures of the process, so that the documentation was from their perspectives, not from those of the women themselves) ; no specific demographic data was collected on the refugee women; and there was no formal follow-up with group participants after the final session which would have allowed the refugee women to weigh in on the final overarching themes of the project. These methodological limitations will be addressed in the concluding chapter.

CHAPTER 4

RESULTS

The following chapter describes the results of this research study, focusing on both the themes that emerged from analysis of the data collected, including the refugee women's words and artwork, the PR and student facilitators' written field notes and photographs, and follow-up interviews with the interpreter and co-facilitators, as well as an assessment of the participatory art-making prcess as an effective, action- and strengths-based approach for engaging refugee women. Results from each stage of the research process are presented according to the framework of the public narrative format—Story of Self, Story of Us, Story of Now—for both Research Questions #1 and #2. This format was chosen to reflect the flow of the narrative-based research process.

Within each section below, the PR first summarizes the activity of the designated group session in order to re-orient the reader to the process. Next, the topics that emerged within each session are discussed. These topics are delineated within each section by concepts determined by the refugee women during the group sessions, and then reflections and insights from the PR regarding the group process. All of these concepts/topics form the basis of the codes/sub-themes, which were member-checked along the way by the refugee women and facilitators. These sub-themes are further condensed by the PR into overarching themes, discussed and analyzed in Chapter 5.

Research Question #1 (RQ1): "*What are the issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and addressed within the greater community?"*

As stated in the Introduction, this question represents the initial research interest

of the refugee women from Burma in the the “Arts and Wellness” group, co-facilitated by ATI and UNC since early 2016. One of the women, KT, had expressed distress at the thought that host community members wrongly believed she was deaf when they met her out in public, because she had no way to communicate her thoughts, needs, or identity to them. While this was originally an individually-voiced concern, the other group members agreed that this topic was important to them as well.

It must be noted that the PR felt unsure if this question was truly relevant to the other women, or if they were simply respecting KT’s wishes because she was the eldest member of the research group. According to the refugee women and the interpreter, in various cultures from Burma, respect for elders is paramount within relationships. Despite these concerns, the PR trusted and honored the women’s wishes and provided a possible framework for researching their chosen question—art-based public narrative. A specific framework was chosen by the PR, because, as stated in the Method chapter, the interpreter had suggested that some kind of direction from the PR would help the women feel more comfortable with the research process, and this was an area in which she had expertise.

RQ1: Story of Self

Seven refugee women from Burma were present for the first research group: YY, KT, TY, NPB, AM, XX, and EP. Additionally, the five non-refugee White American female facilitators were present, along with the group interpreter, Mu.

The PR presented a brief PowerPoint about art-based public narrative to help explain the three-part framework [APPENDIX C], and also engaged the women in a sample process to explore “Stories of Self” using basic “I am” questions. In this initial

research activity, the PR presented the women with a series of open-ended statements beginning with "I am," "I hope," "I fear/I am worried," "I know," and "I love." She then asked the women to go around the circle and choose a colored bead that represented each of their answers, and to then drop the beads in a communal container after sharing their statement aloud. The bead activity was the first time in the official research process where the women were asked to share something personal about themselves, and have their responses recorded as data.

The "I Am" bead process provided a literal container for the women to share parts of their identities, their hopes, their fears and worries, what they felt confident in, and what they loved. As the women dropped self-chosen colorful beads—representing each statement—one by one into a communal container, they started creating and sharing the stories of themselves. They began to answer their own research question.

In order to honor the spirit of "self" stories, the women's direct verbal responses are shared below. These are immediately followed by a brief description of each participant by the PR. Group members' ages, contact information, and other demographic information—like religion or amount of time in the United States—were only collected if the women offered it on their own accord.

YY (Burmese). "I am an actor. I hope to be a doctor. I fear my mom will die, or get bit by a snake. I know that Donald Trump will make peace with the world and refugees. I love Burma, but sometimes we were scared, too. In Thailand, we have food to eat. In America, houses are expensive."

YY was the youngest consistent member of the group, in her early thirties. She had an array of serious physical and mental health issues that she openly discussed within

the group. Her mental health issues often made her appear younger than her biological age. Her mother was also a group member, and the mother-daughter dynamic was embedded into almost all of our group interactions. YY had a cheerful demeanor most of the time, laughing at her own jokes, and kidding around with the group facilitators. During some groups, she was aloof with headphones in, rarely interacting with others. Most times, she happily participated in the art-based processes and verbal discussions, but she seemed much more interested in interacting with the American facilitators than the other refugee women. She attended all eight research sessions.

KT (Burmese). "I am a grandma. I hope my daughter's wishes come true. I fear that the women's group will not continue. I know that my home costs $815. I love the women's group and the teachers."

KT, YY's mother, was the oldest member of our group, at 79 years old. She announced her age frequently, and seemed very proud of her role as the respected elder in our group. She was the most talkative member of our group throughout the entire research process and her words, "They think I am deaf. I am not deaf," inspired this study. She was also very excited about the art-based processes, and participated enthusiastically in every project. She cared about her daughter's health deeply, was consistently worried about her daughter's future, her family's financial situation, and the sustainability of the women's group, which she valued immensely. She attended all eight research sessions.

NPB (Burmese). "I am happy. I hope that the women's group will grow and continue to thrive in a good way. I am worried that I will get sick. I know that love is important. I love this world."

NPB was one of the younger refugee women in the group, in her early thirties. She had a young family, and only came to two of the initial sessions before dropping out (She had just had a new baby a few weeks prior to the group starting). At points, she appeared frustrated by how much the other refugee women spoke. She seemed to want to learn from the group facilitators more than listen to and collaborate with the other refugee women. When called by an interpreter halfway through the research process, she reported that she couldn't come on Sunday nights anymore due to her obligations at home with her children.

TY (Burmese). "I am a teacher. I hope to become a leader. I am worried about being a bad woman. I know general knowledge. I taught in Burma. I love my pupils."

TY was one of the oldest members of the group, in her late 60's. She had a previous friendship with KT, and sometimes the two women clashed in their opinions of how to proceed with the research study. She was well-educated in Burma, and she both took pride in the fact that she had extensive teaching experience in her home country, but was also disheartened by how difficult it appeared to be to learn English and return to a high professional status in her new host country. She had arrived in the United States only seven months prior to beginning the group. She attended six of the research sessions.

AM (Burmese). "I am a sister. I hope my sons will be educated people. I am worried my son will not finish school. I know all my family has peace. I love America."

AM was a middle-aged Burmese woman, who only attended the first research session. She was never able to be reached to find out why she stopped attending the group.

EP (Karen). "I am a friend. I hope my wishes come true. I am worried about

having a stroke. I wish for unity. I love everybody."

EP was the only Karen woman in the group. She was an older woman, appeared very shy, and rarely spoke without encouragement from the facilitators. She stated on more than one occasion that she felt guilty that the interpreter had to speak in two languages (Karen and Burmese) just to accommodate her. She only attended the first research session, although numerous attempts were made to reach out to her inviting her back.

XX (Burmese). "I am blessed. I hope all refugees get a good job with the new president. I am worried that if refugee people are not good, Trump will deport them back. If one refugee is bad, all will suffer. I know Donald Trump is good. I love everyone to love each other."

XX was in her thirties, and was friends with the group interpreter, Mu. She had come to the group with Mu to give it a try. She actively participated in the initial group, suggesting numerous ideas for the research process moving forward. This said, she never returned to the group after the first time. Mu said it was because she couldn't leave her two young children on Sunday nights.

Z and R (Rohingya). The following two women did not arrive until the second research group. At the beginning of the second group, the facilitators asked these women to introduce themselves. The 'public narrative' process was then reviewed, and other women in the group described the "I am" Story of Self process from the previous week. The facilitators next asked the new member to complete their own personal "I am" narratives before we reviewed all the self-stories for collective themes.

Z (Rohingya). "I am Z. At home, I want to cry. But I come to group and feel

better. I hope to see my kids. I fear I have two kids in trouble in Malaysia. I know…[silence].”

Z was in her early seventies. She had various physical health issues that made it difficult for her to attend some groups, but she still appeared committed to finishing the research process. She was very concerned with her son’s future, and also deeply missed her other children who still resided in Burma and Malaysia. While she appeared shy at first, and slightly resistant to participating in both verbal discussions and art-based experientials, she opened up greatly as the research process continued. She spoke Burmese and Rohingya, and was thus able and willing to interpret for R (see below) when the Rohingya phone interpretation failed. She attended 6 of the research sessions.

R (Rohingya). “I am R. I hope to be a millionaire. I am worried about my rent. I know it is $920 per month. I love everybody, and I want a job.”

R was a young mother of four children. She spoke Rohingya and Bengali, and was only able to understand and communicate verbally with other group members when Z was present. Despite this language barrier, she attended most of the research groups, and really appeared to open up and become more comfortable with the other group members and facilitators as the sessions went on. She was very concerned about her family’s wellbeing, especially their religious upbringing, their educational opportunities, and their financial stability. She attended 7 research sessions.

MA (Burmese). MA joined the research group later (Session 6). Because of this, she jumped into the process where we were, and did not participate in the “Story of Self” activity.

PR Summary of RQ1: Story of Self: Reflection on Process and Insights Gained

This initial research group and “Story of Self” process appeared to go relatively smoothly (See Figures 1-3). The refugee women seemed open to the art-based public narrative research process, and signed off on all necessary consent forms. They all shared parts of themselves with the group during the bead-dropping ‘I am’ poem activity. At the end of the session, they all reported that they would return for the following group. Sub-themes from this initial step are described below.

Politics. It is important to note that our first research group took place the week of the presidential inauguration. Maybe because of this, many “stories of self” included political statements about Donald Trump and his relationship to refugees.

Knowing. Interestingly, a few of the women seemed to interpret the “I know” statement more as “I want”, “I wish”, or “I hope”. The PR is unclear if there was a translation issue with that word, or if some of the women did not feel comfortable sharing what they knew or if they felt confident they knew something worth sharing.

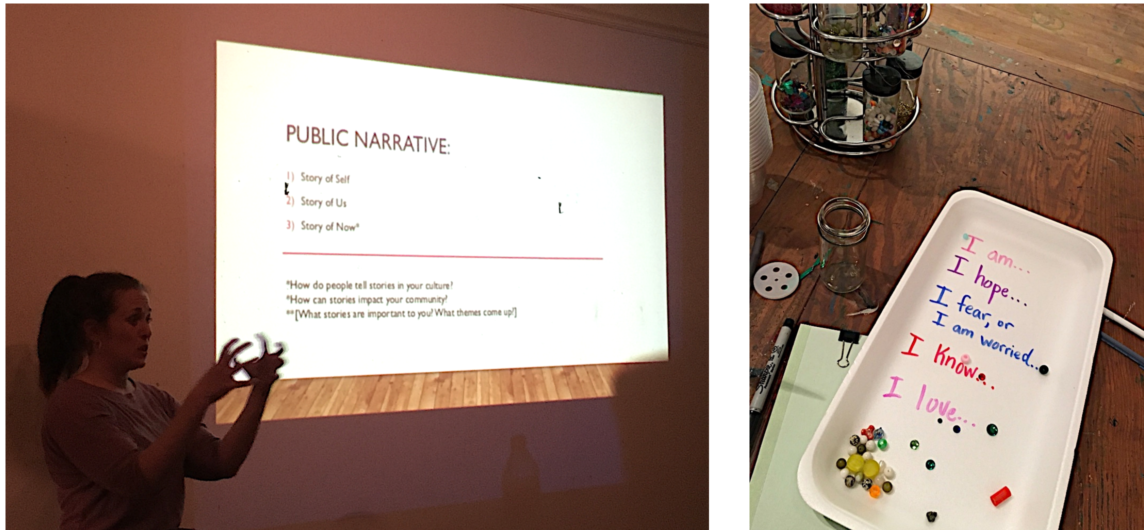
Open sharing. As the “Story of Self/I Am” activity seemed to be coming to a close, the PR attempted to bridge the women into the next “Story of Us” stage—by asking them: *Were there any common ideas you heard in people’s stories/statements?* While there were various communal ideas acknowledged—which will be detailed in the next section—KT responded by stating, “I noticed that all women in the group shared openly today.” She appeared proud and happy at this thought.

Next level action steps. At the end of the “Story of Self” activity, when the PR confirmed that the women were feeling good about moving forward with the research process and the “Story of Us” stage, KT chimed in again, “I will participate in this research, if we are able to move it to the next level.” When we asked her to clarify what

she meant, she replied, “I want to make sure we do something. I want this to be important. I want this to go beyond our group. I want this to be more than what we’ve done before.”

Personal strengths. KT’s request to take the group to the next level was accompanied by another more concrete request. She asked that the PR print out the words to a song she had heard a former intern sing in our “Arts and Wellness” group earlier that year. The chorus of the song—“Hands” by Jewel—had apparently impacted KT deeply. It reads: “My hands are small, I know. But they’re not yours—they are my own. And I will never be broken.” These poignant lyrics symbolized the concept of “personal strength.”

Isolation. KT also remembered the discussion that had accompanied the song lyrics when they were presented during the Arts and Wellness group months earlier. The discussion had revolved around what we can do with our own hands, and KT recalled learning that, even when she is alone, she can use her hands and arms to hug and comfort herself. The concept of isolation was revisited by Z later in the research group when she spoke about the loneliness and sadness she experienced when she was at home by herself.



Figures 1-3. 'Story of Self' (RQ1), and Discussing the Public Narrative Process

RQ1: Story of Us

The 'Story of Us' process for the initial research question flowed naturally from the 'Story of Self'. Before the second research group, the PR wrote up all of the "I am" poem answers on poster boards and hung them in the group space before the next meeting (Figure 4). At the beginning of the session, these answers were member-checked by reviewing and altering them as needed. The PR also asked the two new Rohingya women to add their own endings to the "I am" statements, so that everyone's individual thoughts were included on the poster boards before moving onto the collective coding

process.

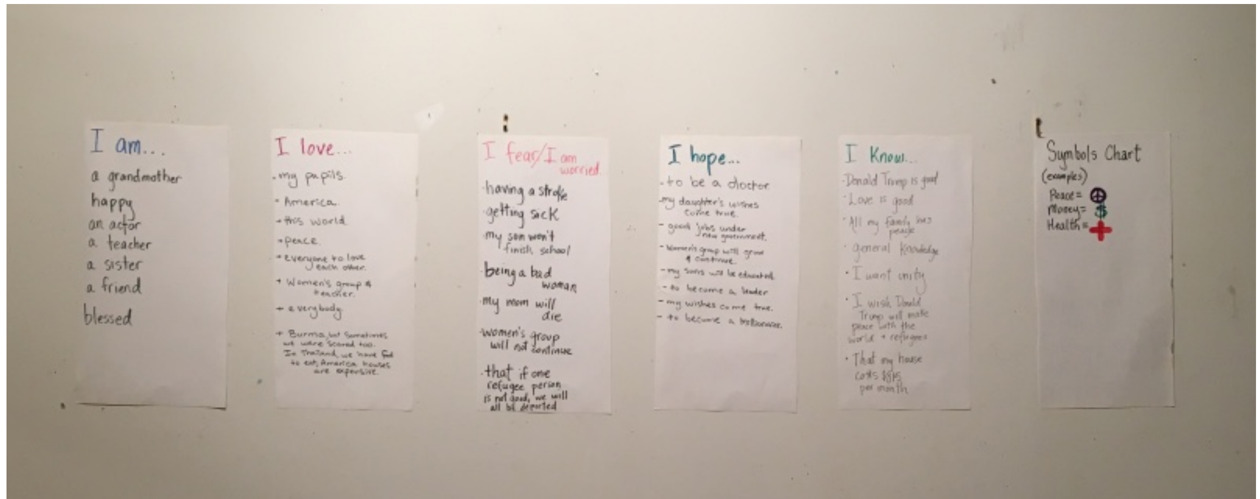


Figure 4. Individual “I Am” Poem Answers

In order to engage in collective coding with women who spoke different languages, we created symbols to accompany the concepts that reoccurred throughout the “I Am” poems that were identified and universally understood by the refugee women (Figure 5). The PR read all of the responses aloud, before encouraging the women to develop accompanying symbols to represent the concepts identified across the poems. The PR gave two examples —*financial issues*, signified by a dollar sign, and *health-related topics*, depicted by a red cross. The refugee women came up with the other collective themes—*love/peace*, *family*, *education/language acquisition*, *general refugee concerns, and the importance of the women’s group*—and determined representative symbols.

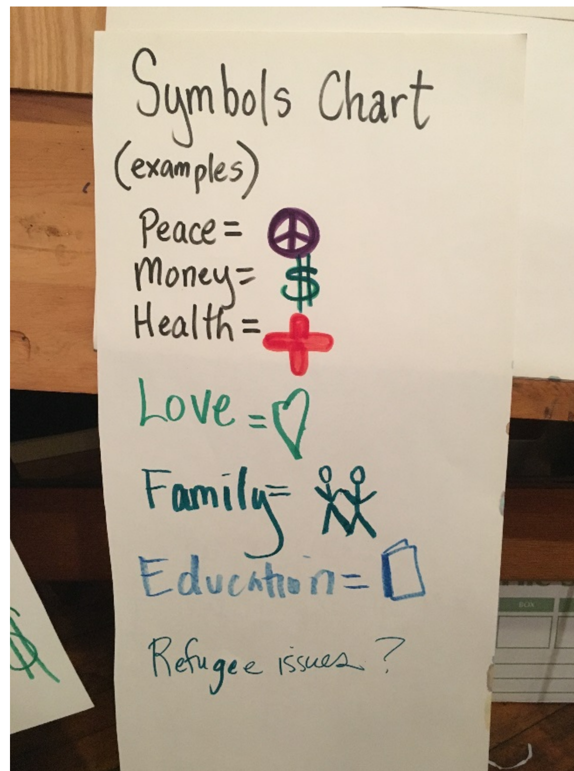


Figure 5. Collective/Symbolic Coding

The refugee women next took turns drawing the chosen symbols next to the appropriate words/topics (Figures 6-9). Once all of the "Story of Self" statements had been coded, we went back to make sure everything fit into the determined code, and if certain phrases on the posters did not fit, we added new codes to include them. Collective codes are shared below.

Financial issues (7 related items). R- "I need to find a job. My husband lost his job. My rent is so high."

Finances were a major concern for many of the women, who spoke openly about each of their rental costs, their health care costs, and their difficulties finding and maintaining jobs. A few of the women also joked about winning the lottery and becoming millionaires, as they saw this as a way to relieve their families' financial woes.

Health (4 related items). NPB: **"**I am worried that I will get sick."

Along with financial concerns, health was another factor addressed by many of the women. They expressed fears about family members getting sick, getting sick themselves, and the possibility of death for loved ones.

Love and peace (12 related items). XX: "I hope all refugees get a good job with the new president. I worry that if refugee people are not good, Trump will deport them back. If one refugee is bad, all will suffer. I know Donald Trump is good. I love everyone to love each other."

In spite of the numerous financial, health, and anti-newcomer concerns expressed, the most common themes were love and peace, mainly regarding love and peace for families, for host country, for home country, and for the people of the world in general. These statements seemed to take on more meaning in light of the recent presidential election and inauguration, and the anti-newcomer statements being made against refugees and immigrants.

Education (7 related items). TY: **"**I am a teacher. I hope to become a leader…I know general knowledge. I taught in Burma. I love my pupils."

Education was another common topic. For TY, it related to acknowledging her previous educational background. For others, dreams were expressed about their new opportunities for education, including ESL classes. Most of the women spoke about educational hopes for their children.

Language barriers/acquisition (3 related items). R: "My husband is telling me I have to get a job, but I don't know how. I can't speak English."

Language barriers were often linked with other collective themes like finances and education. Many of the women were hopeful about learning English, and also

concerned that their lack of English would prevent them from getting jobs and interacting with host community members.

Family (6 related items). Z**:** "I hope to see my kids. I have two kids in trouble in Malaysia."

Family was one of the primary topics discussed in the "Story of Self" activity, demonstrating how family was an integral part of each woman's identity. The women discussed dreams for their families, as well as concerns about their health, wellbeing, and future prospects.

Refugee-specific issues (5 related items). YY: **"**I love Burma, but sometimes we were scared, too. In Thailand, we have food to eat. In America, houses are expensive."

Various topics were categorized under "refugee issues." These topics related to both painful and positive memories from home countries, thoughts about the migration process and/or the refugee camps, and diverse acculturation issues the women now faced in the United States.

Importance of Women's Group (5 related items). KT: "I feel hopeless, helpless. At first, I thought I would give up, but I reached out to women here and found support and changed my plan to get passport and leave America."

A final idea that arose through this process of collective coding was the importance of this group in the refugee women's lives. At least four women spoke about the value of the group in their lives. Both the Rohingya women, in particular, spoke about how they had never had a communal group of women to talk to before, and that they often felt isolated at home. R spoke about how she had feared for her life in Burma, and was too scared to leave the house. She said she appreciated being able to leave her house

safely now, and talk to other women about various issues. Similarly, Z said that she often stayed home and cried, but coming to the women's group helped her feel better. These insights were of critical importance to the research process, reinforcing the selection of the second research question, which examined how to ensure the group remained strong and stable.

PR Summary of RQ1: Story of Us: Reflecting on the Process and Insights Gained

Food. Food was very important to the group dynamic. Each week various group members—including the refugee women, the interpreter, the PR, and the student facilitators—brought in something to share. While this practice was not required or even asked of the refugee women, they seemed to take pride in contributing something to the group process in this way. The first 20-30 minutes of each session were spent sharing food, re-introducing ourselves to one another, and chatting about random topics, before diving into the specific topic or activity for that particular session.

Some of the food was cross-cultural—such as some fruits, nuts, tea, and vegetables. Some of the food came from Southeast Asia, such as spicy noodle dishes, or traditional Burmese candy. And some of the food seemed strictly Southern American—like fried chicken and biscuits, which were purchased at fast food restaurants by Mu, the Burmese interpreter.

Interpretation issues. While Mu was able to translate into Burmese and Karen fluently from English, she did not speak Rohingya. Because of this, and because we could not locate an in-person Rohingya interpreter, we contracted with a phone agency to provide Rohingya interpretation. This was a complicated process, as Mu had to hold the phone up to her mouth, and then we had to pass the phone to R, our only-Rohingya-

speaking group member. This process then had to be reversed when R wanted to contribute anything.

It was only *after* this trial phone interpretation session that R—via Z—informed the faciliators that the interpreter had spoken a different Rohinga dialect than R, and it was difficult for them to communicate. R had not told Z or the facilitators about this issue during the session, and the phone interpreter had not mentioned these communication barriers.

Because of these limitations, Z translated from Burmese into Rohingya from that point forward. This led to other concerns, such as how the role change impacted Z's personal experiences of the group, including focusing on her own process instead of R's. The situation also highlighted the problems with using informal interpretation. For example, at points, Z would forget to translate the English or Burmese interactions into Rohingya, and, many times, her translated sentences appeared much shorter than the original messages being shared. Additionally, we had no way of knowing Z's levels of proficiency in both Burmese and Rohingya. Formal interpreters, in contrast, are trained to translate word-for-word if possible and often have to take language aptitude tests.

Despite these challenges, there were also benefits to the situation. For example, it felt more natural for R to converse with Z as her in-person interpreter, instead of struggling to understand and getting frustrated with the phone interpreter. This arrangement also seemed to solidify a bond between R and Z, and gave Z a leadership role in the group. This was especially important as Z had previously shied away from sharing a lot verbally, stating that she uneducated and didn't have anything important to contribute to the conversation.

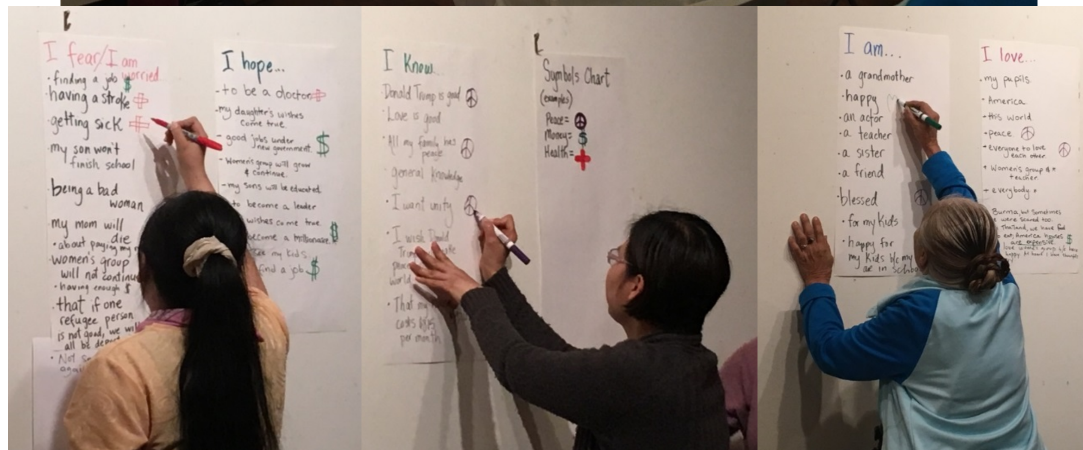
Basic needs. It was clear from the women's verbal responses that meeting basic needs for their families—including housing, education, religious needs, and financial needs—was paramount to any other concerns shared.

Group dynamics and timing concerns. The PR and other facilitators perceived some frustration amongst group members regarding how long the collaborative coding process took. R appeared to become bored, since it was difficult for her to understand the Rohingya interpreter, and she ended up showing pictures of her kids on her phone to one of the facilitators. Another group member sighed when KT and Z (the oldest members of the group) spoke for lengthy amounts of time.

Roles, power dynamics, and trust. Finally, there was continued discussion around the role of "teacher." Although the PR and other facilitators kept emphasizing that in this kind of research—PAR—everyone was a teacher *and* a student, the refugee women kept referring to the facilitators as teachers, an issue discussed in detail later. Additionally, these inherent power dynamics were also depicted when the PR reviewed the consent form with the two new Rohingya women. Although the PR emphasized that they did not have to sign the form, and could still participate in the group without us collecting data on them, they both signed it. Z stated, "Whatever you want us to do, teacher. You make our lives better, so we will do anything you ask." R signed it, stating that she knew we had previously worked with her kids in our school-based art therapy groups, so she trusted us.

Importantly, when the PR explained the reason behind gathering data—"We take pictures and write down your words, so that we can remember what happened in the group," Z followed up by saying, "Yes, yes. We need to gather everything together to

have it make sense." This seemed to imply the Rohingya women understood what they were signing.



Figures 6-9. **'**Story of Us' (RQ1), Collaborative Coding

RQ1: Story of Now

In the 'Story of Now' stage, the refugee women were asked what they wanted to *do* with the collective codes they had created. In order to provide a jumping off point for action steps—again, as suggested by the interpreter—the PR showed the women various arts- and non-arts based actions they could take to bring their narratives "to the next level" (Figures 10-11, APPENDIX C). The PR reminded the women that these were just

ideas, and they could choose to do something completely different. The PR also reminded the women that they could also choose *not* to do anything with their data beyond the group.

Figures 10-11. 'Story of Now' (RQ1), Potential Action Steps

Cultural context. In order to make sure that the women's cultures and voices were honored in the space, the facilitators asked the women to share how and why stories were conveyed in their own cultures. The women spoke about how stories were often shared in religious contexts, via religious texts and respected religious leaders. They shared that stories were sometimes told on television programs. They addressed how parents told stories to children to teach them values, and how elders were normally the ones who shared moral and ethical tales.

Action steps. The facilitators and the PR made sure to incorporate these cultural values and norms when discussing potential next action steps. Table 4 shows the potential action steps presented by the PR, followed by the number of women who were interested in each action.

Table 4

Suggested Action Steps and Number of Women Interested

Action Step	# of Women
Creating a public mural about collective themes	1
Writing and/or performing a song about collective themes	2
Creating and/or performing a dance about collective themes	1
Putting on public art show of work reflecting collective themes	2
Making a book about stories/collective themes	3
Making a short film about stories/collective themes	1
Hosting dinner party for community members where we could share stories/thoughts on collective themes	6[a]
Putting stories/artwork/ideas on a website or blog	5
Meet with local politicians to tell them our stories/ideas about concerns, hopes, collective themes	5

[a]All women in this session indicated interest in this step.

Clarifying the action steps. Before moving on with the suggested project, the facilitators confirmed the top three action steps desired by the women: hosting a community-based dinner party; putting stories onto a collective blog post/website; and inviting politicians to hear/see their stories. The facilitators next asked clarifying questions about what each of these steps might look like in reality. For instance, for the community dinner, facilitators asked: *What would that look like to you? Who would be there? What would happen at the dinner? Who would cook? What kind of food? Where would you like it to be?* For the internet/blog post: *What does this mean to you? What would you want us to put on the internet? What would that process look like?* And finally, for the 'politicians' idea: *Why do we want to do this? What would we want to share with them? What would we want to ask them?*

After thinking through these questions, the women seemed to settle on the following action step: We could hold a dinner party for community members and local politicians, where we could share our food, artwork, and stories and then invite host community members to do the same. This party would then be documented via photographs and writing, and posted on a blog or website for a wider audience to view.

PR Summary of RQ1, Story of Now: A Major Shift

An unexpected shift occurred in regards to the refugee women's focus at the end of the 'Story of Now' discussion which affected the next steps in the research. Instead of focusing the research action steps outward (towards host community members, politicians, and blogpost readers, as stated above), the women suddenly appeared urgent to re-focus their action efforts internally. To comprehend this change in thinking, the PR asked the women if they still wanted to share their stories and ideas with others. The women nodded their heads Yes, but when the PR clarified who the "others" referred to, the women all replied, "other women from Burma."

Specifically, the women seemed concerned with keeping the group going, and anxious about the possibility of it ending in April. TY stated, "I want the women's group to be strong and stable." This was a pivotal statement, as it eventually inspired the re-focusing of the research project.

The facilitators discovered during this session that some women appeared to think the group was ending in the Spring because not enough refugee women were participating. KT spoke to how she had tried to recruit more women to come to the group, but no one new was able to attend at the scheduled time. KT also spoke to the PR and the student facilitators candidly, "We know you all are very busy students. We know you

don't have time for the women's group. It's okay. We understand." Although the facilitators explained the school semester schedule various times and assured the women that this had nothing to do with group attendance issues, the women still seemed very agitated by the idea of the group ending. It was during this discussion that we paused to consider if we needed a new action plan, and/or a new research question entirely.

Trusting the process. At this point in the process, the PR began to become worried that the research process was not moving forward quickly enough and still appeared amorphous. The PR addressed her fears with her co-facilitators after the third women's group. Responses from the two Lesley Expressive Therapies students reminded the PR to trust the process: "Don't worry Hillary… This is the point of participatory research--you have to go at everyone's pace in order to reach a common ground." And also, "Hi Hillary…You are kind of trekking the unknown and it is hard—maybe that is a testament to how 'needed' it is in the field?" The two Lesley interns also felt that starting with art-making in the following group would help clarify the research question.

Interpreter check-in. After the third research session, the PR also asked for a check-in with the group interpreter, to gauge her reactions to the research process thus far. Specifically, the PR focused her check-in questions around cultural issues and the women's understanding of and interest in the research process.

Cultural issues. While the PR was concerned that intercultural issues between the Burmese, Rohingya, and Karen women were impacting the research process, the interpreter felt that everyone was actually getting along well. Interestingly, the interpreter, a Burmese refugee woman herself, attributed the dropping out of the Karen woman as a motivational issue: "Burmese people are looking for help, ways to looking to

get their life better…Karen people, you have to go get them- They don't show up on their own." The PR was taken aback by this statement, as the interpreter had never appeared—from the PR's White American, limited perspective—to show this cultural bias during the group process.

The interpreter also spoke to a cultural concern regarding politeness and honesty. She shared that she wasn't sure if the women would be able to share complaints about the group, unless the facilitators specifically asked them to do so, such as, "What is working for you in this research process? And what do you think would help make it better?" Even the hesitant way the interpreter shared this information seemed to prove her point, "I apologize for saying this, Ms. Hillary, but I don't know if the women are being honest."

Finally, the interpreter addressed the cultural respect for elders, and said it was completely normal for the women to defer to the eldest in the group, KT. She also shared that some of the women's hesitancy to speak might be stemming from the research process being too broad and non-directional up to this point.

The interpreter suggested that the initial research goal of sharing a range of art-based narratives with the greater public might have been too expansive a concept for the refugee women to understand. She stated that a new research idea, focused around the women's group, might offer clarity and purpose to the research process. She also shared how the women taking more ownership over the research question might increase the chances of stronger female networks in the future:

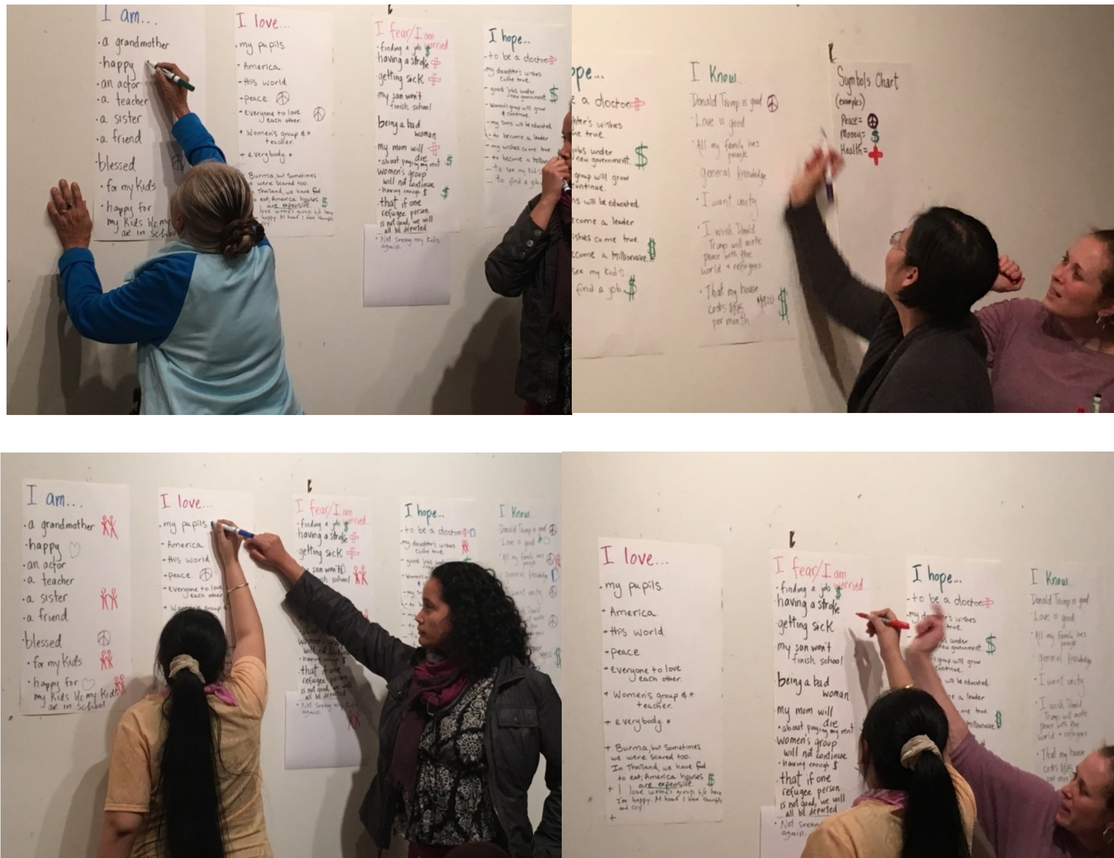
> I think if we invite in speakers about mental health and other things, women might come one time, and if they don't get what they need in that one time, they

might not come back. But if women in our group invite in other women, and they share what's important about the group, the other women might come back or join another group like this.

Ownership and engagement. The interpreter's statement sheds light on issues of ownership of and engagement in the research process. Looking at the field notes, observational data, and photographic data from early in the process, it is clear that the first three sessions were completely led by the PR and the facilitators, and even when the refugee women were asked to participate in collaborative coding, it was under the watchful eyes and direction of the non-refugee facilitators (Figures 12-15). During these sessions, the photographs reveal that many of the refugee women observing the collaborative coding appear disinterested or confused (Figures 16-17). In one photograph (Figure 18) the PR even appears to be yelling to get the group's attention! This evidence suggests that the refugee women were obliging the PR and student facilitators as "teachers" but not invested in the process for themselves.

Inter-agency dynamics. It was also around this time that various inter-agency dynamics between UNC and ATI arose. First, there were difficult discussions about the importance of having consistent Rohingya interpretation, and the question of which agency would pay for this. Next, the UNC team of interns and their university supervisor were concerned about switching the research question since UNC's involvement in this group was going to end in April. They were uncertain how the research question, "How can we make this women's group strong and stable?" would be practical to explore if the group had a predetermined end date, which correlated with the UNC students' graduation date.

Importantly, these challenges and uncertainties helped move the research project forward, as they forced everyone to put the needs and desires of the refugee women at the center of the process, redouble our efforts to reconcile these needs with the abbreviated research timeline, and explore how to identify others who could help meet those needs after the formal research process ended in April.



Figures 12-15. Watchful Eyes

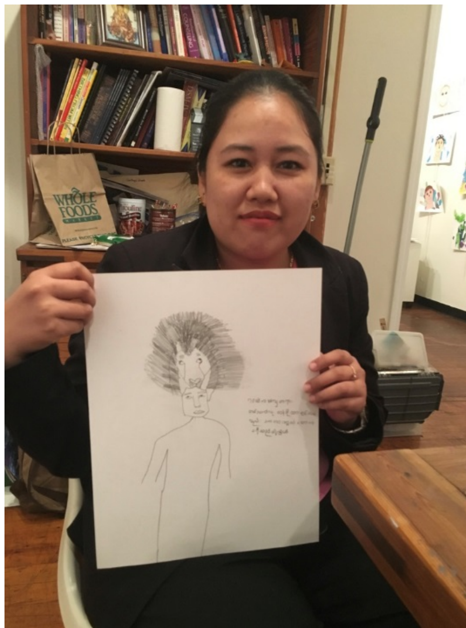
Figures 16-17. Disinterest

Figure 18. PR Trying to Get Everyone's Attention

The Art of the Pause

After reviewing data from the first three group sessions and completing the informal check-ins with the interpreter and the student facilitators, the PR felt a pause in the conversation might help clarify the women's needs and desires regarding the research project. This pause came in the form of art making. During Session 4, the facilitators

provided various art materials to the women—including paint, markers, pastels, collage materials, and clay—and suggested an optional directive that was meant to ground everyone and return us to the basic point of the research: *What is important to you?* (Figures 19-20). Everyone present participated in this art making process, including the refugee women, the interpreter, the student facilitators, and the PR. This was the first time we had all engaged in true art-making together.



Figures 19-20. Collages and Drawings Answering, "What is Important to You?"

Art-generated Topics

Various concepts of importance to the women came out through the art-making process in response to the re-grounding question, "What is important to you?" Some of the same topics arose as in the first public narrative process, including (a) mental and physical health stressors, (b) language barriers and the desire to learn English, and (c) the importance of family. Some new ideas were depicted as well, including nature, human nature, strength, and impermanence. The representative quotes shared below come from

both the refugee women and the group facilitators. At this point in the research process, all were creating artwork and sharing meaning as equal members of the group.

Nature. "I love being in nature" (Mu), and "These branches reach to other trees. These roots keep us strong, even in the storm. Our trees have inner lights" (L, facilitator)

Human nature. "When I drew this image, I thought about primitive people—how everyone in the beginning of the world was the same. No God, no education, but still had universal prayer and honesty" (YY).

Strength. "We can lean on each other for support, but also be strong by ourselves. We can find ways to carry on forward separately and together" (N, facilitator).

Impermanence. "The beauty in the heart, I want to keep it forever. But we all just meet in passing," (YY) and "Mine is a picture of women at the center of a flower. I made a flower, because it's something we have all over the world, and it is beautiful. And flowers die, and then are born again. Just like our connections- part of them might die, but part of them will re-grow into something else new and beautiful" (H, PR).

PR Summary of the Art of the Pause: Reflections on the Process and Insights Gained

The PR observed various behaviors and noted areas of interest that did not come out fully in the co-researchers' verbal descriptions of the art-making process. These observations were recorded in her field notes.

Comfort levels. First, the PR noted that all of the women in the 4th research session seemed more comfortable than usual. There were fewer women present than usual, due to changing work schedules, and caretaking responsibilities at home. Only four women were able to attend this session: YY and KT, the Burmese mother and daughter,

and R and Z, the two Rohingya members of the group. The Rohingya women were more talkative than ever, sharing painful stories from their past, but also joking around with each other and other group members.

Basic needs. The shifts in comfort levels and demeanor might have been due to the women's basic needs being met. R relayed early in the session that her husband had finally found a job, and her children were now settled into appropriate schools. She appeared calmer and happier, and Z seemed encouraged by this shift in her young friend, patting and squeezing R's hand as she spoke about these positive changes in her family situation.

Education. Many of the women spoke about education, or alluded to this idea in some way. While education had been addressed in past sessions, all of the women commented on it today. R spoke at length about her excitement over all of her children being placed into appropriate public schools, and how they were learning to respect and listen to her. She continued, "In Burma, we couldn't send our kids to school. They would get hurt by other students. Here we can. Here it is safe."

KT spoke about teaching in the camps in Thailand, something she had never shared before, and her daughter, YY, stated that she liked coming to this group "as a child—ready to listen and learn." While YY seemed happy to be in a learner role, this same role appeared to embarrass Z, who spoke candidly for the first time in the group: "I'm embarrassed to come here and talk. I'm uneducated and I don't know what to say. I'm ashamed, so I keep my mouth shut." The facilitators assured her that every voice was respected and valued equally in the group, regardless of the level of formal education completed. The facilitators also reminded Z that she was essential to the group, as she

was the only person who could act as an interpreter to R. Z smiled and nodded after that comment and patted R's hand again.

Additionally, many of the group facilitators commented on how much they were learning from the refugee group members. They spoke about enjoying learning about the country of Burma, and some of the words from the Burmese, Karen, and Rohingya languages. A few spoke about how they appreciated how we all learned from one another.

Shifts in Ownership and Leadership. As shared above, something appeared to shift during this group in regards to who were the 'teachers' and who were the 'students'. This session was the first time when the refugee women, the interpreter, and the facilitators all participated at the same level, creating artwork together within the group space, and sharing our words with one another (Figure 21). It was clear that the refugee women enjoyed seeing the artwork of the facilitators, and hearing what was important to them. Additionally, one of the student facilitators specifically asked the refugee women how to say "Thank you" in their languages. She wrote down these words, and struggled to pronounce them. The refugee women laughed and hugged her, seeming to enjoy this new (and unforced) teacher role.

Figure 21. Making and Sharing Our Art Together

Context Setting: The Case for Stability

Important to note, the day before the fourth research group, the PR spoke on a community-wide panel on refugee issues in Orange County. While the panel included two teachers, a therapist, a doctor, a lawyer, and two police officers, the audience questions at the end of the panel discussion were only directed towards the last three panelists. Every question focused around who was eligible for entry into the US, and who was currently at risk for deportation. The fear in the room was palpable. Attending this panel brought home to the PR how the political climate and clamp down on immigrants and refugees in the U.S. might be affecting our research and engagement with local refugee women. It also reinforced the importance of the new direction the women were interested in taking the research, wanting to refocus their action steps on how to keep the group strong and stable.

Research Question #2 (RQ2):
"How can we make the women's group strong and stable?"

Thus, following the needs and desires of the refugee women, the group embarked on a secondary research question: "How can we make the women's group strong and stable?" As previously stated, a problematic factor was that everyone knew the current iteration of the women's group could not continue; hence, we had to adapt the research question slightly to allow for new possibilities to emerge throughout and after the research process. To do this, we followed the same art-based public narrative process as used earlier in the research period, but this time, we examined the new ideas of strength and stability as related to ourselves, our group, and our greater society. The following sections describe the most salient results from this three part-process, as depicted via artwork, photographs, field notes, and direct statements from group members.

A large piece of fabric was chosen as the base of the project, because the women had previously demonstrated familiarity with and interest in this medium. A bulls-eye shape was drawn (Figure 22) because it reflected the concept of social atoms and ecological models implemented in other research studies with refugees (Guruge & Khanlou, 2004; Williams, 2010; Yohani, 2008). This three-sectioned bulls-eye also aligned nicely with the three-part public narrative process, whereas the overall circular shape seemed to represent our group process in various ways.

Figure 22. A Student-facilitator Helps Outline a Bulls-eye on the Fabric

RQ2: Story of Self, Inner Strength and Stability

The same four refugee women were present for the fifth research session: YY, KT, R, and Z. As in all previous sessions, we began the group by sharing food with one another, and going around the circle sharing news from the previous weeks. Many of the women reiterated how important the women's group was to them, others spoke about family members and ongoing endeavors to learn English. One of the group facilitators also introduced another art-based component to the check-in, encouraging the women to demonstrate a movement representing how they feel. All of the women participated in this body-based activity.

After a quick reminder from one of the UNC facilitators about the group terminating in two months, R asked, "When you leave, who do we ask for help?" This question led into our first art-making process around the new research question. The group facilitators acknowledged the importance of R's statement and validated and normalized the fear and uncertainty that seemed to be present in the question. They

assured R that her question would be addressed through the research process. The facilitators next reviewed the new research question with the women.

Upon receiving confirmation that this was their new chosen research focus, the PR asked the women if they would feel comfortable exploring this question through a similar art-based public narrative process, starting with an experiential surrounding "inner strength and stability." One of the other facilitators read a short meditation on inner strength, which was then translated by Mu. After this brief reading, various art materials were placed in front of the women and they were asked to use these media to create an image in the center circle of the large fabric bullseye to represent personal inner strength and stability (Figures 23-25). The following statements and images depict the thematic results of this process.

Connections to nature and home. KT's artwork focused around her connections to nature and Burma. She collaged fabric, beads, and feathers onto the communal fabric to represent clouds and trees, universal natural objects that helped her feel closer to her country of origin. She stated, "When I stay home, and the lights are turned off, I feel alone. Then I open the blinds, and look at the sky, and see the clouds, and I feel like I'm closer to Burma."

Posttraumatic growth. KT also spoke to why the different weather patterns she created from the art materials were important to her life, a potential metaphor for posttraumatic growth: "I made clouds and rain. We need all the seasons and weather so the flowers can bloom."

Family. Both R and Z created art about their families, who they said provided them with strength and stability. Z spoke about how her son supported her emotionally

and financially, and helped care for her health. Because she was unable to draw a picture of him herself, she asked one of the facilitators to draw it for her. R also spoke about how her family, especially her children, gave her inner strength. She found small plastic birds of different sizes, and glued them to the fabric, saying they were a mama and baby birds.

Music and voice. YY seemed uninterested in the visual art-making component of the group session; however, she appeared happy to sing Burmese songs in the corner of the room throughout the session as the other women quietly added visual symbols to the communal cloth. All of the refugee women and the facilitators told her that she had a beautiful voice, and that this was one of her strengths. At the end of the group, she drew a small bird in the middle of the fabric with notes coming out of its mouth.

Figures 23-25. Creating and Sharing about Inner Strengths

PR Summary of RQ2: Story of Self: Reflections on the Process and Insights Gained

Beyond the individual concepts/ideas verbalized and depicted by the women during this part of the research process, the PR and group facilitators noticed other important issues arise.

Caretaking. First, as in many other groups, the women brought in food to share with the group facilitators. This time, the women acted in a more caretaker/motherly way, handing heaping platters of homemade Burmese food to the facilitators and making motions encouraging them to eat. This "maternal" role was also exemplified when all of the women stated they were praying for the UNC and Lesley students every night in hopes that they would graduate and be successful in their future careers.

Comfort levels. Comfort levels seemed increased for many of the group members during this session. All of the women chatted with one another in Rohingya and Burmese for long periods of time, without ever addressing the facilitators or needing the interpreter. This increased comfort was also demonstrated through the art-based portions of the session. For instance, R—who in previous groups had seemed shy and removed from other group members due to her language barrier—came to life during the introductory "movement" portion of the group. She was the only woman who stood up for her movement. She stated that she liked to do yoga and stretches for her health at home, but felt embarrassed when other people watched her do these movements. Interestingly, she had no problem showing her stretches and dance moves to the rest of the group members, suggesting that we were not "others."

Everyone participated in the art-making portion of this session, even if they needed to ask for physical help from the facilitators or interpreter. As stated above, YY, who did not engage much in visual art-making, seemed to feel comfortable sharing her

musical talents with all of us. Interestingly, three facilitators (including the PR) wrote the word "silly" in their field notes for this session, pertaining to the amount of talking and laughing between the women, the expressive movements, and the face-making and singing. This "silliness" definitely appeared to denote increased comfort between everyone (Figures 26-27).

Figures 26-27. Sharing Dance Moves and Acting Silly

Community building. Along with the apparent increase in comfort levels was an increasing sense of community among the women. This was demonstrated in various ways. First, the facilitators had to gently “redirect” the women numerous times during today’s group because they were chatting so much with each other. Mu wasn’t translating this conversation, sharing with the facilitators, “They are all just helping each other figure things out.” Once, when the PR jumped into their conversation to ask what they were talking about, KT laughed, “We cannot be quiet! We are like popcorn, Pop, Pop!—Always talking!”

R also announced that she had gone over to KT and YY’s house earlier in the day to ask if group was happening that evening, even though they do not speak the same language. This is especially important to note because R had previously shared that she rarely left her house or initiated speaking to other people outside of the Rohingya community.

Community building was reflected in the art-making process as well. For the first time, the women all worked cooperatively within the same space—the center of the fabric circle. They appeared to enjoy this collective process, and even though the directive centered around inner strength and stability, it was clear that the strength of the group was present the entire time. The refugee women also seemed much more comfortable with the group facilitators. All of the field notes and photographs depict the women interacting more with the facilitators, asking them to help them with the artistic process, squeezing their hands, patting them on the back, posing for silly photos unprompted, and saying they would pray for their future success.

The expressive arts as catalyst for conversation. This research session was also the first time when the art-making process seemed to inspire further non-directed conversation about the women's lives. For instance, the movement-based introductory activity opened up the conversation to discussions of *physical pain* (i.e. "I cannot move, my back hurts too much"), *elder issues* (i.e. "I am too old to do yoga, but I try!"), *financial concerns* (i.e. "Medical bills are too hard to handle when you are old, so I don't go to doctor"), *social isolation* (i.e. "I often feel alone in my house") and *depression* (i.e. "I hurt in the morning. I don't want to get out of bed all day").

Interestingly, while all of the women said something negative about movement and their bodies, they all participated in the activity and stated that they enjoyed it. This trajectory mirrored the visual art-making process as well, where many women originally shied away, saying they were not artists, but then eventually joined in and enjoyed the process.

Importance of Women's Group. Finally, the importance of the women's group was a topic that was revisited a lot during this group, at the women's choosing. This was demonstrated through the women's actions that showed ongoing commitment to the group (consistent attendance, bringing in snacks for everyone, participating enthusiastically in all the artistic processes). Z even stated that she had waited outside for her ride to the group for 45 minutes, and when she needed to go back into her house to use the bathroom, she ran both ways, peering out the bathroom window the entire time to make sure she didn't miss her transportation! All of the women laughed at this story and shared that they would have done the same. This narrative was especially poignant coming from Z, who had physical difficulty walking, let alone running.

The women's love of the group was also demonstrated through their obvious anxiety about the group ending. They asked numerous times about the dates of the final sessions, and what would happen at the end of the group (i.e. "When you leave, who do we ask for help?"). They kept sharing statements about the group at random times throughout the session. For example, from YY: "When I come to women's group with my mom, I'm so happy." KT, who shared that she had again tried to recruit other women to join our group, stated, "I arrived here five years ago, and I thought I'd never have fun again. But now I come to women's group, meet people and have fun!" This research session ended with the facilitators assuring the women that the final three sessions would focus around the transferrable strengths of the group, and the strengths currently present in the outside community. We agreed that we would use the art-based research process to explore what resources we could turn to once this particular women's group had to end.

RQ2: Story of Us, Group Strength and Stability

Five refugee women were present for the 'Story of Us' research group: YY, KT, TY, R, and a new member, MA, who KT had recruited to join the group. All of the facilitators and Mu were also present. This session focused on filling the second ring on the fabric bulls-eye with printed hands to represent the strength and stability of the women's group (Figures 28-29). The facilitators suggested this directive to the refugee women in order to introduce a new, more fluid art material—paint—into the group process. This fluid material could represent movement away from the self-contained materials of the first session/center of the bulls-eye, and towards others. This art process also sought to increase group rapport and trust by asking the women to help paint each other's hands—an act that highlighted the strengths of the group.

Figures 28-29. Handprints

Before starting on this new art-based experiential, the facilitators welcomed the refugee women and asked them to introduce themselves and 'pass a movement' around the circle. The new member, MA, was welcomed into the group, and KT quickly filled her in on the research process thus far. The PR explained that if she wanted to formally participate in the research from this point forward, she would be able to sign a release

form at the end of the session. One of the UNC facilitators next reviewed the previous session's "inner strength and stability" findings with the women and asked them to briefly re-share these inner-circle statements and artistic images with the new group member. This process acted as a form of member-checking for the 'Story of Self' findings, before proceeding onto the next research step.

Next, the facilitators introduced the idea of handprints as a way of artistically representing group membership and the 'Story of Us'. Together, all the women in the group (facilitators and interpreter included) helped one another paint hands and print them on the second ring of the canvas (After this process, the facilitators asked each woman to point to her handprint(s) on the canvas and verbally share what aspects of the women's group had made it strong and stable.

Diversity. One of the themes that arose was that of diversity within the group, and how this appeared to make the group stronger. When we asked the women what they saw in the handprints, KT spoke first: "I see dogs, cats, birds, open wings, all pretty, like the women's group." The women then spoke about other specific realms of diversity within the group including religion, age and language.

Religion. Some of the women had referenced religion in past sessions as something that kept them personally grounded. In this session, some of the women related this theme to the group process as well. TY stated, "Every religion teaches us to do good things because of karma—it's how we got here. Loving each other, working together." MA agreed, sharing that it didn't matter what religious group the women were a part of, "Buddhist community, other churches, Burmese communities. Doesn't matter if

they are Karen or Muslim. It doesn't matter!" TY concurred, "Nothing is different. They love us, we love them."

Aging and multigenerational relationships. Another issue that seemed to strengthen and stabilize the group was the varied ages of the group members. TY, one of the oldest members of the group, spoke to how the women's group impacted elders, "We feel warm, pleased, happy. Especially when you're older, it's important to have a place to have peace and fun, and that is here." YY, the youngest refugee woman in the group, next spoke to the intergenerational relationships she saw through the painted hands:

> I see…young kids holding hands with each other, protecting each other. A peaceful place. Young people should protect old people. We will all get old and die, but new generations will keep coming. Older people need to transfer their wisdom about how to protect the world.

The act of painting her mother's hand seemed especially poignant for YY, who often spoke about how her mother did everything for her (Figure 30). Finally, TY spoke about the strength and respect associated with being a community elder, "In English class, there are two older people. The teacher asks us the questions first. My teacher is only 23-years-old!"

Figure 30. YY Paints her Mother's Hand

Language and citizenship. As demonstrated by TY's statement above, the idea of language continued to arise within this segment of the research. Like TY, MA also linked language acquisition—and citizenship classes—to aging, stating, "I've tried for eight years to learn English. I'm still trying to complete my citizenship classes, but I can't remember things." TY agreed with the difficulties associated with learning English: "Me and my husband work, so it's hard to take classes." Despite these barriers, all of the women seemed to agree that learning English and becoming a citizen would make their lives more stable. KT was intent on getting a certificate of completion for the women's group: "For the citizenship test, I had to tell them where I came to group. Can I get a certificate of participation? They want to know what I do in the community."

R was unable to verbally communicate fully in today's group because Z was not present to interpret for her. This said, she exclaimed, "Hello!" in English at the beginning of the group with a large smile on her face and participated happily in all of the art-making activities. One of the UNC students reported that R had recently been given an in-home English tutor and appeared very excited by this. KT also shared that she and MA had been visiting R at her home despite the language barrier between them, "Yes, we all visit each other! Doesn't matter what language we speak."

Building community and moving forward together. As indicated through the women visiting one another outside of the group, this research session confirmed that the women were continuing to develop deeper community ties both with one another and also with the group facilitators (Figure 31). TY, who had missed the previous few research groups, stated, "I'm happy to be back and see you all. Being here is nice. We give and take each other's advice. It's a great way for us to move forward together."

The idea of how to 'move forward together' pervaded the session, as the facilitators reminded the women that there were only two more sessions left before this iteration of the group—and the research process—ended. Before this session ended, the facilitators shared that the following two groups would help the women figure out how to carry both their inner strengths and group strengths into the greater community. These groups would also determine the action steps needed to make the women's group strong and stable.

Figure 31. YY Gives a Paint-filled 'High Five' to one of the Student-facilitators

PR Summary of RQ2: Story of Us: Reflections on the Process and Insights Gained

Many of the topics that emerged from the refugee women's statements and artwork were also reflected in the women's behaviors.

Comfort levels, community-building, and importance of Women's Group. First, it was clear though the women's behaviors that comfort levels were growing among all group members. Everyone participated enthusiastically in the art-making processes—including the 'pass the movement' introductory exercise and the hand-painting—despite

the fact that both these activities were new for all the refugee women. Even R, who could not verbally communicate in her native Rohingya, showed through body language and facial expressions that she was enjoying the artistic processes (Figure 32). YY also seemed more comfortable in this session, proudly singing Burmese songs about God and love throughout the entire group. Finally, TY, who hadn't attended the group in weeks, and MA, the newest group member, seemed comfortable enough to join in fully during all of the art making and verbal conversations.

Figure 32. R Paints the Hand of a Student-facilitator

Beyond everyone participating fully in the group process, the PR noticed that the women were overtly kind to one another, complimenting each other's physical appearances, family members, cooking, and artwork. There was a sense of true community among the women and a palpable feeling of warmth that was later noted by both the PR and two other facilitators in their field notes. It was clear through the women's statements and behaviors towards one another and the facilitators that the group had become an important and stable community for all.

Making their mark (Ownership). As the refugee women showed increased comfort within the group, they also took more ownership over the research process. During the art-based portion of the 'Story of Us' session, the women painted their hands in whatever way they wanted, and placed them on the cloth wherever they desired. Many of the women placed numerous handprints in various colors across the cloth (Figures 33-34).

Figures 33-34. More Handprints

Food sharing/nourishment. One way in which the refugee women continued to demonstrate 'ownership' was in food sharing. Each session, a few women brought in typical foods from their cultures to share. The women seemed to take pride in feeding the facilitators, and this nourishing act appeared to increase their overall ownership of the group process.

Bringing the arts home. Finally, KT demonstrated in this research session how she was successfully incorporating the art-based skills she was learning in the group into her home life. She brought in a collage she had made at home to further represent the parts of life that gave her personal strength and stability:

> It includes many things—ideas about God, preaching, me learning English, monks, parents, teachers, kids—the kids who will learn and grow up to be our future president. Oh, and here is food I like to eat. And here is a beautiful Burmese lady. And village children. And children all across the world. Here is a cab, because I have to call cabs to go places. And here are letters, because I am learning English.

KT expanded on her collaging process, reporting that she had made the art when she couldn't sleep at night, and it had helped her calm down. She asked the rest of the women if she could glue her collage to the group piece, and they all agreed (Figure 35). KT's placement of her collage in the outer ring of the bulls-eye helped lead the way into the final research session.

Figure 35. KT Explains her Collage to the Interpreter

RQ2: Story of Now, Community Strength and Stability

The third and final stage of the art-based public narrative process revolved around the Story of Now. By this stage, the women knew there would only be two more meetings, and the focus of these meetings was to decide jointly how to bring the personal and collective strengths discovered and shared during Stages 1 and 2 into the greater community after this particular group ended. Additionally, the women explored what the greater community could offer *them* in terms of ongoing strength and stability. This discussion was complemented by reviewing a refugee-centered resource list previously compiled by the local health department.

Five refugee women were present for this session--YY, KT, R, Z, and TY—along with the interpreter, Mu, and the five facilitators. After discussing community resources, the group facilitators encouraged the women to use various artistic media to fill the outer ring of the fabric bulls-eye with symbols answering the question, "What in the outside community brings you strength and stability?" The women next decided what the final group the following week would entail, along with what would happen to their artwork, and what action steps needed to be taken to complete the research process.

Family. One of the recurring topics that arose through the art-making process was 'family.' This topic, which had been discussed in previous sessions, confirmed the important role that family played in the women's lives, and the strength and stability that being a part of a family provided. Both R and Z created artwork revolving around their families, and KT noted how she felt the group facilitators were her family now as well. She asked if she could attend their graduations from their Masters programs, because families attended graduation ceremonies. Additionally, when one of the facilitators asked

if her mother (who was visiting from out of town) could come meet the refugee women, TY exclaimed, “Of course! She is family! We all eat together!”

Language, education, and advocacy. Many of the women restated the importance of learning English as a way to integrate into their host communities, advocate for their needs, and communicate in general. R introduced herself in English for the first time at this session, and beamed as she did so. She also stated (in Rohingya) that she appreciated Z translating for her throughout the research process and helping her express her needs and desires, demonstrating again how language plays an important role in communication and self-advocacy efforts.

KT also shared that she had recently advocated for herself in the greater community using her limited English language skills. Her artwork revolved around food, and she relayed that she had gotten her food stamps reinstated after speaking with the Social Services office. She had also successfully demanded and secured an interpreter to help with the more complicated parts of the application process.

As stated above, many of the women also congratulated the facilitators on their upcoming graduation from their Masters programs. The Burmese women shared that graduation in their culture was an incredible honor and only happened once in a lifetime. KT also shared how graduations seemed to instill hope within a tragic world, “When my son graduated, that day, I forgot about the whole war. It was the best day.”

Intergenerational communities. Another topic that seemed to represent strong and stable communities was intergenerational respect. TY and KT invited all of the facilitators to an upcoming Burmese festival, and shared that all proceeds were going to

helping elderly Burmese citizens. They emphasized that taking care of elders was an integral part of their culture.

This respect for elders was complemented by a respect and hopefulness for youth. While all the women seemed excited about the upcoming graduation ceremony planned for the group, KT reminded the facilitators, “Our graduation is like seeing the moon through bamboo. Yours is like seeing the entire sky. We are old. We can’t do a lot. You are young and can do more.”

Religious/Cultural communities. All of the women referenced the strength and stability they received from their religious and cultural communities. R and Z shared that they both attending mosques, with R proudly stating, “I take my family to a mosque now every week and it makes me happy. They have the chance to learn Arabic now.”

KT and TY spoke about being involved in the local Burmese community, and the importance of events like the upcoming Water Festival, which they were helping to coordinate. KT also demonstrated how connections were made across religious and ethnic communities, sharing various Muslim resources with R and Z, even though she herself was Buddhist. She stated, “We are not different. Buddhist, Muslim. Refugee or not. I want whole world will have peace, happy and healthy.”

Resource sharing. Resource sharing also demonstrated the strength and stability of the greater community. Beyond sharing religious resources with one another, the women openly discussed resources they had found related to housing, education, physical health, and more. They all seemed very interested in the resource list from the local health department.

The women also demonstrated resource sharing in a different way through the food they prepared for this group. They asked how many people would be attending the final group, in order to know how much food to cook. When the facilitators reminded the women that they did not have to cook for every group, TY insisted, "I live just with my husband, so I want to help cook and support this group, because I have the time and the resources to do so."

PR Summary of RQ2, Story of Now: Reflecting on the Process and Insights Gained

Engagement, ownership, and comfort levels. This session demonstrated the ongoing and solidifying engagement, ownership, and comfort levels of the refugee women. Comfort levels were demonstrated through the women talking effortlessly with one another, without any initiation from the group facilitators. YY entered the session and immediately began singing and dancing, encouraging others to join in. The women served one another homemade food, and served the group facilitators and the interpreter as well. Even R, who normally sat quietly during the initial part of the sessions, smiled as she stood and helped dish out food to the others. Some of the Burmese women handed out invitations to an upcoming Burmese festival. All group members and facilitators were invited to attend.

The arts. Increased engagement was additionally shown through the women's interactions with the art materials and the art-based process. From the beginning of the session, women joined in with YY as she danced and sang along to Britney Spears. The women also showed no hesitation when one of the facilitators encouraged them to move with colored scarves as part of their initial check-in practice. All of the women joyously

reached for the scarves of their choice and waved them around in self-chosen movements as they introduced themselves.

Before starting on the outer and final ring of the fabric circle, Z—who had not been present for the previous session—was asked if she wanted to paint her hand and place it in the second ring along with the handprints of the other women. Z immediately said “Yes,” and smiled broadly as one of the facilitators helped paint her hand the color of Z’s choice. Z then proceeded to place her hand in various spots around the circle, aided by two other group members, who pushed gently on Z’s hand to make her handprint as strong as possible (Figures 36-39). Z’s enthusiastic engagement with the arts during this session directly contrasted with her initial hesitation to working with artistic media at the onset of the research process. During the entire first half of the research process, Z claimed her arthritis prevented her from participating and would simply shake her head ‘No’ when asked if she wanted to engage in art-making. In the final four sessions, Z participated in all the art activities.

Figures 36-39. Z's Engagement in the Arts

The other group members also showed increased engagement and comfort levels with the art-making process during this final stage of the research. Each woman worked on her own contribution before adding it to the circle of fabric placed on the table in the center of the group. R worked diligently on a drawing of her family, while TY made numerous flags that stated, "I like Women's Group" (Figures 40-41). She happily glued these flags all around the outer circle. Even the interpreter was very focused on her art-based contribution to the collective piece (Figure 42).

Figures 40-41. The Women Concentrate on their Art-making

Figure 42. Mu, the Interpreter, Works on her Own Art Piece

It seemed apparent during this part of the process that the women had claimed complete ownership over the art-making process and the artistic product itself, a topic addressed in more detail in the following section.

Figures 43-44. Completing the Collective Art Piece

Importance of Women's Group. The importance of the women's group was demonstrated through various emotions from its members. There continued to be signs of anxiety and sadness that the group was coming to an end. KT stated, "Next week is the last week. We will miss you," while Z nodded her head, whispering, "It is sad." TY's statement exemplified the mixed emotions of the day, "The women's group brought us

joy, and I'm sad to leave. But we can talk on the phone and meet up and maybe see each other on the bus. Sometimes I see you on the bus and we sit together! We love all of you teachers and we thank you and honor you."

Z also demonstrated how important the women's group was to her by sharing that she had left visiting friends and family at home to attend this group session:

> I made it here today, because you help us, so I want to show up for you. You even drive to get us, so I want to show up and help you, too. I have friends visiting here this week. I cooked today for them. I don't have a phone, so I couldn't tell you. But you came to pick me up tonight, so I just told my friends to stay at my house and eat, because I have somewhere important to go.

Intimacy and joy. Beyond these expressions of sadness and devotion, intimacy and joy seemed abundant in this session. The women appeared to touch one another more, pressing on each other's hands, sharing glue from each other's fingertips, resting arms lightly on one another for support. They laughed with one another and the facilitators, and joked around with their body movements (Figures 45-49).

Figures 45-49. Joy/Touch/Intimacy

Intimacy was also demonstrated by the level of sharing that occurred in the session. For instance, Z opened up about intense trauma from her youth, something she had never spoken about before. All of the women supported her as she described watching her parents killed by Burmese soldiers, over 60 years earlier.

Stability, wholeness, unity. By the end of the group, when the collective art piece was complete, it was clear that the women were focused on stability, wholeness, and unity. The group facilitators had suggested cutting up the fabric circle, so that each of the women could take a piece home with them to remember the group. This thought was preposterous to the refugee women. KT spoke for the group, "We don't want to cut it. We all worked hard on it together. Let's take a picture of it instead. Then we can all keep a picture of the whole thing!"

So, that is what we did. We kept the collective art piece strong and stable (Figure 50.)

Figure 50. Stability/Keeping it Whole

Answering the Research Question

Perhaps most important, we *answered* the second question during this penultimate research group. As part of the discussion about community resources, some of the refugee women shared about another women's group they were involved in at a local nonprofit called the Refugee Community Partnership (RCP). This group, also for women from Burma, had started up a few months prior, and met monthly on Saturday afternoons. Many of the research group members were already attending this group in addition to our group. After hearing about the RCP group, the PR asked the women if they would be open to her approaching the director of that agency to see if the groups could be combined in the name of strength and stability. The women all supported this idea.

The PR subsequently met with the director of RCP and they concluded that it would be an incredibly beneficial collaboration to combine the women's groups. They decided that, after the research period ended, the PR would begin co-leading the monthly group with staff from RCP, who also offered to provide transportation and childcare for the women. When the refugee women heard about this new collaboration, they were thrilled that we would all be able to continue meeting together as well as expand the circle to include more refugee women. They had successfully answered their own research question and fulfilled their action research agenda.

The Final Group

The women had agreed that the final research group should consist of three parts: 1) sharing food, 2) making photo albums of their research journeys and verbally summarizing their research group experiences, and 3) holding a graduation ceremony. The following women were present for the final group: MA, YY, KT, TY, R, Z, Mu (interpreter), and all five facilitators.

Food Sharing/Culture Sharing

As during the other group sessions, food sharing was an integral part of the research ritual. TY, KT, and MA had gotten together earlier in the day to cook a traditional Burmese noodle dish. The interpreter brought two rotisserie chickens, and one of the facilitators baked a cake. The women seemed joyous serving one another and sharing food. The older Burmese women served all of the facilitators first and made sure they ate. This practice seemed less to be about an honoring of the "teachers," but more of a motherly approach to the younger group members. Cross-cultural food sharing took place in both directions, with the facilitators sharing typical Southern American food, like

biscuits and molasses. YY enjoyed drinking molasses, a new food for her, straight from the jug (Figures 51-54).

Figures 51-54. Food and Culture Sharing

Interpreting the Data

Before the final session, the PR printed out 200 photographs that group facilitators had taken during the research process. These photographs were used as the final visual data to assess and categorize. The women helped spread the photographs across a large table, and the PR prompted them to each choose at least 10 different images that were important to them for some reason (Figures 55-58). The PR then gave each woman (including the interpreter and group facilitators) a photo album to keep their chosen photographs safely. The PR next asked the women to choose their favorite photograph and state why this image held overarching significance for them. The

facilitators also hung up the group art project to help evoke overarching ideas as well. Via this process, the following ideas were expressed: *connection, unity, strength, joy, sadness, sanctuary/safe haven, and gratitude.*

Figures 55-58. Collectively Analyzing the Data

Two photographs were chosen most frequently: the group photo of the collective art piece (the PR had printed enough copies for each woman), and photographs of the handprints (Figures 59-60). TY, R, Z, and three of the facilitators all chose the group photo, stating things like, “I will always remember the joy in this group” (student facilitator); “I want to show this photo to all my family. It shows lots of precious moments. The group was a place/time where I could forget about everything, all my worries, and just be here” (Z); “Shared stories, gratitude, and precious moments,” (student facilitator), and finally, “We all met here. We are like a team. We all have fun. I

feel sad that we will be apart. No other place can be like this. I am going to miss this" (R).

MA and two of the student facilitators all chose a handprint photo, speaking to how it represented "unity, strength, women's group, and fun time" (MA), and connections, in general. One student facilitator specified, "I like this picture of us putting our handprints down. Each hand is an important part of this group. Each hand has made an important mark on my life." KT and YY also spoke of their gratitude towards the group facilitators, and said they would never forget them. Another student facilitator agreed, "I picked this picture because people may come and go in our lives, but we will always be connected." R began to cry silently as everyone talked about saying goodbye.

Figures 59-60. Two Most Frequently Chosen Photographs

The Value of the Arts

The women also re-emphasized the importance of keeping the group art project whole. KT spoke to the group process, gratitude, commitment, and aging, as she stated,

> We made this art from our heart. It was time-consuming. This is not individual work. We all spent time on it. We came in the rain. You picked us up in the rain and drove us here. It is important. It is valuable. And as it ages, it will get more valuable.

After validating the decision to keep the art whole, and after affirming the feelings of the group members—including the sadness associated with the group ending—the facilitators reminded the women about all of the community resources available to them after the group ended, including one another. The facilitators provided blank paper to glue into the photo albums where the women could exchange phone numbers and addresses.

Graduation

The final aspect of the final research group was a formal graduation ceremony, requested by the refugee women. The facilitators asked the women what elements they wanted included in the graduation ceremony, especially elements that reflected their own cultural rituals. The women stated that they wanted to wear scarves, and each have a turn walking to the front of the room to receive a diploma. While these elements seemed to be bi-cultural for the United States and Burma, there were also elements from the different cultures that were included, such as crossing arms and touching wrists (Burmese culture) as well as playing "Pomp and Circumstance" and throwing the scarves into the air (American culture, typically with graduation caps).

Pride and joy. The overwhelming feelings present during the ceremony were pride and joy. These emotions were evident in the women's faces (some of whom smiled with teeth for the first time), the hugs, the laughter, and the women's filming and photographing of the ceremony on their smartphones, to show family members and friends later. One woman, MA, even asked to repeat her 'graduation walk' when she realized she hadn't hit 'record' on her phone the first time. The women had never seemed so engaged, proud, and joyous as during the graduation proceedings, which seemed to embody the importance of ritual and education. Figures 61-73 depict this pride and joy.

Figures 61-73. Graduation Images of Pride and Joy

Final Focus Groups and Interviews

After the final refugee women's research session, the PR conducted an open-ended interview with Mu, the interpreter, as well as a focus group with all of the facilitators. In these meetings, the PR sought to get their opinions on what made the women's group strong and stable and what could improve future group processes and outcomes. Some topics that arose throughout the conversations are highlighted below.

Cultural Understanding

In both the interpreter interview and the facilitator focus group, the concept of cultural understanding was raised. It was clear throughout the discussions that cultural assumptions impeded communication and understanding on all sides, and more awareness and education regarding cultural norms would help make future groups stronger. Facilitators stated that they often felt lost culturally, unclear why certain looks were exchanged, or why some women spoke up more than others. One facilitator

explained, "It was good to have different perspectives— Art therapists, social workers, et cetera. But I also wish we had an anthropologist on our team… I wanted to understand all the cultural nuances that were occurring."

During the interpreter interview, various cultural assumptions were revealed and biases were exposed. In an effort to explain why Karen women did not attend the research group, Mu shared more thoughts regarding the motivation levels of different cultures from Burma: "Burmese women and Karen women are different. Burmese women work hard, looking for opportunities, culturally. In our culture, we say Karen people, they are easy, and won't come to everything. We say they are satisfied with what they have."

Mu also expressed her opinions about Rohingya women, speaking to the restrictions she believed were put on them by their Muslim religion. Finally, she shared that social isolation and self-care weren't concepts in Burmese culture, although the facilitators had highlighted these ideas: "Especially in our culture, even at home, you don't have time for yourself. This is normal for Burmese. They never think about having time for themselves. That is a new concept. As a mother, you never have time for yourself."

Age and Education

One of the cultural discussions revolved around age. The facilitators had been concerned that the oldest refugee woman in the research group, KT, had made too many of the decisions, and the other women's opinions had been silenced. Mu explained that it was a cultural norm to listen to the eldest person in the room, and that, from her opinion, the women seemed comfortable following this practice. She also stated her belief that the

age differences between the refugee women and the group facilitators had helped keep the research process in balance: “[The refugee women] respect [the facilitators] as teachers, but also saw them as daughters. When your daughter graduates, you are happy.”

Mu also commented on the PR’s participatory approach of calling everyone “teachers,” stating that this might have confused the refugee women: “I think it is weird for them if you say we are teaching each other. In our culture, the teacher is always right. So it is weird to all be teachers. It is a cultural thing.” Still, Mu clarified that just because the refugee women continued to call the facilitators “teacher” throughout the process, they still felt empowered:

> Even when we say teacher, it is play. They know they have opportunity to share their thoughts. They feel relaxed. Normally, in our culture, the teacher wouldn’t allow this. So, even if they called [the facilitators] “teacher,” there is equality in this group.

The PR observed a definite, unspoken shift in “teaching” through the photographic data. In photos from the earlier research groups, only the facilitators are documented pointing—as in a traditional teaching role—whereas, in the later sessions, the refugee women are documented pointing and teaching the facilitators and each other (Figure 74).

Figure 74. Power Shift: Who is Pointing?

Finally, both the facilitators and Mu spoke to the importance of the graduation ceremony and the pride that seemed to emanate from the refugee women during that process. Besides TY, none of the women had graduated from anything before, and many had never even been to a graduation ceremony. Mu stated that watching them graduate made her very happy. She also commented on how it felt to receive a certificate herself, “Thank you for that. It is special. I feel good. I feel recognized.”

Good Interpretation

One of the reasons that the facilitators chose to give Mu a certificate was because they valued her work highly. They attributed much of the strength and stability of the group to her presence. One facilitator explained, “I really appreciated Mu, because she

seemed to interpret accurately. She seemed to translate everything, and didn't exclude things that she didn't find important. But then she also summarized the main points."

Mu's competency was juxtaposed with negative interactions group members had had with other interpreters. Early in the research process, some women had complained about another Burmese interpreter yelling at them over the phone. R and Z had also shared that the Rohingya phone interpreter had seemed rude and loud, and was very difficult to understand. All of the women in the group appeared to trust Mu, and as Mu herself stated, "I think they see me as a teacher, but as a daughter as well."

Important to mention is that, while Mu had shared her assumptions and biases about Karen and Rohingya women with the PR during their private interviews, these did not seem to emerge with the refugee women during the research group process. This said, due to the language and cultural barriers between the PR and the refugee women, micro-aggressions and/or implicit bias may not have been recognized.

Containment and Clarity

One of the other issues Mu addressed was the structure of the group process. She suggested that the women would have benefited from more clarity, and that the open-ended nature of the PAR process might have confused them. She also stated that developing a structure within each group session would have been helpful, such as starting with 30 minutes of verbal sharing, and then moving into the art-making process. At points, she stated, the women seemed to go off-track, speak at length, and/or get frustrated by how much other women were speaking. She suggested that more boundaries and structure would have allowed the women more room for expression, and commented

that the second half of the research process had succeeded in doing this more so than the first half.

Circles. The PR noticed that the circle shape provided containment in various ways throughout the research process. The refugee women and facilitators sat in a circle facing one another during all of the art-making groups (after the PowerPoint-focused research sessions had ended). The artistic piece that the women created together was in the shape of a circle, and even the public narrative process circled back again to address the second research question (Figure 75).

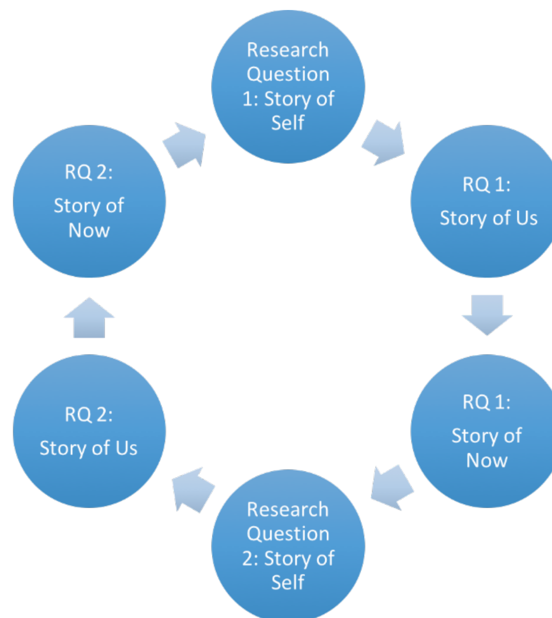


Figure 75. Circular Research Process

In fact, while the figure above depicts the movement of the group headed in one direction, in reality the arrows should not only be facing in one direction, but instead be moving both ways, as well as in and out, and around. The movement of the group was dynamic, iterative, three-dimensional, ever-changing, and always moving forward, even when it appeared we were taking steps back. This will be discussed further in Chapter 5.

The Arts

Both the facilitators and Mu emphasized how the art-making powerfully altered the group process and allowed for both structure and increased expression. According to Mu, art-making was the primary strength of the group. The facilitators all agreed, stating that the refugee women appeared to become more engaged in the research process once the facilitators stopped talking and the group began to focus on art making instead.

One of the facilitators, a graduate student in social work, also spoke to how the art making process allowed for intimacy and openness, especially in group settings:

> I like art-based therapy. Talking one-on-one can be so hard. I don't think Z would have opened up to doing one-on-one therapy without doing the group first. She wasn't that into the art piece, until the end. Some of the power of art is doing something side by side with someone else before talking intimately…Just sharing space with someone."

Group-based Counseling

The power and potential benefits of group-based counseling were brought up at various points during the follow-up interviews. Mu referenced the importance of the group art piece, "I think something special happened with the big piece. When you do it in a group, it is special. I felt that way, and I think others did too. They didn't want to cut it up."

Many of the group facilitators felt the same way. One spoke about how the group setting was a great and cost-effective way to develop rapport. Another facilitator shared her belief that it shifted the power differentials in a positive way and acted as an equalizer between the refugee women and the American-born facilitators.

One facilitator spoke to how it seemed easier for some of the women to disclose in the group setting than in one-on-one therapy. Yet another commented that even if a woman chose not to speak one day, it might still be empowering for her to hear other women speak in the group setting. Another facilitator spoke about how the group seemed to help the women build friendships. She was amazed that Z, who was generally alone in her house, shared her childhood trauma story with the entire group. She said she didn't feel this would have happened if Z didn't feel safe and among friends.

This said, one of the facilitators spoke up to say that the group setting might not always be ideal,

> I don't think being in a group makes it more safe to share. It can be more intimidating. But there is power in normalization, shared stress, and thinking 'I'm not alone in dealing with this issue'. But a lot of people wouldn't have felt comfortable in that setting.

Risk factors and Additional Support

Basic risk factors—the daily stressors many of the women endured— were also raised various times throughout the follow-up interviews. The social work students emphasized that, through their graduate internship requirements, they visited many of the refugee women in the group throughout the week to help them address these basic needs: "Case management is needed for the tangible things. If people are in survival mode, that's what's important to them—to get help for tangible things."

Various outside factors impacted the women's involvement in the group, preventing some from attending regularly. Mu and the facilitators spoke to specific concerns, including issues with care-taking of children or elderly, sick relatives; their

own physical health concerns; transportation fears or confusion; and literacy barriers, including not being able to read the flyers handed out about the group. Additionally, changes in job shifts prevented many women from attending, and the research group ended up being much smaller than previous women's health groups. By the end of the research process, the only women who regularly attended the group were those without jobs, a reality that probably impacted the findings, but was never discussed directly with the women.

Resource Sharing

A final topic discussed in the follow-up interviews was resource sharing. Mu and the facilitators all stated that it seemed important to the women to have various resources available to them. Everyone was glad that we were able to hand out detailed, multi-lingual community resource lists from the local health center, though many also feared that the women wouldn't be able to read the information due to literacy barriers.

In the facilitator focus group, resource sharing was discussed in another way. The discussion centered around all the local agencies working with refugees, and how we needed to find ways to collaborate more. One social work student talked about how university-based programs are often siloed, and it would be beneficial for them to share their resources with community-based organizations doing similar work.

Overarching Research Themes

As evidenced throughout this chapter, topics that emerged across the data collection period were expansive, reflecting the diversity of the needs, fears, hopes, desires, and personalities of the refugee women co-researchers, as well as the perspectives of the group interpreter and the facilitators. All of the critical topics that

emerged and sub-themes generated from the varied sources of data, reported on in this chapter, were verbally member-checked with the refugee women, facilitators, and interpreter. The PR later condensed these sub-themes into five overarching themes (Table 5), via the process described in Chapter 3. These five resulting, overarching themes—*risk factors*, *protective factors*, *posttraumatic growth*, *the impact of artmaking*, and *finding stability in instability*—are integrated and discussed at length in response to the research questions and relevant literature in Chapter 5.

Table 5

Sub-Themes/Codes and Overarching Themes

Sub-Themes/Codes	Overarching Themes
Basic needs unmet (Maslow's hierarchy)	RISK FACTORS
Mental/physical health stressors, trauma	
Financial concerns	
The political climate (negative)	
Homesickness	
Language barriers	
Diversity, including religion and culture	
Cultural assumptions	
Age, intergenerational issues	
Power differentials	
Containment, Boundaries	
Isolation	
Basic needs met (Maslow's hierarchy)	PROTECTIVE FACTORS
Language acquisition	
Citizenship acquisition	
Education, knowledge, advocacy efforts	
Community-building, open sharing, comfort, trust	
Group counseling, women's groups, female support networks	
Collaboration, not competition	
Family roles, care-taking	
Food, nourishment	
Diversity, including religion, culture, and age	
Engagement, ownership, power shifts (cultural humility and cultural safety)	
Resource sharing	
Intimacy, joy, gratitude, pride	

Codes	Theme
Nature Strength Clarifying/Containing/Simplifying/Boundaries Having a good interpreter	
Intimacy, joy, gratitude, pride Nature Strength Ritual Religion	POSTTRAUMATIC GROWTH
Visual art, music, voice, movement Pausing Taking the art home/transitional objects Ownership, engagement Taking control Ritual Sharing space, side-by-side action Containment Expression Joy Silliness	THE IMPACT OF ARTMAKING
Resource sharing Moving forward together Action steps Impermanence Stability, wholeness, unity Strength Taking control Voicing issues Collaboration, not competition	FINDING STABILITY IN INSTABILITY

CHAPTER 5

Discussion

This study engaged refugee women from Burma in art-based participatory action research. The study was inspired by and extended the work of an existing refugee women's health and wellness support group run as a collaboration between the Art Therapy Institute (ATI)—a community-based nonprofit—and UNC School of Social Work, an educational and research institution. This support group was slated to end in Spring 2017, when the student-facilitators were scheduled to graduate. The PR, a doctoral student at Lesley University and one of the group facilitators from ATI, suggested the participatory research process as a way to explore more fully the needs and desires of the refugee women in the group and work with them using an arts-based approach to generate next steps. These goals seemed especially pertinent given the challenges faced by some of the refugee women as they navigated ther lives, family, and work within their host communities, and their anxiety that the Women's Group, a place where they had found strength and support, was scheduled to end.

Because of these factors, women from the previously-established health and wellness group were invited to take part in a research process that would explore the issues they face. In addition, new refugee women from Burma were also recruited to participate. Throughout the four months between January and April 2017, art-based public narrative processes were employed to answer the initial research question, chosen by the women: (1) "*What are the issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and*

addressed within the greater community?" and a second question that emerged through the process, (2) "*How can we make the Women's Group strong and stable?*

Integrated Themes

Analysis of data from multiple sources (field notes/photographic observations of group sessions, products of art-making sessions, interviews with the interpreter, focus groups with facilitators), collaborative coding, and PR-led final synthesis resulted in five overarching themes—*risk factors, protective factors, posttraumatic growth*, *the impact of artmaking*, and *finding stability in stability*. It became clear during PR analysis that these themes could not be separated categorically, but were instead interconnected, as evidenced at different points throughout the research process. For example, it was difficult to isolate risk factors (i.e. language barriers) from protective factors (i.e. language acquisition), as these represented different sides of the same issues (i.e. language). Posttraumatic growth, in turn, represented the active struggle of engaging with risk factors and converting them into positive protective factors.

The art-making process helped enable and deepen this ongoing conversation between risk and protective factors. In this sense, the arts were not a separate theme, either, but rather the means to engage in this action and growth, the driving force of the integrated experience. Furthermore, the art materials utilized and the specific experientials undertaken implicitly and explicitly addressed the ideas of stability and instability, another overarching theme.

A final factor that enabled the research to proceed in the way it did was the participatory action research (PAR) process itself. The importance of this type of research must not be understated, as it allowed the participants' voices to be developed and heard,

and encouraged them to have agency over their own needs and desires. PAR also enabled deep relationships to form between the PR, the student-facilitators, and the refugee women, which in turn led to the continued opportunity to engage in a new group designed to address and advance the women's needs.

Because of this constant flow between linked concepts over the course of the research period, it feels unnatural to divide the previously presented themes so rigidly. Instead, risk factors and protective factors will be presented holistically as "factors," with all sides of the issues—including risks and benefits—discussed as related to the first research question. This will be followed by an in-depth discussion of the Women's Group—the focus of the second research question—and the multiple factors that enabled the answer(s) to the second research question to emerge. A summary of the most important findings will conclude the chapter, followed by a discussion of limitations and suggestions for future research, and the implications for the field of Expressive Therapies and other fields of research.

Research Question #1

The first part of the first research question—"*What are the issues faced by refugee women from Burma living in Orange County, North Carolina…"* inspired an exploration of numerous issues, or, as henceforth labeled, factors.

Risk Factors

As stated above, many of the issues initially communicated by the women could be described as 'risk factors,' a multi-conceptual term used here to define predictor variables impacting vulnerability (Fazel et al., 2012). For example, KT's "I am not deaf" statement—as interpreted by the PR—potentially referenced language barriers, cultural

assumptions, the negative political climate, anti-newcomer sentiment, social isolation, and perhaps additional risk factors, including age discrimination.

Other risk factors included mental and physical health issues (Z: "I am old. I cannot move, my back hurts too much"), financial and employment instability (R: "My husband is telling me I have to get a job, but I don't know how. I can't speak English"), education deficits (Z: "I'm embarrassed to come here and talk. I'm uneducated and I don't know what to say. I'm ashamed, so I keep my mouth shut"), homesickness, and other ongoing acculturation issues.

The above risk factors reflected many of the post-resettlement issues mentioned in Byrnes and Marcus' (2016) report on refugees from Burma living in Orange County, NC, as well as risk factors addressed in studies of refugee women from and in diverse regions across the world (Alexander et al., 2017; Crosby, 2013; Fazel et al., 2012). The women's focus on post-resettlement risk factors, demonstrated by the statements shared above, also appeared to confirm Schweitzer and colleagues' (2011) statements that post-migration trauma often has more of an impact on refugees' mental and physical health than pre-migration or migration trauma.

To this end, not a single woman spoke about migration trauma throughout the course of the study, and only the Rohingya women spoke about pre-migration trauma. Z opened up about witnessing her parents' murder at the hands of the Burmese military when she was a child, and R spoke about how she and her children could not leave their home in Burma for fear of being attacked. Although these were powerful moments of sharing for R and Z, they spoke about these pre-migration traumatic events far less frequently than they spoke to post-migration concerns.

The Struggle

It became clear early in the research process that risk factors (like language barriers) and protective factors (like language acquisition) were invariably linked for the refugee women in the group (Figure 76). Risk factors seemed to motivate the women to seek out and strengthen related protective factors –here defined as predictor variables impacting resiliency (Fazel et al., 2012)—in their lives. This motivated action could be described as *posttraumatic growth*, the “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1). Throughout the research process, the refugee women first communicated their issues or factors (including ‘highly challenging life circumstances’) and then worked to address these issues/factors (‘the struggle’).

RISK FACTORS (Predictor variables of vulnerability)	> > >	PROTECTIVE FACTORS (Predictor variables of resiliency)
Examples:		
Language barriers	> > >	Language acquisition
Fear of deportation	> > >	Citizenship acquisition
Aging and physical health concerns	> > >	Obtaining medical help
Homesickness/Social isolation	> > >	Maintaining cultural ties

Figure 76. Relationships between Risk and Protective Factors

Protective Factors

The movement from risk factors to protective factors was demonstrated in various ways: Fears about their protected refugee status, anti-newcomer sentiment, and political instability inspired the women to begin the path towards American citizenship. Issues with physical health, mental health, and aging led the women to seek out medical support. Homesickness for the landscape of Burma inspired women to take more walks in

nature, grow traditional foods in their backyards, and look at the sky as a link to their homeland (KT: "When I stay home, and the lights are turned off, I feel alone. Then I open the blinds, and look at the sky, and see the clouds, and I feel like I'm closer to Burma.")

Homesickness and social isolation were also actively addressed by making connections with other refugees from Burma, and maintaining religious and cultural ties through these community-building protective practices (Z: "At home, I want to cry. But I come to group and feel better.") Financial insecurity pushed the women to pursue employment advice. Fears about their children getting sick, being in danger, or not achieving their dreams demonstrated the importance of family and motherhood as protective factors in the women's lives (Z: "I hope to see my kids. I fear I have two kids in trouble in Malaysia," or R: "I want my sons to participate in religious rituals. I don't know where they can get these done.") Language barriers inspired the women to enroll in ESL classes.

Complex Factors

In viewing the above issues as multi-faceted factors instead of isolated risk or protective factors, the story about refugee resettlement is complicated. Refugees are no longer reduced to a single story, such as a trauma narrative, which can be depersonalizing, victimizing, and pathologizing (Canas, 2015; Summerfield, 1999). As demonstrated in the current research, by recognizing the refugee experience as a complex whole, and by not separating risk factors from protective factors, the refugee women were not seen as victims *or* survivors, vulnerable or strong, but rather both/and. This idea was explored in Lenette (2015) who stated that researchers should never assume

homogeneity of migration histories or narratives of refugee women.

The factors discussed below represent complex issues that cannot be labeled solely as risks or protective measures. Some of these complex factors had been anticipated by the PR and researched in her original review of the literature. Other factors were more surprising to the PR and are presented below within the context of new literature.

Anti-newcomer sentiment. One of the factors addressed frequently in the original literature reviewed for this study was anti-newcomer sentiment, and how this issue was affiliated with and potentially heightened by language differences (Newman et al., 2012; Pedersen & Thomas, 2013). Importantly, while KT's "I am not deaf" statement may have implied issues with cross-lingual communication and potential discrimination, none of the women in the research group spoke directly about perceiving or experiencing anti-newcomer sentiment within their host communities.

Byrnes and Marcus (2016) reported similar findings regarding the lack of perceived anti-newcomer sentiment in Orange County, NC. The authors stated that native community members in Orange County were, in fact, perceived by refugees from Burma as kind and welcoming to newcomers. These findings go against many studies reporting the prevalence of anti-newcomer sentiment in the U.S., including research focused in North Carolina (McKeever et al., 2012). Still, although the refugee women did not report local anti-newcomer sentiment, their anxiety still appeared heightened regarding national and governmental anti-newcomer sentiment.

Additionally, while KT's "I am not deaf" statement never directly addressed anti-newcomer sentiment, it did suggest that she was motivated by host community members'

perceived misunderstanding of her. Her statement implied that she wanted to show community members who she really was. This idea showcases the complexity of anti-newcomer sentiment as described by Brown (2015), who reported that perceived discrimination was a motivator for newcomer students who wanted to overcome discriminatory attitudes and policies in their resettled host communities.

Basic needs. Much of the initial research conversation with the refugee women focused on addressing everyday resettlement issues. This finding matched Maslow's (1943) seminal theory that basic needs must be met before higher learning, personal healing, and/or self-actualization can be realized. Birman et al. (2008), who studied comprehensive mental health services for refugee families, presented similar findings, stating that basic needs must be met before mental health interventions could be effective.

Williams and Thompson's (2011) meta-analysis of studies that addressed trauma within refugees also reported that various researchers placed value on addressing the basic needs related to resettlement alongside mental health concerns, since these post-resettlement stressors could exacerbate anxiety and depression amongst refugees. Miller and Rasco (2011) echoed this sentiment, suggesting that mental health practitioners needed to address community-based resettlement stressors alongside more traditional treatment measures, if lasting mental health progress was going to occur.

Confirming these ideas from the literature, in the present study, it appeared that the refugee women first needed to share un-addressed, post-migration risk factors influencing themselves, their families, and their cultural communities (For example, "My medical bills are too much, so I don't go to the doctor," or "My husband still hasn't found a job," or "I don't know where to find someone to do the correct religious ritual for my

sons," or "Our rent is too high.") Only once these basic issues were voiced and potential solutions were discussed, did the women seem able to immerse themselves in the art-making activity of the day, enjoy themselves, and be fully present with and for one another.

Transportation, case management, and beyond. In the follow-up interviews with both the interpreter and the student-facilitators, this idea of "meeting basic needs first" emerged as critical to the research process. The interpreter, Mu, shared her belief that basic risk factors had prevented more refugee women from joining and/or remaining in the research study, including transportation barriers, job security concerns, and caretaker/homemaker responsibilities.

Mu also suggested that the research process might be improved for participating women if there was an established, consistent time for verbal sharing at the beginning of each session, when women could report on their basic needs. The UNC student-facilitators also shared that they believed the outside case management they provided to the women (discussed in detail below) allowed for their basic needs to be met, which then enabled the participants to engage more fully in the group process.

Age. Another complex factor impacting four of the final six refugee women in the study was age. The women shared that elders were respected highly within Burmese and Rohingya cultures, and they were excited to announce a large community fundraiser honoring elderly Burmese residents of Orange County. The elders' voices were also respected most within the research process.

Despite these benefits, the older women suffered from other issues related to age, including health (Z often stated that her arthritis prevented her from leaving the house)

and memory (MA shared that it was difficult for her to learn English at her advanced age, because she couldn't remember anything). KT also shared that she was worried about becoming a burden for her daughter, YY, as she aged, and TY appeared disheartened by the fact that she didn't think she would ever have the opportunity to teach in America, something that had been very important to her identity in her younger years in Burma. These sentiments matched study findings of aging immigrants who were concerned about poor health, being a burden, experiencing a loss of purpose in life, and feeling powerless or out of control about the aging process (Shemirani & O'Connor, 2006).

Citizenship. Citizenship was another factor in this study viewed through the lens of aging. Cook (2010) wrote about how citizenship rights can secure various welfare benefits for older migrants, which may include access to health services, financial aid, prescriptions, and housing. In summary, citizenship could offer a kind of security and stability that was uprooted by the aging process. While the older women in the group never specifically stated their motives for becoming American citizens, two of them were actively pursuing this goal, which may or may not have been related to the factors suggested by Cook.

Language. When MA stated that her age prevented her from remembering English words, she bridged two risk factors: age and language barriers. The language barrier was one of the risk factors most frequently mentioned in the literature about refugee women, suggesting that this issue was of broad concern (Byrnes and Marcus, 2016; Clark et al., 2014; Cook, 2010; Mitschke et al., 2011; Okigbo et al., 2009; Power & Pratt, 2012; Watkins et al., 2012). Statements by women in the current research group affirmed this finding.

R linked her language barriers to employment and financial concerns: “My husband is telling me I have to get a job, but I don’t know how. I can’t speak English.” MA lamented that language barriers were harder to overcome with age: “I’ve tried for eight years to learn English… but I can’t remember things.” TY addressed the difficulty of attending English classes while juggling her current work schedule, and KT’s statement about language barriers became the driving force of the research study: “Here, when people on the street talk to me, they think I am deaf. I am not deaf.” Importantly, the language barriers experienced by the women seemed to motivate most of them to act on the issue and seek out opportunities for language acquisition.

Education. Education was another factor that saturated the research results. This factor was surprising to the PR, who had not expected ‘education’ to be a focus of the research. While exploring the literature again after data collection, however, this theme was found in various studies focused around refugees and other people living in post ethnic conflict areas, or areas impacted by other man-made or natural disasters (Karpinska, Yarrow, and Gough, 2007; Pemunta and Nkongho, 2014). This prevalence in the research even launched a specific field of study which Karpinska and colleagues (2007)—who examined educational programs in post-conflict South Sudan, Sierra Leone, and Lebanon—labeled as “education and instability” (p. 243).

In Pemunta and Nkongho’s (2014) study of post-conflict South Sudan, for example, 700 representative community members were surveyed. Of this sample, 24.9% reported that education was their top priority moving forward, 32.8% listed it as their second priority, and 21.8 listed it as their third most important priority. Together, this showed that 79.5% of those surveyed of a representative sample believed that education

should be a top priority in post-conflict South Sudan. Out of the eight priority choices—including clean water, electricity, jobs, roads, housing, health care, education, and other—the only choice with a higher collective score than education was health care.

While Pemunta and Nkongho's (2014) work focused solely on education in post-conflict zones, this topic also appears in literature coming out of refugee camps and other resettlement areas. For instance, Norsworthy & Khaunkaew's (2004), worked with internally displaced women from Burma in refugee camps along the Thai-Burmese border, concluded that "hybrid groups"—groups that included therapy, action steps, and psychoeducation—were the most effective way to engage and empower their group members.

Despite these positive aspects of refugee education, other researchers have pushed back against educational trends in refugee health care. Dutta and Jamil (2013), for example, lamented the fact that health work with immigrants is often based on the thinking that immigrants need to be educated in order to acculturate adequately into their host societies, and, more troubling, that host community members know best what this education should entail.

Oh and Van der Stouwe (2008)—who used a participatory approach to study educational programs in Burmese refugee camps in Thailand—presented similar concerns to Dutta and Jamil (2013), asking, "Which types of knowledge and skills should be taught, and whose social norms and cultural values related?" (Oh & Van der Stouwe, 2008, p. 589). Finally, Klenk (2017), working with refugee women in the UK, reminded readers that, while education can be empowering, "we must be cognizant of the risk

involved in imposing normative or homogeneous ideas of empowerment on the diverse needs and aspirations that female refugee learners have" (p. 171).

Considering these critical ideas, the PR and the student-facilitators were originally concerned that the women were consistently calling the facilitators "teachers" and seeing themselves as "students." The facilitators kept re-iterating that, in the research group, we were all teachers *and* students in different ways. This seemed to confuse the women, however, who shrugged off these statements and continued to refer to the Americans as teachers. When the PR asked the interpreter about this issue, Mu explained that, in Burma, "teacher" was simply a term of respect, endearment, and gratitude, and that this label did not diminish the voices or agency of the refugee women within the research group. Hence, the facilitators went with the labels the refugee women assigned. This choice reflected the work of Ottemiller and Awais (2016) and Canas (2015), who insisted that research participants be empowered and respected enough to choose their own labels.

In fact, labeling the PR and the student-facilitators as "teachers" in a way seemed to normalize and make the research process more accessible and culturally congruent for the refugee women. The participants appeared more comfortable participating in the research when roles were defined in ways they understood and felt good about. In fact, the "student" role they labeled themselves under was actually quite empowering, since educating oneself and ones' family members was seen as a primary goal of many women in the group. As previously stated, R was grateful that her children were finally able to attend school: "In Burma, we couldn't send our kids to school. They would get hurt by other students. Here we can. Here it is safe." R also began taking adult English classes over the course of the research period, and joyously burst into group one day, shouting,

"Hello!" YY said she enjoyed being in a "child" role during the group sessions, "ready to listen and learn."

Still, as previously reported, the educational piece appeared to elicit painful responses from some of the women. Z felt ashamed about her lack of education: "I'm embarrassed to come here and talk. I'm uneducated and I don't know what to say. I'm ashamed, so I keep my mouth shut." On the opposite end of this spectrum, TY, who had been highly educated in Burma, seemed frustrated by the barriers to achieving education in her host community: "Me and my husband work, so it's hard to take classes." MA brought in issues related to her age, speaking about how being older made it difficult for her to memorize new English words.

Ethnicity. Importantly—and as noted in Ikeya (2005/2006) who studied societal perceptions and roles of women from different ethnic groups in Burma—the Burmese women in this research group appeared to have a more comfortable and positive relationship to education over all. Two of the Burmese participants reported being teachers in Burma and Thailand and expressed great pride in this previous role. In direct contrast, the Rohingya women in the research group had been banned from receiving any educational opportunities in Burma, due to their ethnicity (Abdelkader, 2014).

Oh and Van der Stouwe (2008) studied Karen refugees in the camps on the Thai-Burmese border to "investigate how, in a conflict setting, education can encourage inclusion and exacerbate exclusionary practices for particular groups of learners" (p. 594). This idea, while focused around Karen refugees in a conflict zone, seemed related to the Rohingya women in the—hopefully peaceful—research group. R's joy regarding her children finally attending school—as well as her own inclusion in ESL classes—was

palpable; however, so was Z's exacerbated embarrassment about her own illiteracy and lack of education.

Common goals. Despite the women's diverse prior relationships to education, the educational practices within this research group appeared to be unifying. This finding is in line with Klenk's (2017) study of multicultural refugees resettled in the UK, where the author found that education—specifically English-language learning—could help form both social bonds (among refugees from similar religious or ethnic communities) and social bridges (between refugees from different religious and ethnic communities.

In the current research group, for instance, the co-constructed graduation ceremony at the final research group—requested and designed by the refugee women—was one of the most powerful events that occurred over the research period. It acted not only as an official termination for the current women's group, but also as a transition to the new Women's Group. Additionally, it allowed for an acknowledgment of the women's accomplishments and a way to show gratitude for and pride in one another. The women had never seemed as proud and happy as they did during the graduation ceremony. Some of the women smiled with their teeth for the first time since the research process began.

For the majority of the women, this ceremony was the first time they had ever graduated from anything, received a formal certificate of achievement, or walked in front of a group to be acknowledged for their efforts. Even the interpreter—the only refugee woman present who had graduated from college—teared up as she received her certificate, saying, "Thank you for that. It is special. I feel good. I feel recognized."

Everyone, regardless of their previous relationship to education, seemed to feel pride and joy at successfully completing the group.

Hence, as in many other issues in this research process, the topic of education was complicated. Allowing the women to continue calling the group facilitators “teacher” and seeing themselves as students seemed to defy the tenets of participatory action research, which assume the participants as experts (Baum et al., 2006). However, it was the refugee women’s choice and their culturally-preferred and understood practice to label the facilitators as such, which seems to adhere to PAR principles.

Most notably, the obvious joy and empowerment the educational piece—and especially the graduation ceremony—brought to the women cannot be denied. KT, for example, used her certificate as a supporting document in her citizenship application. And, for the Rohingya women—who had been banned from education in their home country—assuming the role of a student was an act of liberation in itself.

The Women’s Group. Finally, the Women’s Group itself appeared to be one of the primary protective factors in the participants’ lives. The refugee women’s direct words demonstrated the importance of the group, as many of them expressed fear about it ending and also shared how impactful the group was for them. KT stated that the Women’s Group had helped her decide to stay in the United States because of the joy and support she derived from it, and R and Z spoke at length about how the women’s group kept them from feeling isolated at home. R and Z also shared how attending a group like this would never have been allowed in Burma, because of their marginalized and oppressed ethnicity. TY’s contribution to the final, outer ring of the art-piece were six identical flags on which she wrote “I like Women’s Group.”

When the refugee women learned that the group would have to end in the Spring when the student-facilitators graduated, suddenly one of their primary protective factors *became* a risk factor. R teared up, asking, “When you leave, who do we ask for help?” TY and KT simply wouldn’t accept it. KT said she would recruit more women from Burma to keep the group going. TY asked how we could make the group strong and stable.

In a definitive answer to Research Question #1, saving the Women’s Group became the most important issue faced by the women in that moment. They communicated this issue strongly to the PR and other facilitators, and they planned to use the remaining weeks of the research period to address it. Thus, the second research question was born out of the first.

Research Question #2

During the second half of the research process, the participants explored the following self-chosen question, “How can we make the Women’s Group strong and stable?” This action question was identified with the specific goal of keeping the Women’s Group up and running. In order to do this, we first had to struggle with the potential reality of the Women’s Group ending, and the reasons why this made everyone—including the facilitators—so upset. This process revolved around acknowledging the strengths of the group, including how it seemed to inspire important growth and development among the women.

During the initial research sessions, the refugee women described numerous post-resettlement, ongoing adversities affecting them, and the Women’s Group ending was soon added to this list. As described in the AAD model, this latest and pressing adversity

had activated the women. But, what factors, what strengths of the group, had enabled this activation, which hence enabled the development of the research process and, eventually, the continuation of the Women's Group? Also, what were the factors/strengths that made the Women's Group worth fighting for, worth saving? These factors/strengths—determined through the various data—are explored below in relation to the literature.

Posttraumatic Growth and Adversity Activated Development

It must be noted that, while the literature reviewed for this research study was primarily focused on posttraumatic growth (PTG; Tedeschi & Calhoun, 2004), after examining the results more closely, it appeared that the model of adversity activated development (AAD; Papadopoulos, 2007) fit the research process more accurately. While the two concepts are similar, PTG focuses around healing from a singular traumatic event that happened in the past. In contrast, AAD can be focused around multiple, ongoing adversities.

Taking Action

First and foremost, taking action appeared integral to the development of the group and the growth and success of the research process. Theories of posttraumatic growth (Tedeschi & Calhoun, 2004) and adversity-activated development (Papadopoulos, 2007) both suggest that people must actively engage with their issues in order to heal and grow. As demonstrated through this particular research process, by actively engaging with their risk factors—which, in the second half of the research, focused around the fear of the Women's Group ending— the women were able to *do* something to address their issues and improve their lives. As KT said before even agreeing to the research process, "I want to make sure we do something. I want this to be important." And when when TY

asked, “How do we make the women’s group strong and stable?” she demonstrated the motivation to act, not simply discuss.

This desire to do something, to act, may also have been reflected in the fact that some of the younger women stopped attending the research group after the first two sessions, before the second research question was determined and a defined action plan was put into place. During her follow-up interview, Mu suggested that these younger women might have become frustrated by how much the older women were talking, and that allotting specific and separate amounts of time in the research sessions for talking and art-making/action might have decreased frustration and increased participant retention.

The reflections above match the findings of various researchers who examined the importance of converting thoughts into action in order to achieve healing, empowerment, and growth (Hobfoll et al., 2007; Hussain and Bhushan, 2011). Lebel and Ronel (2009), for instance, addressed how grieving parents of Israeli soldiers killed in combat fostered posttraumatic growth through political activism and publicly speaking out about their grief and anger, thus turning their inner pain into social action. Similarly, Leseho and Block (2005) interviewed Argentinian mothers of abducted children, who marched consistently for twenty years after their children were lost in order to continue bringing attention to their plight. According to the authors, this ongoing and active grieving and public voicing of their pain seemed to bring the mothers strength and empowerment.

Leadership

Beyond the active struggle required for PTG and AAD, Tedeschi and Calhoun (2004) also addressed the importance of leadership when assessing PTG in group

settings. The authors wrote, "With…determined leaders who wish to transform their own experiences of trauma, …there can arise mutual support among those with similar experiences, and in such support there can be important social change" (p. 14).

As evidenced by her statements leading to the initiation of and shifts in the research process, it was obvious that KT was a leader in this research group. While the PR and some of the student-facilitators were concerned that KT was taking charge of the group and preventing others from voicing their opinions, both the interpreter and the refugee women confirmed that it was standard practice to follow the suggestions of the eldest group member, which was 79-year-old KT. In fact, KT listed her age every time she introduced herself within the research sessions, perhaps to establish and re-iterate her role as the group elder.

Regarding the "important social change" (Tedeschi & Calhoun, 2004, p. 14) that leaders inspire, KT's determination to "take the group to the next level" most assuredly led to the action steps that enabled the Women's Group to continue beyond the established research period. This result exemplified various aspects of social change for this group of women: successfully obtaining their goals despite a pre-determined and discrepant university timeline; voicing their needs regardless of the typical power dynamics at play between privileged facilitators and under-resourced community members; and, in general, acting from a place of empowerment instead of vulnerability. All of these strengths-based actions went against the typical refugee trauma narrative, which, as many researchers lamented, often focuses around pathology and victimization instead of strengths (Gross, 2004; Murray et al., 2010; Nelson et al., 2014; Papadopoulos, 2007; Summerfield, 1999; Weine, 2011).

All this said, an alternative perspective must be noted that describes the perks of identifying as a victim. Luebben (2003) wrote about how Bosnian refugees relocated to Germany had to prove they were severely traumatized before they were legally allowed to remain in this new host country. In considering this study, the PR wondered if the facilitators—primarily, the PR—would have pushed so hard to keep the Women's Group up and running if the women had not expressed so much fear about it ending? Did R's disheartened and seemingly powerless statement about not knowing what to do once the group ended inspire the facilitators to find a solution that made the refugee women—and themselves—feel better? Did victimhood—here, among the refugee women—inspire guilt and action amongst those who were not victims—here, the American facilitators? Would the same research result have occurred if the refugee women, instead, had seemed strong and resolved that the group was ending for good? Finally, did the PR see herself as a victim of the university-based timeline, and actively fight against it? These questions could inspire various other research studies.

Trust and Support

According to Tedeschi and Calhoun (2004), allowing KT to step up as the 'determined leader' may have also bolstered the other refugee women's journeys towards PTG and AAD through the mutual support she consistently encouraged. KT was not shy about asking the group facilitators for help, and she also readily supported the other women in the group by affirming and normalizing their issues, suggesting various resources for them throughout the community, inviting new women to join the group, and visiting the Rohingya women at their homes to make sure they were not socially isolated.

KT even sought out Muslim community resources for the Rohingya women, although she herself was Buddhist.

A literature search after data collection showed that some agencies focused around refugee health have taken the idea of mutual support to an institutional level (Miller & Rasco, 2011). Daugherty and Fitzsimmons (2017), for example, presented on the Squirrel Hill Health Center's peer support program for their refugee clients. This program had numerous pertinent goals, including:

> Build trust among patients and the health center; Destigmatize concept of mental health in community; Offer education w/ lived refugee experience as background; Acknowledge and validate emotional and behavioral health concerns; Assist with understanding medication; Assist patient with navigating community resources and health system as previous or current patient; Discuss Pertinent community health issues within communities to raise awareness; Suggest culturally-appropriate mental health interventions; Assist with navigating social services and the local healthcare system; Offer informal interpretation; Connect patients in community with available resources; Assist with citizenship classes and English literacy; Provide peer-led groups. (pp. 21-22)

Many of these goals were demonstrated informally within the current research group by KT, and her exemplary peer support across religions, languages, and cultures seemed to inspire other women to support each other as well. After hearing KT speak about the positive aspects of many religions, TY stated, "Every religion teaches us to do good things because of karma—it's how we got here. Loving each other, working together." MA added similarly, "Buddhist community, other churches, Burmese

communities. Doesn't matter if they are Karen or Muslim. It doesn't matter!" TY concurred, "Nothing is different. They love us, we love them."

The mutual support that arose in the group went beyond religion, ethnicity, and culture to characteristics like age as well. This mutual support also seemed to extend past the Women's Group to the outside world. For example, when YY looked at the collection of painted hands on the fabric circle, she spoke about the representation of group members protecting one another across age and across countries:

> I see…young kids holding hands with each other, protecting each other. A peaceful place. Young people should protect old people. We will all get old and die, but new generations will keep coming. Older people need to transfer their wisdom about how to protect the world.

TY was able to summarize this idea of mutual support within the group setting: "We can lean on each other for support, but also be strong by ourselves. We can find ways to carry on forward, separately and together. Being here is nice. We give and take each other's advice."

Expanding on the ideas of mutual support presented above, another critical component of the group was trust. While the conversation on trust and mistrust is present in literature regarding refugees' perceptions of the medical healthcare system **(**Crosby, 2013**),** Lenette (2015) lamented that the topic of trust—and, in turn, mistrust—is less explored in literature about refugee mental health.

Trust and mistrust can be especially critical conversation points when the researcher and/or the facilitator is from the dominant culture (in this study, White American) and the research participants or group members are not (Hadley, 2013). Lykes

(2013), a self-identified “White, privileged, and highly educated United Statesian” (p. 777) who utilized expressive arts practices in her work with Mayan women in Guatemala, argued that it was central to feminist, participatory action research processes for researchers to be reflexive about and critically engaged with their privileged outsider status in order to build trust with participants.

Lykes (2013) suggested that intersectional spaces required “just enough trust” where facilitators and intermediaries could “accompany victims, survivors, and protagonists through passionate solidarity and informed empathy” (p. 782). Norsworthy and Khuankaew (2004) who, like Lykes, worked within feminist, liberation, and participatory action theologies, stated that trust building was a necessary first step when working with refugee women before participants would feel comfortable speaking out. These authors suggested basic introductory get-to-know-you activities to set the stage for deeper sharing.

In considering racial and ethnic power dynamics between facilitators and group members, some researchers have insisted that teachers and community leaders should come from the same ethnic or racial background as their students (hooks, 1994; Perry, Steele, & Hilliard, III, 2003). This suggestion was successfully implemented in the Squirrel Hill Center’s peer support program that trained refugee members to be group leaders and health advocates (Daugherty & Fitzsimmons, 2017).

Racial and ethnic issues were also considered by Shaw and Poulin (2015), who studied extended case management support services for over 400 refugee households. The authors reported that there were no significant differences in wellbeing outcomes for households with case managers from the same ethnic group and/or who spoke the same

language vs. households with case managers from different ethnic and language backgrounds. Hence, findings appeared mixed regarding the effects of matching racial, ethnic, and/or lingual qualities between providers and clients.

In the current research, all of the facilitators, including the PR, identified as White Americans, and all of the group participants were refugee women from Burma. The interpreter, another refugee woman from Burma acted as both a language interpreter and a cultural broker. Trust appeared to be established between the refugee women and the group facilitators as the facilitators learned how to best support the women, and as the refugee women helped support one another. This trust was demonstrated as the women consistently attended the group, began to show physical affection for each other and the facilitators, were able to act in both student and teacher roles, appeared more joyous, experimented with unfamiliar art materials and expressive arts processes, and openly shared traumatic information unprompted.

The trust between the refugee women and the facilitators also seemed to grow halfway through the research process, when the group members realized that everyone was committed to working towards the same goal—determined by the refugee women—of keeping the group strong and stable. This trust also appeared to increase halfway through the research period due to the new, collective art-making processes, where everyone in the session—including the women, the facilitators, the PR, and the interpreter—created art side-by-side on the same piece of fabric. This facilitation of trust and rapport through the art-making process is explored in detail later in this chapter.

Case management. It must be noted that much of the trust between the refugee women and the facilitators also appeared bolstered by the case management efforts of the

UNC student-facilitators (part of their required graduate internship program). These students provided weekly, home-based mental health services to participating refugee adults and also linked participants with community resources, such as housing, education, employment, and medical care. The UNC social work students emphasized their belief that these home-based, case management efforts—unaffiliated with the current research study—helped address the women's basic needs and enabled the women to participate more openly in the research process. It is impossible to assess if the women's group would have been as successful without these additional case management services provided by the student-facilitators in between the research groups.

Shaw and Poulin (2015) explored a two-year, extended refugee case management program in Salt Lake City, Utah. The program was offered to 434 refugee households; however, only 93 households completed the entire two-year program. While the authors reported that the factors of wellbeing, health, finances, education, housing, and employment all improved consistently over the 24-month period, the authors did not compare these findings to the households who had dropped out of the program. Hence, there was no comparison made between the overall wellbeing of families who had committed to comprehensive case management and those who had opted out.

Transportation. Although Shaw and Poulin's (2015) study did not compare families with case management to those without, the significant improvements in overall wellbeing in the families who did participate in the program cannot be ignored. Still, beyond its obvious benefits of helping link people with the resources they need and desire, case management may confuse roles and responsibilities for both recipients of case management and the case managers themselves. One example pertinent to the

current research study is transportation. Based on a 2015 community health assessment conducted by the Orange County Health Department, the Healthy Carolinians of Orange County (2015)— "a network of agencies and citizens partnering to promote health and wellness in Orange County"—labeled transportation as a priority issue for refugee populations from 2015-2019.

Recognizing this priority, local resettlement agencies and health departments have recently attempted to teach refugees how to use public transportation. For instance, *Try Transit Week*, a national movement, was implemented in Orange County in October 2017 to bring awareness to transportation resources in the area.

While developing a sense of agency and control over transportation services appears important to refugees' community integration process, this issue evokes a more complex question regarding how much to step in to help refugees integrate into and succeed within their new homes. Is it more beneficial to transport refugee clients to important appointments or to require them to find their own transportation as part of developing agency and empowerment?

The Squirrel Hill Health Center in Pennsylvania recognized transportation as a barrier to accessing health care and addressed this issue via a multi-level approach. They employed "care navigators" to help refugee patients navigate public transportation systems and also access Medical Assistance Transportation Programs (Daugherty & Fitzsimmons, 2017). Beyond this, the center also deployed mobile health units to the most heavily populated neighborhoods in order to further eliminate transportation barriers. Miller and Rasco (2011) also supported these types of community-based services.

In the current research study, the UNC student-facilitators helped transport the women to and from the research group. At points, this practice seemed to frustrate the students, as they stated that they felt their role had been relegated solely to chauffeur. The PR was confused by this feedback, as she believed that, beyond driving the group members, the UNC students also had an active and important role in planning and co-facilitating the research groups.

Additionally, the PR felt that the refugee women's relationships with the student-facilitators were strengthened considerably through this transportation arrangement. For the Rohingya women, especially, who had both spoken about feeling unsafe leaving their homes in Burma, the transportation support appeared to help them feel safe and able to attend the women's group. Specifically, this arrangement also revealed and dealt with cultural and gender role issues, as R's Muslim husband would not let her ride anywhere alone and wouldn't permit her to be in the same space as men without him (such as a bus).

Beyond addressing safety concerns and cultural norms, the Rohingya women simply seemed to look forward to their rides with the students. Z, for instance, spoke about her excitement and anticipation waiting by the door for her designated student to pick her up for the women's group. R always patted the hand of the student facilitator who drove her to and from group, and thanked her on numerous occasions. At one point, she painted intricate henna all over her student-driver's hands to show her gratitude for helping her get to the Women's Group.

Group Demographics

It has been debated whether homogenous groups or heterogenous groups are most effective when working with refugee women, especially in regards to language, ethnicity, and nationality (Lenette, 2015; Norsworthy & Khuankaew, 2004; Watkins et al., 2012). The refugee women's research group was, effectively, both homogenous and heterogenous. The participants were all women, all from Burma, and all resettled in Orange County, NC (homogenous factors). They were also from different ethnic groups, spoke different languages, had different personality traits, and were different ages, education levels, and religions (heterogenous factors).

Similar to Norsworthy and Khuankaew's (2004) study, the combination of homogenous and heterogeneous factors in the current research group seemed to benefit the participants. The women in the current study found commonalities even amongst their lines of difference, and they were able and encouraged to support one another from both their similar and diverse perspectives and experiences. As TY commented about religious and ethnic differences amongst group members, "Nothing is different. They love us, we love them."

It must be noted that the above claims can only be made for the Burmese and Rohingya women who participated consistently in the group process. Various women, including the sole Karen woman, did not return to the research group after the first two sessions, and it is unclear if the demographic make-up of the group influenced this decision or not. At one point, Mu informed the PR that she believed one of the younger women had stopped coming because she was sick of listening to the older women talk. Still, the fact that both Burmese and Rohingya women consistently attended the group and appeared to bond with one another is critical, since the Burmese army is currently

implicated in the ethnic cleansing of the Rohingya people in the Rakhine state in Burma (Tillerson, 2017).

Additionally, although some of the Burmese women did seem to speak more than the Rohingya women during the sessions, this appeared to be a reflection of age and English/education comfort levels more than anything else. KT and YY—the Burmese mother-daughter pair who had lived in the US for the longest amount of time—were both completing their citizenship classes, had the highest levels of English skills, and spoke out the most during sessions. While R and Z appeared to defer to these Burmese women's expertise, this seemed to be based more on the Burmese women's English skills, their educational backgrounds, and, in regards to KT, her respected role as the group elder, than deferring to them because of their ethnicity. This perception by the PR cannot be confirmed, however, because she never asked directly about this situation.

Female-centered spaces. While research results were varied within the literature on the benefits and/or pitfalls of implementing homogenous and heterogenous groups as related to culture and language, most studies agreed that the optimal way to conduct research, education, and therapy with refugee women was within group settings (Felsman, 2016; Lenette, 2015; Oo & Kusakabe, 2010). Felsman (2016), who researched a health and wellness group for multicultural refugee women resettled in North Carolina, insisted,

> Sufficient evidence exists to support a need to change the current practice of providing health literacy classes to mixed-gender groups of resettled refugees. Programs that provide a culturally appropriate, female-centered forum to discuss health issues, form social connections, and develop agency regarding their own

health are better at meeting the needs of women refugees. (p. 229)

Additional researchers suggested that refugee women were “more likely to engage in trust, reciprocity, and cooperative relationships than men” (Carpenter, Daniere, and Takahashi, 2004, p. 857), and refugee women tend to “create and recreate social networks that provide stability and sustenance within the rupturing process of war and displacement” (McMichael and Manderson, 2004, p. 90).

The all-female demographic of the current research group seemed to be one of the most important factors in enabling expression, trust, and growth. This appeared especially true for the Rohingya women. YY and KT did not have any prominent male figures in their current home, and TY’s husband was generally supportive of her extracurricular activities. He even pushed her to come to the Women’s Group, saying that he wanted her to be out of the house, receiving social support. R and Z, on the other hand, seemed to have different gendered relationships within their family structures. Z, who lived with her adult son, often stated that he did everything for her, and that she was too frail to do anything on her own. Her self-esteem and self-confidence seemed to grow throughout the group, as she took initiative over the art-making piece (for example, stamping her strong, black-painted hand across our communal cloth) spoke up unprompted about her personal childhood trauma, and developed pride in being an interpreter for R.

R’s participation in the group seemed even more revolutionary, as her husband forbid her to be in the presence of any men when he was not around. Because the group maintained an all-female demographic—including the group members, the facilitators, and the interpreter—R was able to leave the house, develop social support, strengthen her English skills, and gain resources and information to help her family meet their basic

needs. Additionally, R and Z seemed the most moved by the graduation ceremony, as they were barred from obtaining an education in Burma. If the group had been mixed gender, R, most likely would not have been able to achieve this goal.

Along the same lines, keeping the group segregated by gender seemed to allow for more intimacy to develop. As noted in both Crosby (2013) and Reavy et al. (2012), many cultures do not allow unrelated men and women to touch. Hence, the physical closeness required to create the communal art—especially the handprints—would not have been permitted in a mixed-group setting. Neither would have the relaxed touch that blossomed over the course of the research, as the women patted each other's hands in support, hugged one another at the beginning and end of group, and danced around with colored scarves.

This intimacy created a sort of oasis for the women, as they developed and secured a space where they were able to share their voice in a safe and supportive community. Plaskow (2005), who studied groups of Orthodox Jewish women, listed five steps to encourage women to claim space and speak out: (1) hearing silence, (2) making a space to name silence, (3) creating the structures that allow women to speak, (4) taking the authority to fill in silence, and (5) checking back. This research process seemed to enable these steps to occur.

First, KT's "I am not deaf" statement seemed to challenge others to hear and name ways in which she, herself, was being silenced, and then possibly expanding this sentiment to address ways in which silence was perpetuated within newcomer communities. The research steps we undertook to address her statement next helped create structures that allowed and encouraged the women to share their narratives and

their priorities with others, both within their own cultural community and with members of the outside community—the group facilitators—as well. While the facilitators helped form the group space, it ultimately became the refugee women's domain.

Important to note, while Plaskow's final step of 'checking back' occurred to some degree throughout the sessions, sufficient follow-up post data collection was not achieved, an issue addressed in the limitations below. Still, the intimacy of the female-centered group, which enabled the women to claim and share their voices within a safe and secure community-based space, resides at the core of this dissertation.

Related Models Addressing the Second Research Question

After data analysis, the PR read about various other models that appeared linked to the results of this study. One example was the ADAPT model, which focuses on serving individuals and communities who have experienced mass conflict (Silove, 2013). The five "core psychological pillars" (p.237) of the model include safety/security, bonds/networks; justice; roles and identities; and existential meaning. All of these pillars were addressed within the current study.

Like PTG and AAD, the ADAPT model posits that "recovery is an active process: individuals and their collectives have a natural drive to mobilise their own resources, striving to survive and adapt" (Silove, 2013, p. 238). Importantly, Silove also noted that while the five core pillars of the model are often described separately, "in reality they form interdependent components of the foundations needed to restore stability to conflict affected societies" (p. 244). The current study reported similar findings, in that the overarching themes appeared interconnected, inseparable, and related to stability.

Another important theory that was not researched until after the data collection period was completed was Seligman's (2011) PERMA theory of wellbeing, which requires the nurturing of at least one of the following five elements: positive emotion, engagement, relationships, meaning, and accomplishment. Like Silove's (2013) ADAPT model, all of Seligman's five elements were present in the current study results.

Interestingly, Seligman's (2011) five elements of wellbeing are often related to self-care, a concept that Mu reported was not common or practiced amongst women from Burma: "Especially in our culture, even at home, you don't have time for yourself. This is normal for Burmese. They never think about having time for themselves. That is a new concept. As a mother, you never have time for yourself." Perhaps, without officially naming it, the Women's Group—which included all five PERMA elements—*was* the refugee women's form of self-care, and by pushing for this group to remain strong and stable, they were advocating for their own self-interest.

Finally, multiple ecosystemic/ecological models and studies were explored prior to the current research study (Bronfenbrenner, 1979; Guruge & Khanlou, 2004; Reavy et al., 2012; Williams, 2010; Yohani, 2008). These models, which state that individual identities are inherently connected to and influenced by one's greater surroundings, directly related to the current study. In fact, the arts-based public narrative process was based around an ecosystemic framework of a bulls-eye—three rings related to the intrapersonal, interpersonal, and community levels addressed by Reavy and colleagues (2012). As stated above, the specific results of the current study were difficult to delineate, as the concepts flowed in and out of one another during different stages of the

process. This fluid movement mirrors how ecosystems generally work and reflects the interrelated findings of the above models.

Miller and Rasco (2011), who studied "the ecological paradigm of community psychology" as related to refugee mental health, not only agreed with the above authors that various ecological factors must be addressed if individual (and societal) mental health are to be improved, but also took this idea a step farther by suggesting these multisystemic factors—such as addressing societal and familial roles, reducing social isolation and increasing social support, and enhancing knowledge and skills as related to health, education, and employment, and legal issues—must be addressed by mental health professionals within community-based settings.

The authors went on to state that many mental health professionals saw the above issues as beyond their scope of care. Miller and Rasco (2011), however, disagreed, asserting,

> We believe that the strong link between people's mental health and their capacity to effectively manage these displacement-related challenges clearly argues for viewing such work as falling very much within the domain of mental health. It is, however, a different sort of mental health work that is called for—an approach that is rooted in community settings rather than mental health clinics; that is based on collaborative rather than hierarchical relationships with community members; and that is grounded in a thorough and respectful understanding of local values and beliefs regarding psychological well-being and distress. It is here that we face an interesting challenge, for the medical model of psychiatry and clinical psychology that has guided our clinic-based work with refugees cannot adequately guide our

> work once we leave the clinic and enter the communities in which refugees live. The transition from clinic to community creates the need for a new model, an alternative framework that reflects the complex realities of refugee communities and the altered relationships we will need to develop as we shift from relations of hierarchical expertise to authentic collaboration. (p. 32)

The authors went on to speak to the related issue of changing research practices to fit the needs of the communities being served, and to prioritize inductive methods of research over deductive methods:

> We may need to broaden the focus of our interventions to reflect the range of concerns that are salient within the communities in which we work. To know what those concerns are, we simply need to ask community members in ways that allow them to tell us what is most important to them. In practical terms, this means complementing traditional psychiatric assessment methods with qualitative strategies such as semi-structured interviews, focus groups, and participant observation. In contrast to *deductive* methods which are designed to confirm or disprove our own *a priori* hypotheses, inductive methods such as these allow respondents to articulate their own concerns unrestricted by our assumptions about what matters most to them or what aspects of their experience are most in need of attention. Gathering such information is not simply a good idea, it is *essential* to the design of contextually appropriate ecological interventions. (Miller & Rasco, 2011, pp. 38-39)

These integral issues addressed by Miller and Rasco (2011) relate directly to additional factors influencing the current research study, including cultural humility and

cultural safety, participatory research approaches, inter-agency dynamics, and perceived control. These factors are explored below.

Additional Factors that Influenced the Research

Beyond the above findings separated out by the research questions, other critical concepts and processes impacted the research study overall. First, cultural humility and cultural safety were implemented as much as possible throughout the study. The implementation of PAR helped with this process, as this research approach honors those critical practices. Other factors that impacted the research included inter-agency dynamics, and the utilization of arts-based practices.

Cultural Humility and Cultural Safety

Two factors that seemed to enable both the strength and stability of the Women's Group as well as the development of the research process were *cultural humility* and *cultural safety*. Cultural humility implies that it is impossible to be adequately knowledgeable about any culture other than one's own (Levi, 2009), while cultural safety suggests that institutions be built upon structures that empower vulnerable populations (Reavy et al., 2012). Both involve a decentering of (typically) Western cultural hierarchies. They require those normally in charge to relinquish some of their control and power and to engage in constant questioning, self-reflection, curiosity, and commitment to learning about others. Both practices require that we—researchers, clinicians, and privileged host community members—consistently assess our own limitations, the gaps in our knowledge, and our ability and willingness to disrupt our understanding of the world and our position in it.

In the current research study, the facilitators practiced cultural humility and cultural safety by attempting to follow the lead of the women as fully as possible. This played out in numerous ways. First, although the PR originally kept emphasizing that the facilitators were not "teachers," as they had been labeled by the refugee women, the PR later realized—through help from the interpreter—that this labeling made sense in the women's cultural understanding of the research process. Accepting this cultural label, the facilitators helped create horizontal power structures in other ways, like making art alongside the women and sharing their own responses to the research questions. Through these acts, everyone involved truly became co-researchers.

The facilitators also worked to make the research setting as "culturally safe" as possible, providing tea and snacks, as was customary in traditional gatherings in Burma, and asking the women to bring in other traditional food if they desired. Additionally, the student-facilitators from UNC drove the women to and from the sessions, providing a safe way for the women to attend the group. Finally, the group was held on Sunday evenings, based around the religious schedules of the women.

Cultural humility was addressed as the facilitators consistently engaged the women in discussions about their cultural practices from Burma, and asked them to teach the facilitators words in Burmese and Rohingya—an act that demonstrated how everyone was in the process of learning. Finally, and seemingly most important, the facilitators engaged in constant self-reflection, emailing with one another throughout the research period to check-in about the process, and explore their concerns. The greatest self-reflection came in the form of recognizing that, to truly help the women fulfill their

desires of keeping the Women's Group strong and stable, the facilitators needed to shift their commitment to the original esearch question and agree to new action steps.

Rubesin and Hayes (in press) commented on these types of critical research approaches:

> Committing to cultural humility is a critical and deliberate research practice. When practitioners interview clients, the client is the expert on her own life, symptoms, and strengths. The client holds a body of knowledge that the practitioner does not. This body of knowledge, however, will determine not only how a question is answered, but what questions are relevant, and which aren't. This truth reveals that communities should be involved in the "problem diagnosing" process, where their expertise and wisdom informs the question-asking and decision-making from the start. Without their expertise, researchers will ask the wrong questions. (pp. 17-18)

Dutta and Jamil (2013) similarly praised culture-centered approaches that defied top-down, universalized interventions and linear models that ignored the self-efficacy of migrant communities. The authors wrote, "It is only through engagement in dialogue with the cultural insider that the local meanings of health can be articulated and understood" (p. 171).

Importantly, while the facilitators did our best to practice cultural humility and cultural safety by highlighting the cultural expertise of the refugee women and honoring their research requests, we failed to openly and consistently discuss our own privileged identities as White Americans, both with the women, and among each other. Critical self-reflection and open acknowledgement of power, privilege, and oppression are necessary

practices of cultural humility and safety, and these realities were never explicitly discussed during the research process, even if the facilitators' ongoing actions and reflections attempted to address cultural humility and safety.

Participatory Action Research

Participatory action research (PAR) attempts to follow practices of cultural humility and cultural safety as it takes into account inherent power dynamics between researchers and those researched and works to dismantle this hierarchy (Baum et al., 2006). Critical research approaches like PAR also force researchers to recognize their responsibility to and within the communities they choose to research. They push researchers to face salient questions like those asked by R, "When you leave, who do we ask for help?" In the case of the current research, these types of questions led the PR and other facilitators to recognize that they could not ethically terminate the Women's Group and the research process before helping the women establish concrete action steps to achieve their stated goals.

While critical research approaches like PAR push researchers to recognize their own responsibility within communities, these approaches in no way assume that the researchers know best, instead turning to the participants as the experts on their own cultures. This philosophy encourages group members of different social classes, linguistic levels, and educational backgrounds to participate at the same level (Norsworthy & Khuankaew, 2004). This was especially pertinent for group members like Z, who shared early in the process that she was embarrassed to speak out due to her less developed English skills and her lack of formal education. Her statement was immediately met by

the facilitators reassuring her that, in this research group, every voice was respected and valued equally.

While trying to adhere to the power-sharing dynamics of PAR, it must be noted that the first research question, although inspired by KT's statement about "being deaf," was, in actuality cultivated by the PR and the student-facilitators. As noted throughout Chapter 4, during the process of answering the first research question, the PR and the student facilitators became anxious when they felt the women were not "understanding" the research question, and/or that the research wouldn't "get done in time." The photographs taken during the early research groups demonstrated this anxiety and attempt to maintain control, as the PR and student-facilitators are documented pointing, yelling across the room to quiet the group members, and eyeing the women carefully to make sure everything was being done "correctly" (See Figures 12-15, 18).

Similarly, the PR developed the "I am" statements asked in the beginning of the research process. While she wrote these statements to aid the women in expressing issues important to them—thus reflecting their first research question—the beginning of the sentences ("I feel," "I hope," "I fear," etc.) influenced the ways in which the women responded, and hence, influenced what they expressed as issues of importance. This is something the PR herself had criticized in various art-based studies where the researchers had written the research questions instead of the participants (Hughes, 2014; Prag & Vogel, 2013).

Interestingly, this issue was complicated by the fact that the interpreter, Mu, actually suggested that the PR create the initial research question for the women. She stated that it was anxiety-producing for the women to have so much control over the

process, and they were seeking leadership from the PR and other group facilitators. This is an issue reviewed in Nelson et al. (2014) who spoke about doing social work with refugee clients. The authors commented that some clients expect a more hands-on approach from their social workers and are confused and disappointed if their social workers do not give them clear direction. This finding also reflects aspects of the "forming" stage of typical small group development (Tuckman, 1965), explored in detail in the next section.

Developmental stages of groups and therapeutic factors. As stated above, at points during the research process, the PR was concerned that the process wasn't going in the "right" direction. She even reached out to the interpreter and other group facilitators halfway through the research for assurance that the research would be completed within the given time frame. These concerns go against the fundamental theories behind PAR, which encourage the PR to be flexible and invite the participants into as many research decisions as possible, including determining the direction of the research and the timeline needed to complete it (Bateman, 2014; Baum et al., 2006; Rutman et al., 2005).

Ironically, while the PR struggled to let go of controlling the research process, literature about therapeutic support groups explored after the data collection period showed that the participants were exactly where they were expected to be regarding typical small group development (Tuckman, 1965) and common group therapeutic factors (Yalom, 1995). A review of the data showed that the research group process closely reflected Tuckman's (1965) seminal stages of small group development: forming, storming, norming, performing, and adjourning. These five stages are summarized below, in relation to the Women's Group process.

Forming. In the beginning of the research process, the refugee women and facilitators appeared to adhere to various aspects of the forming stage. Besides KT, the refugee women readily agreed to participate in the research and didn't ask for any clarification or offer much feedback regarding the process presented by the PR. "Whatever you want, teacher!" became a typical response from the refugee women whenever the facilitators asked for their input. The facilitators were also very directive in this stage of the group, showing PowerPoints, as in a typical Western educational setting, and guiding the group experience. While the PR was concerned that she and the other facilitators were making too many decisions, the forming stage suggests that participants need clear direction at the beginning of the process in order to feel safe. This was affirmed by Mu, who stated that, in the beginning, the women felt more comfortable in a student role, learning from the facilitators, and that this was congruent with their cultural practices and understanding.

Storming. The storming phase seemed to come in the middle of the data collection period when the primary research question changed. As shared above, this created some anxiety for the PR and the student-facilitators, who were worried that a new research question could not be answered within the timeline the facilitators had established to complete the research. The debate of whether or not to switch the research question created "task conflict and confusion" (CISV International, 2018) and, finally, the clarification that the question did, indeed, need to change, because that is what the refugee women wanted. According to Tuckman (1965), the storming phase normally includes group members challenging the group facilitators, speaking up for what they need, and taking on new leadership roles.

Norming. Norming came in the form of definitively deciding to alter the focus of the research, and collectively determining what steps were needed to do so. This included considering what art activities to undertake and how these processes applied to the new research question. A sense of calm seemed to sweep over the group of refugee women and facilitators alike, as they accepted and planned for this new stage of the research.

Performing. During this stage, everyone in the group—including the refugee women, the interpreter, the student-facilitators, and the PR—worked together on the large fabric art piece. All group members appeared excited about the new direction of the research, the common goal of making the Women's Group strong and stable, and the collective art-making process. There was a sense of belonging, trust, and support amongst all group members, with the facilitators only stepping in as "expert members" when requested by the women, such as teaching them how to safely use a hot glue gun.

Adjourning. Finally, although the refugee women knew that their group would, in all likelihood, continue in a new way, there were still complex emotions as this iteration of the group (and the research process) came to a close. The graduation ceremony offered an important transition and closing to this particular group. R's emotional reactions summarized the complexity of the day. While she said she was very happy and proud to have graduated and to be participating in her first graduation ceremony, she also cried during the final session, because she was sad this particular group was ending.

Therapeutic factors. In addition to closely following Tuckman's (1965) stages of small group development, the Women's Group reflected many of Yalom's (1995) group therapeutic factors, including *instillation of hope* (KT: "These branches reach to other trees. These roots keep us strong, even in the storm. Our trees have inner lights"),

universality (YY: “When I drew this image, I thought about primitive people—how everyone in the beginning of the world was the same”), *imparting of information* and *interpersonal learning* (i.e. When the refugee women shared community resources with one another, like where to take ELL and citizenship classes, and where to have specific religious rituals conducted)*, group cohesiveness* (TY: “Loving each other, working together”)*, imitative behaviors* and *socialization techniques* (i.e. When the women watched one another use the art materials, mirrored each other, and helped one another work)*,* and *catharsis* (like when Z shared the detailed story of witnessing her parents’ murder). Factors such as these appeared much more important to the success of the group process than any specific intervention or research protocol implemented.

Inter-Agency Dynamics

Many of the above stages and therapeutic factors appeared in the second half of the research process when the facilitators realized that the action steps needed to address the women’s second question required going beyond the original university-based scope of the research and following a more community-based timeline.

Zavala (2013) approached this issue within research from the lens of decolonization. The author spoke to the benefits of university-driven research, which had funded various social justice projects; however, he also tackled various issues and contradictions that arose when historically “colonial-capitalist” institutions tried to address the “interests of Indigenous, colonized peoples” (p. 66), including the very real possibility of silencing voices from the marginalized communities under research. Zavala (2013) summarized:

> [A]ttempts at resolving these contradictions have led to the diffusion of

> qualitative research methods and interpretive strategies that privilege the perspective of the individuals and communities being studied… With respect to research methodologies, we have seen the development of approaches that honor the perspectives, voices, and interests of the communities being served. This kind of research is encapsulated by the transformative, participatory role communities assume when they take ownership over the research process: the "objects" of study become the "subjects" of the entire research process, thus changing the paradigm of traditional research methodologies. (p. 66)

The current research study was unique in that there were essentially two universities involved in varying ways. Lesley University, where the PR was a doctoral candidate, gave IRB approval for the study and the PR's advisor at Lesley was overseeing the work. Additionally, the two Lesley student-interns who helped co-facilitate came from the same institutional and philosophical background as the PR.

The University of North Carolina at Chapel Hill was peripherally involved in the study, simply because two of their graduate students were acting as group facilitators in collaboration with Art Therapy Institute staff and interns. Interestingly, although UNC-CH did not necessarily have a stake in this study, per se, the timeline of their students' internship with Refugee Wellness (a UNC program) impacted the research study heavily, since these were the facilitators who worked most closely with the refugee women outside of the group and also provided transportation to the sessions (both related to their duties at RW). Because of these factors, these students' graduation date, in essence, dictated when the research study came to an end.

But because the PR, on the other hand, worked for a community-based nonprofit,

the action steps prioritized by the women were eventually able to be prioritized by the facilitators as well. This choice matched the literature on community-based interventions, which state that these approaches, first and foremost, need to be aimed at empowering local community members to identify and then actively work to solve their own health issues (Miller & Rasco, 2011; Praetorius, Mitschke, Avila, Kelly, & Henderson, 2016; Williams & Thompson, 2011). In this case, the health issue at stake was maintaining a Women's Group that provided important social support and community resources post-resettlement.

Community-based interventions. Williams and Thompson (2011) spoke specifically to how community-based interventions are especially important for working with refugees: "The impact of establishing community links with refugee populations who have lost said links should not be underestimated. Collective action helps create ties where those ties to people, culture and history have been lost" (p. 781). Bringing this conversation specifically to refugee women, Klenk (2017) addressed the complexity of refugee women's experiences which were often influenced by the culture of the spaces they found themselves in. Klenk wrote that refugee women "can occupy a contested site between oppression and victimization and agency and aspiration, where their status fluctuates according to interactions in different spaces which simultaneously hinder and enhance their opportunities" (p. 170).

In our community-based research group, the facilitators attempted to create ties to the women's cultures by committing to certain practices like having culturally-familiar food at group meetings, hosting meetings in familiar spaces, allowing children and other family members to attend meetings as needed/desired, and/or allowing group facilitators

to socialize with group members outside of the therapeutic space. Various researchers have recognized these types of flexible practices as integral to culturally-respectful and culturally-effective care (Akinsulure-Smith et al., 2008; Reavy et al., 2012). Furthermore, our group facilitators attempted to honor and humanize the women's narratives by providing a "safe" space for speaking up about oppression and victimization, while also using strengths-based experientials to encourage agency and aspiration.

On an institutional level, cultural safety practices may require agencies to make structural changes to empower vulnerable clients, even if this comes at a cost to the institution (Reavy et al., 2012). As previously shared, the current research demonstrated this concept in that, when the refugee women consistently asked that the Women's Group continue past the pre-determined research timeline (which was focused around the student-interns' graduation schedule), the PR knew this is what had to happen, and that a financial and organizational plan must be put in place to achieve this goal. This difference in university-based and community-based approaches and timelines suggests why it may be difficult to reconcile institutional research studies with research practices that prioritize cultural humility and cultural safety.

In the current research study, this played out in the ways mentioned above, and in related instances. For example, because the PR had not collected demographic information on the refugee women during the study (including contact information), she was unable to reach out to some of the women after they stopped coming to group sessions. Although UNC Refugee Wellness staff had contact information for all of the women in the group—collected through prior assessments—they were unable to disclose

this information because the refugee women had not signed off on the sharing of their personal information.

While this confidentiality practice was understood and respected by the PR, it still created a formidable barrier to care. For instance, Z--who had reported during the research sessions that she felt socially isolated at home, and who really seemed to benefit from the social support the Women's Group provided—could not be found after the formal research period had ended. The PR, in collaboration with staff at RCP, searched for Z for two months after the official research study ended, simply to inform her about the time and date of the new Women's Group. Eventually, she was located through word-of-mouth community-based contacts; however, the university had her information all along, begging the question about which institutional policies help/protect vs. hinder/harm.

Similarly, although the UNC RW program had been conducting research on refugee adults—including the participants in the current Women's Group—using the RHS-15, this information was never shared with ATI staff due to IRB and confidentiality protcols. Again, while this practice was understood and respected, finding ways to share research results and resources between universities/institutions and community-based organizations feels critical to learning more about and implementing best practices within refugee mental health.

Perceived Control

Another idea related to inter-agency dynamics that permeated the current research study was *perceived control*, or "the *belief* that one can determine one's own internal states and behavior, influence one's environment, and/or bring about desired outcomes"

(Wallston, Strudler Wallston, Smith, & Dobbins, 1987, p. 5, emphasis in original). When applying this concept to inter-agency dynamics, various questions emerge: Who is in control of the research process? Is it a university professor? A major funder? A community-based agency? The research participants themselves? Some combination of the above? How does perceived control impact the research study?

During the first half of the research study, the women were focused on gaining control over their immediate risk factors, like their physical health, their children's safety and education, their housing, their food stamps, and other pressing concerns. This initial focus of the research reflected Maslow's (1943) theory that safety must be established before self-actualized healing and growth could occur. Establishing safety and perceived control as a first step is a foundation of trauma-informed approaches for working with refugees (Bailey, 2012; Fitzpatrick, 2002; Kalmanowitz & Ho, 2016; Kira et al., 2012).

During the second half of the research study, the refugee women became focused on the fact that the current Women's Group was ending, and this uncertainty about what would happen after the student-facilitators graduated in May appeared incredibly anxiety-provoking to the women. There seemed to be a generalized fear around losing the sense of control over self and community that had been created and familiarized within the group setting. The women appeared unprepared to step into the unknown. This sentiment was demonstrated by R, who cried during more than one session when thinking about the Women's Group ending, asking, "When you leave, who do we ask for help?" Her statement suggested that she didn't perceive having control over (a) the trajectory of the Women's Group or (b) other aspects of her life.

Viewing R's statements and emotions from a trauma-informed lens, which demands that safety, trust, and control be established first, it appears that the second research question—focused on the strength and stability of the Women's Group—needed to be addressed and resolved internally *before* any research findings could be disseminated to or focused towards the broader community.

R's anxiety about the instability of the Women's Group and other factors in her life also seemed to correspond with the heightened concerns among refugees given the political climate of the United States with the recent refugee bans and deportation strategies launched by the new administration. As XX shared earlier in the research process, "I am worried that if refugee people are not good, Trump will deport them back. If one refugee is bad, all will suffer." When the women learned that the group was, most likely, going to terminate when the student-facilitators graduated, they suddenly became hyper-focused on sharing the importance of the program with the group facilitators (KT: "I feel hopeless, helpless. At first, I thought I would give up, but I reached out to women here and found support and changed my plan to get passport and leave America.") They became fixated on the fact that they wanted "the women's group to be strong and stable" (TY).

This new focus made sense. After all, as was made clear in the data collected, the Women's Group represented a safe and stable entity within their resettlement community. As shared in the *female-centered care* section above, similar sentiment has been observed and validated by various studies touting the importance of stable, all-female social networks in times of upheaval (Felsman, 2016; Norsworthy & Khuankaew, 2004; Oo & Kusakabe, 2010). Again, working to save and stabilize the Women's Group emerged as a

critical priority before broader issues could be addressed and broader audiences could be approached.

Supporting this idea, KT's vague statement that she would only participate in the research process if we could "take it to the next level" was later clarified as her desire to take the *Women's Group* to the next level, meaning reaching out to more refugee women from Burma in order to grow, strengthen, and stabilize the group. Paying attention to this imperative reflected this study's attempt to adhere to PAR principles, responding to participant-driven issues and questions through tangible actions, instead of simply doing research for research's sake. Our decision to add a second research question to address the strength and stability of the group reinforced the agency and empowerment of the refugee women, honoring their role in selecting if, why, and how to participate in the research process. This choice reflected Ganz' (2011) ideas about the importance of turning values into action and making choices in times of uncertainty as a way to exercise agency and have perceived control in volatile atmospheres.

Figure 77 re-imagines Maslow's (1943) model for the purpose of this research group. As depicted in this figure—and as in Maslow's original model—when implementing trauma-informed care, safety and security have to be established before self-actualization can occur. The Women's Group itself was a key protective element in creating and maintaining members' sense of safety and security (including the educational aspects, the strong female relationships, and the focus on actively addressing risk factors). As discussed previously, the Women's Group appeared to be the group members' way of engaging in self-care, even if it was not labeled in these terms.

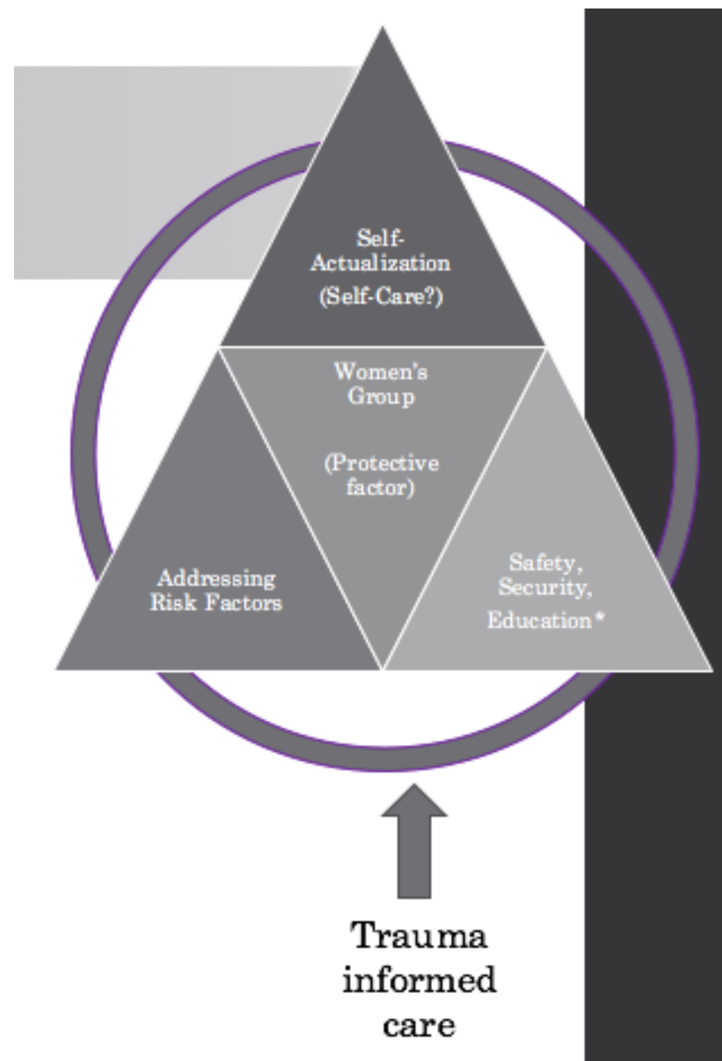


Figure 77. Hierarchy of the Women's Needs

The Impact of Artmaking

Finally, the expressive arts played an integral role in the research experience, facilitating and enabling the entire process to occur. This was noted by both the student-facilitators and the interpreter in their follow-up interviews. When asked an open-ended question about the strengths of the group, Mu replied, "We do art together. That is the best, everybody happy." One of the student-facilitators commented on how the art-making process seemed to open up the participants to deeper conversations, "Some of the power of art is doing something side by side with someone else before talking

intimately…Just sharing space with someone." This statement by the student-facilitator seemed to reflect Kossak's (2009) idea of "tuning in" (p. 13), which speaks to the act of simply being with another person authentically and deeply listening to and observing what is being said, shown, and implied.

Felsman (2016), who studied a multicultural refugee women's group in Durham, NC, stated that creating art with refugee populations—especially when there are language barriers—can help create a common ground between multi-lingual group members and facilitators, and work to relieve anxiety related to verbal communication. While various health professionals and researchers, like Felsman, have successfully incorporated arts-based practices into their work with refugees (Grodin et al., 2008; Guerrero & Tinkler, 2010; Harris, 2007; Lykes, 2013; Ramirez & Matthews, 2008; Rees et al., 2013; Sliep et al., 2004; Sonn et al., 2013), expressive arts therapy and art-based research attempt to utilize the arts in more comprehensive ways.

For instance, unlike the previous year of the women's health and wellness group—when ATI staff had integrated short, pre-planned arts interventions into an already-established Pathways to Wellness curriculum (which was run by other UNC social work students)—the art-making was instrumental to the process in the current research. The arts became a primary mode of enquiry, the means to both developing and answering the research questions.

While the PR did utilize a public narrative framework to guide the art-making processes, there were no specific interventions beyond this framework, and the women's own desires in the artmaking took center stage. For example, in the second cycle of the 'Story of Self' art-making process, the facilitators encouraged the women to decorate the

middle of the fabric bullseye with various art materials that represented their inner strengths. The women placed down items that represented their families, nature, and their singing voices, and were able to speak to these ideas; however, more than these discussions, the women seemed genuinely focused on simply exploring the new art materials—feathers, glitter, glue, paint, marker-pens—items that the women reported they had never used before.

The second 'Story of Us' session—when the women painted and stamped their hands onto the middle ring of fabric—yielded even more expressive results. While the facilitators asked the women to speak about the strengths of the group during this process, these strengths were demonstrated in action much more than voiced in direct response to the question. Through the act of painting each other's hands, the women showed that they were now more comfortable with fluid art materials and with mutual touch. And, by the amount of times the women eagerly placed their handprints on the cloth, they demonstrated ownership over the group space.

Containers and bridges. As stated above, while there was a specific intervention involved in this research (art-based public narrative), this intervention did not define the research process. Instead, it acted as both a container and a bridge, two important elements of expressive therapies highlighted in Dieterich-Hartwell and Koch (2017). The authors wrote about how various creative arts therapies practices have been successfully implemented with refugee populations, acting as a "temporary home" for people who had been displaced. The authors furthered explained that the term *temporary home*:

> …has two connotations. As the home, it may represent a safe haven, a place to be oneself, a container that holds and keeps. The temporary aspect on the other hand

speaks to the experience of change, transformation, and bridging the old and the new. (5)

The art-based public narrative process contained the women both through the three-step process of exploring individual narratives, group narratives, and community narratives (Ganz, 2009), as well as through the actual art materials utilized. For instance, the initial public narrative activity (placing beads within a small glass container) introduced the women to the art-based process in a trauma-informed way: By using non-fluid, contained materials, the women were able to exercise complete control over the artistic process. Only once the group felt stable and safe did the PR introduce more fluid and expansive materials such as paint.

This deliberate choice by the PR followed the Expressive Therapies Continuum, which states that different artistic media have different properties, some that evoke emotion and some that evoke structure (Hinz, 2009). Hinz explains that, some media contribute to perceptual experiences—like contrasting color fields—while others evoke affective experiences, like placing watercolor paint on wet surfaces. Symbolic experiences may be evoked by ambiguous forms, whereas precise, planned forms may lead to more cognitive experiences.

Hinz (2009) also noted that different art materials create containment in different ways. *Boundary determined* materials signify that “the physical boundaries of the materials themselves limit the expressive potential” (p. 33), while *quantity determined* refers to limiting the amount of materials offered to clients. Both boundary and quantity-determined practices were demonstrated in our research study within the initial ‘Story of Self’ activity, when the PR only gave the women a designated amount of colored beads

and a small jar to work with. As Hinz explained, “The use of boundary-determined media does not eliminate the expression of emotion in artwork, but rather is one way to contain it safely” (p. 33). Expressive therapists are trained to understand and appropriately utilize these diverse media based on the needs and desires of the clients, and to also know when a shift in media or modality is needed.

Beyond acting as a container, the art-making also became a bridge between the outside world and the insulated group space. The women demonstrated this by carrying their newly-discovered arts practice into their homes. KT brought in a collage that she had made in the middle of the night (inspired by the research process), R spoke about the yoga she had started doing at home, and YY excitedly brought in new music she was listening to at home to share with the facilitators.

Flow and attunement. While the first research question utilized poetic writing (“I am statements”), art materials (beads), and imagery (in the pictorial coding of the data), these were very contained ways of making art. As stated above, these materials and processes were boundary and quantity determined (Hinz, 2009). Even the art-making process that followed this initial “I am”/bead activity was contained. In the fourth research session—labeled “the pause” between research questions—the PR encouraged the refugee women to use collage and drawing materials to express issues of importance. Although this process allowed for more artistic exploration than the initial bead activity, it still employed “mediators” (Hinz, 2009, p. 33) or tools that separated the women’s hands from the actual art—for instance, the use of scissors, glue sticks, markers, and colored pencils.

Once these more controlled and mediated processes had been completed, the women finally seemed ready to use the arts in a more fluid way. This was demonstrated by the women diving into the art materials without mediators. More expansive materials were introduced (feathers, glue, finger paint, glitter, etc.) and the women's expression and interest in art making seemed to expand alongside these new materials. The women smeared paint directly onto their hands and then pressed their hands directly onto the fabric. Some poured glue right onto their palms and then used their fingers to share glue with one another. They sprinkled glitter with reckless abandon and placed feathers and felt flowers into each other's hair. These actions seemed an arts-based representation of Tuckman's (1965) "performing" stage of group development.

In general, the art-making during the second half of the research process just seemed more natural and fluid. At points, the women worked for 20-30 minutes without speaking, completely immersed in the art-making process. Rogers (1993), a creative arts therapist, referred to these precious minutes as transcendent moments where space and time appear to shift. This shift was most notable with Z, who refused to make art during the first half of the research period, stating that she didn't know how to draw, and that her arthritis prevented her from holding a paintbrush or using scissors. By the last four sessions, Z was excitedly painting and stamping her hands, gluing fabric and glitter with ease, and throwing scarves joyously into the air. She appeared totally involved in and comfortable with the art-making process and didn't mention her arthritis or self-proclaimed artistic inadequacies again.

Csikszentmihalyi (1996), writing on "flow theory," described his concept as "an almost automatic, effortless, yet highly focused state of consciousness" (p. 110) that

leaves people feeling fully alive, creative, and competent. While the refugee women in the research group may not have been experiencing the level of flow or artistic mastery that Csikszentmihalyi wrote about, there was a definite shift that occurred in their relationship with the art materials and the art-making process. By the end of the research period, the art-making element felt joyous, fluid, natural and integral to the group process.

Kossak (2009) labeled these connected concepts as *therapeutic attunement*, "a kind of mutual resonance experienced as connectivity, unity, understanding, support, empathy, and acceptance that can contribute greatly to creating a sense of psychological healing" (p. 13). This type of attunement requires a "centered alignment" (p. 13) before deeper therapeutic connections can be achieved. In the current Women's Group, the participants began to appear more comfortable when we established a literal center—the smallest circle of the fabric bullseye, where we all worked together to artistically and symbolically align our inner strengths. Kossak wrote about how this kind of centered alignment must be achieved before people can feel connected to themselves, others, and the greater world. These represent the three critical elements of the public narrative process (Ganz, 2009).

Art as action. Creating art—especially, when in a state of flow—is inherently active and engaging (Csikszentmihalyi, 1996). Action and engagement, as previously described by Tedeschi and Calhoun (2004), are necessary to the struggle of posttraumatic growth. Like attempting to push through writer's block, art-making can sometimes feel forced. During the first half of the women's research group, the art-making felt stuck. The women only seemed to be participating in order to please the facilitators. It did not

feel natural, and, as shown through the PR's doubts in the middle of the research study, it was frustrating.

Still, we did not give up. We continued to actively engage—meeting, creating art together, asking each other questions, and listening deeply to one another. Fortunately, the physical act of making art during each group assured that there would always be some sort of active engagement with the process and movement towards our collective research goal of strengthening and stabilizing the Women's Group.

Art as social action; Art as equalizer. One important form of action is social action, and various expressive therapists have spoken about how art-making can become a tool for this practice. Kapitan and colleagues (2011) wrote,

> Art is a transformational act of critical consciousness. Not only is art the making of things; it also awakens new ways of thinking and learning that things can change. On the macro level of community practice, art therapy looks outward as well as inward, engaging a people's collective dream life, their hopes and images, their histories and current realities, and their discovery of new ways to go forward. When people come together to practice critical inquiry, they develop a capacity to see, reflect, and respond to their own situations no matter how difficult those situations may be. (p. 64)

Relationships and community-building within the group undoubtedly shifted once the more fluid art materials and processes were introduced. Among other changes, the PR and the student-facilitators began to participate alongside the women in the artmaking process, again reflecting elements of Tuckman's (1965) "performing" stage. Facilitators and participants were no longer isolated. Everyone was working together to address the

same goal. In this way, the arts acted as an equalizing agent. The PR, the student-facilitators, the interpreter, and the refugee women painted each other's hands, helped one another glue down materials, and assisted one another in drawing and writing. Everyone seemed more relaxed, engaged, silly, and joyous during these art-making processes.

Interestingly, during the second half of the research process, even the PR's field notes shifted. She started using the words "we" and "ours" a lot more, instead of othering the refugee women with labels that separated them from the facilitators. The fluid art making appeared to humanize the group interactions, and equalize the power dynamics without deliberately forcing any shift in roles.

Power, agency, unity, and stability. This equalization of power dynamics stayed strong throughout the final research session when the refugee women decided *not* to cut up and distribute their large fabric art project, as had been suggested by the group facilitators. This art piece had come to represent the group, and the women did not want to dismantle it. Symbolically and literally, they wanted to keep it whole, unified, and stable.

Similarly, the research process and the answer to the research question were not about this singular art piece. Nor was it about a singular event, like a one-off community dinner with local politicians—the original action goal chosen by the majority of the women. The answer was instead about what the art piece represented: the strength, stability, unity, long-term relationships, longevity, power, and agency of the Women's Group, all symbolized through the collective art-making process that led to the successful metamorphosis of the group. Keeping the piece together not only honored the

relationships that had been built throughout the art-making process, but also the hard work that had gone into the four months of research, the two months of creating the communal art piece, and the ongoing fight for the Women's Group to continue past the original Spring deadline.

Summary of Most Important Findings

In considering the above discussion, the qualities of engagement that stand out the most are the relationships—specifically, relationships between women, relationships forged through art making, and relationships strengthened through community-building and shared goals related to our collective liberation. The refugee women came to this conclusion as well, though it might not have been formally voiced in this way. The two pictures that were overwhelmingly chosen as overarching "favorites" during the last research group were images of the hand-painting activity and images of the entire group holding up the completed art piece. These photographs represented the relationships of the women, the collective unity of their group and the stability of the final art piece, the shared goals and visions, the community that was created and would now be sustained through a new group, and the intimacy, flow, and agency involved in painting and strongly pressing their hands side by side.

The complex factor that emerged as most urgent was the Women's Group itself, and the refugee women attempted numerous time to communicate this to the PR and student-facilitators. In the end, it was the PR and facilitators who had to re-examine their ideas of research in order to truly listen to the refugee women's needs and desires. It was the facilitators who, in essence, had to say, "I am not deaf."

Being within a community of women enabled this research process to emerge, be sustained, and, finally, to achieve the determined goals. Through both their homogenous and heterogenous characteristics, the entire group of women—including the Burmese and Rohingya refugees, the interpreter, the student-facilitators, and the PR—grew to trust and support one another. Their voices strengthened both individually and collectively, and their power and agency grew alongside their voices, until they were able to speak up about what they truly wanted and needed, and then work collectively to reach this goal.

The arts also enabled this collective voice to grow, as the process of creating literally and figuratively centered us around a common idea. Beyond this, moving from more controlled media and experientials, to more fluid and expressive opportunities allowed for group attunement, which hence allowed for deeper connections, insights, and goals to develop. We were able to safely contain the sacred experience of this Women's Group while also successfully bridging into the next.

Finally, this process would not have been possible if PAR had not been adopted and embraced as the research method, even—and especially—through the mess and uncertainty. While there was a belief that PAR was being implemented from the beginning of the research process, it was not until the middle of the process that the facilitators had to step back to listen to the needs of the women, understanding that the research needed to be redirected. Similarly, if this research had not been conducted in a community-based agency, with trusted connections to other community-based agencies serving refugees, the final goal of keeping the Women's Group strong and stable might not have been achieved. It is unknown what would have occurred if the university

timeline – alone –would have been adhered to, and the group was forced to terminate completely. But, this is another research question for another group to explore.

Figure 78 presents a summary of these research results as a dynamic, non-linear model. As stated above and as depicted in this figure, the risk and protective factors were often inseparable, with the Women's Group being one of the most complex factors. Direct action allowed for movement between risk and protective factors, between a focus on outside communities to inner communities, between product and process. This direct action, bolstered by trusting female relationships, art-making, PAR, education, and culturally-respectful practices, enabled growth to occur, and learning how to grow, adapt, advocate, and thrive in the midst of instability ended up leading to stability, at least in terms of establishing an ongoing Women's Group.

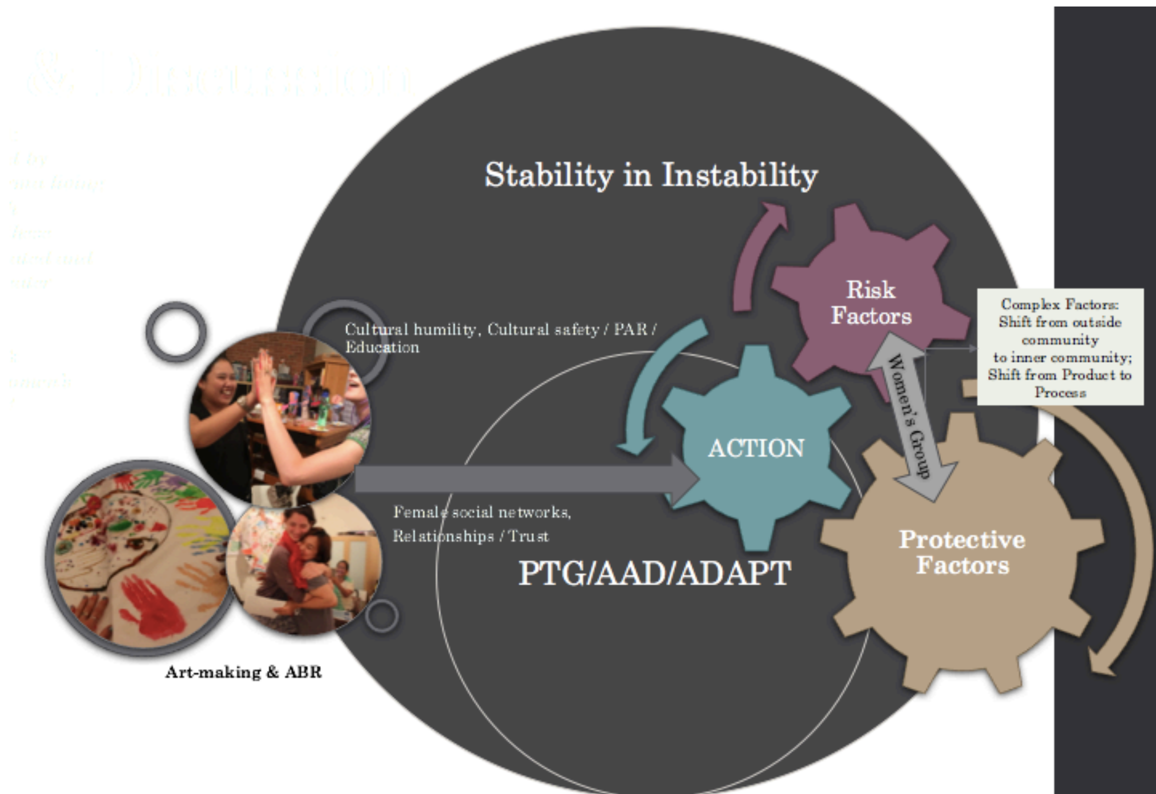


Figure 78. Non-linear Research Model; Non-linear Findings

Limitations and Suggestions for Future Research

While there was much success in the refugee women co-researchers' ability to answer their own research question and achieve their self-determined action goal, there were still various limitations to this study. These limitations may inform future research practices involving refugee women from Burma.

One major limitation revolved around cultural concerns. For instance, language and cultural barriers prevented the concept of 'research' to fully be explained to, or understood by, the women. Because of these barriers, it was impossible to obtain their complete opinions and consent on the research process, thus limiting their role as true co-researchers. While the interpreter was able to help immensely with verbal communication between the English speaking facilitators and the Burmese-speaking women, it was a great limitation that there was no formal interpretation that could be secured for the Rohingya women. Thankfully, Z, who spoke both Burmese and Rohingya, was able to act as an informal interpreter for R, but it will never be known completely how much was lost in translation among all of the refugee women and between the refugees from Burma and the American PR and student facilitators.

In ideal PAR, the participants, as co-researchers, are expected to help in data analysis and presentation of the data. While there was every effort to engage the refugee women in coding and member-checking practices during each research session, the women were unable to read or edit the words in this final dissertation, which is a formidable limitation to the research. It can be argued that, even if the refugee women could not read the final dissertation, they could have still member-checked the final over-

arching themes the PR created to affirm or alter them. This was a design limitation of the original research which was time-limited under the Lesley IRB.

The PR did not finish analyzing the over-arching themes until after the data collection period established on the women's consent forms had expired. Hence, while the interpreter and the student facilitators were interviewed after the final session, the refugee women were not approached again. Because of this, no formal follow-up procedures were put in place to see how the women felt about the research process in general, or to ascertain the impact the research had on their current lives.

Additionally, as noted previously, the PR had not procured contact information for all of the women in the study, and thus would have had difficulty locating all of them to engage in follow-up procedures. All of these oversights should be rectified in future research methods, and member-checking and other ad-hoc procedures should always be put in place if possible.

Other critical information-gathering practices were also missing from the research design. No formal demographic data was acquired from the women, which would have helped in comparing this study to other studies across the world. As previously stated, this choice was made to reduce possible alientation and objectification of the women during the research process. This was the PR's choice not to collect this data, however, not the women's. The women might have been completely happy sharing this information, as evidenced by many of them voicing these demographic data on the own accord.

Additionally, there were no major efforts during the data collection period to understand why four women stopped attending the research sessions after the first 1-2

sessions. One of the women was the only Karen participant, suggesting possible ethnic tensions within the group setting. This is especially important to note, considering the interpreter's apparent bias towards Karen people, which was not voiced until after the Karen participant had left the group.

Another oversight was that one of the most important data sources, the photographs of the research process, were all taken by the PR and the student facilitators. The refugee women were never asked or encouraged to take photographs themselves. This limitation was only realized during the final session, when all of the women used their own devices—like iPhones and tablets—to record the graduation ceremony. Seeing the research process from the eyes of the women might have enhanced the data and impacted the results significantly, and is something to consider in future research projects.

Additionally, a conscious decision was made in the beginning of the research study not to implement any quantitative assessments with the women. There was concern based on how quantitative assessments had utilized in the past which can be seen as pathologizing refugee clients and presenting too narrow a narrative (Rowe et al., 2016). Still, implementing appropriate assessments within a culturally-respectful research model might help compare findings to other studies using these assessments.

For example, the Refugee Health Screener-15 (Johnson-Agbakwa et al., 2014) is an assessment that has been adopted by numerous refugee-based agencies as a simple screening tool. A short measure like this might have gathered data to assess how the art-based Women's Group influenced the overall health and functioning of participants. This is a critical consideration in light of the informal research conducted by a previous UNC

student, whose use of the RHS-15 showed a statistically-significant drop in trauma symptoms among refugee women in an art-based health and wellness group as compared to mixed-gender, multicultural refugee adults in a verbal-based group. While this research remains unpublished and has many limitations itself, the findings suggest the potential to further explore the relationships between the arts, gender, and culture as related to trauma, health, and well-being addressed in groups.

Similarly, observations of the refugee women in the project suggested they had experienced posttraumatic growth as a result of their participation in the research; hence, the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 2004) might be something to consider implementing in future research with refugee adults. For example, Berger and Weiss (2006)—who studied posttraumatic growth (PTG) in Latina immigrants—were able to use PTGI results to report a lack of relationship between PTG and age as well as a lack of relationship between PTG and education level. The current research study might have benefited from gathering demographic data on participants and completing the PTGI—with help from the interpreter—in order to report on similar or contrasting findings.

Implications for Expressive Therapies and Other Fields

Despite the above limitations, this study has important implications for the field of Expressive Therapies (ET). First, it joins a list of studies showing that ET can facilitate communication and empowerment for displaced people (Apergi, 2014; Dieterich-Hartwell and Koch, 2017; Fitzpatrick, 2002; Kalmanowitz & Ho, 2016). Notably, it also suggests that the art-making process allowed the participatory action research process to proceed in a way that truly honored the needs and desires of the refugee women. The art

making became an equalizer, a common goal and active process, engaged in by both the facilitators and the refugee women side-by-side. This may have implications for the field of ET as therapists and researchers consider whether or not to engage in collective art-making with their clients or study participants, and how this collaboration could shift the power dynamics in these historically colonizing practices (Rubesin and Hayes, in press).

These implications extend past the field of Expressive Therapies, especially to other professionals and researchers working with refugee populations. When trying to determine and address the needs and desires of refugee populations, the timeline must be focused around the clients, not the researcher(s). Relationships matter, and power dynamics inherent to research practices must be acknowledged and mitigated, especially when working with study participants who have been historically disenfranchised (Rubesin and Hayes, in press).

Additionally, in reconsidering the traditional boundaries between researchers and those researched, more intimacy and trust may develop, which in turn, may lead to identifying and answering the "correct" research questions, meaning those considered important by the study participants. Finally, as the refugee women focused more on what the art making process represented—the ongoing strength and stability of the Women's Group—instead of focusing on the fate of the finite art project itself—researchers across disciplines could benefit from examining processes in conjunction with products.

Conclusion: Answering Their Own Question

The above limitations and implications undoubtedly leave open possibilities for future research studies. For now, however, the refugee women appear satisfied that they were able to achieve their research goal—to keep the Women's Group strong and stable.

According to Gross (2004) who worked with refugee research participants, this is the ultimate purpose of critical research approaches, like PAR: The participants identified, acted upon, and effectively addressed their needs and desires by answering their own research question(s).

In direct response to the participatory action research driven by the refugee women, ATI teamed up with another local nonprofit, the Refugee Community Partnership (RCP), to maintain and strengthen the Women's Group. Maddie Hayes, Executive Director of RCP, described the agency as follows:

> The *Refugee Community Partnership* (RCP) is a refugee community-driven organization…that mobilizes local residents, organizations, agencies, schools, and businesses into a powerful, cross-sector support infrastructure for refugee residents. By creating culturally-appropriate pathways to local opportunities and resources, and forging lifelong relationships between those who can navigate and access institutions and those who cannot, RCP sustains the lifelong process of rebuilding home. (Rubesin & Hayes, in press, p. 3)

While the university student-facilitators graduated in early May 2017 as planned, the community-based refugee women's support group continues to meet monthly, facilitated by ATI and RCP staff and volunteers. The mission of this hybrid group, written by the refugee women, is "to empower, support, educate and protect one another as women who have arrived in the area with refugee status; to educate one another regarding the many challenges that we encounter in a new place and culture; and to connect one another to resources that assist in helping address problems we have." Interestingly, this mission seems to reflect the original study question—"W*hat are the*

issues faced by refugee women from Burma living in Orange County, North Carolina, and how can these issues best be communicated and addressed within the greater community?"—an inquiry that couldn't be approached until more basic needs—such as stabilizing the Women's Group—had been met.

Many elements of the original women's research group remain in place, although we now meet in a new location—an office co-leased by ATI and RCP in August 2017, only a few short months after the research period ended. This new collaborative space is still situated in the middle of the host community, along a free bus route, only a few blocks from the original meeting space. Importantly, ATI decided to rent this office space after going to speak with RCP staff about the new potential collaborative Women's Group. Hence, essentially, it was the women's research question that pushed two community agencies to collaborate and rent space together to help build and sustain resources for refugee community members. The refugee women, in effect, succeeded in creating institutional change.

During our new collaborative Women's Group sessions, participants are still encouraged to bring in traditional food from their cultures to share with others. Children run freely around the adjacent offices, squealing and creating art with community volunteers. Babies sleep peacefully in strollers around the group room, and, when they wake, we all take turns rocking them back to sleep. Refugee women from Burma sit in a circle alongside RCP and ATI staff and volunteers, as we all share our individual and collective stories. We laugh, we cry, we pat each other's hands in solidarity and support. We make a lot of art. We smile with our teeth (Figures 79-80).

Figures 79-80. Making Art and Smiling with our Teeth in the New Women's Group

At least five of the refugee women depicted in this study have been attending the new Women's Group regularly. Z and R, who used to enter the office tentatively now hug me strongly every time we meet. There is a definite bond that wasn't there before. In the end, we did it: we empowered one another to identify and answer our own questions.

Post-Script: Removing my Researcher Objectivity

I have chosen to write in the third person for the majority of this dissertation, because, although the PAR process enabled me to feel close to the refugee women, I was still distanced from them as the academic researcher, as the person who was tasked with pulling this dissertation together, in order to earn a degree they will not share.

Now that the research period has officially ended, I feel even more relaxed around the women, more settled in following their timeline, more determined to help them meet their needs for the foreseeable future. For instance, the women have chosen a new group time—Saturday afternoons—when more refugees from Burma, including more working women and young mothers—are able to attend. We, the refugee women from the previous research group, the new refugee women, and the facilitators from ATI and RCP are all committed to keeping the new group strong and stable as long as we collectively want to do so, as long as we are collectively able (Figure 81).

Figure 81. "Reflecting" on our Process During a New Women's Group Session

Still, it is difficult for me to process that the amazing refugee women whose voices and images are shared throughout this dissertation will, most likely, never read this study. This said, the process of writing these words is still important if it leads to shifts in how researchers and clinicians approach their work with and within marginalized communities. And, even if the women I've come to admire so deeply will never be able to read this dissertation in its entirety, I will still let them know that it has been completed. After all, when we meet now at the new group, the women from the research study still squeeze my shoulders like a beloved daughter and tell me how proud they are that I am pursuing higher education.

I plan to bring them a copy of the text and invite them to pore over the numerous images of their artwork and their faces—expressions of joy, focus, community, and strength. I will verbally share the over-arching themes I distilled from the research process—the issues they revealed, the lasting relationships we built, the importance of the art-making process, and the goals we achieved together through PAR. I will ask for their opinions, and perhaps their responses will inspire a new study. Until then, I will put my researcher hat aside to be with the women in a new way. Or, perhaps, in a way that was always there, if and when I learned to listen.

APPENDIX A

MULTI-LINGUAL RECRUITMENT FLYERS

Arts and Wellness Group For Refugee Women from Burma

The Art Therapy Institute and UNC's Refugee Wellness program invite all

***Refugee women from Burma** living in Orange County to join us*

***Sunday evenings, from 6-8 PM** for an **arts-based health and wellness group**.*

Upcoming dates:

January 8th

January 22nd

February 5th

February 19th

March 5th

March 19th

In this group, refugee women from Burma will have the chance to:

- *Gain social support and knowledge from other women within a safe setting*
- *Use talking and art-making to explore important issues impacting their community*
- *Work alongside trained therapists and social workers to approach and express these issues*
- *Determine how to communicate any concerns, hopes, strengths, and needs with the greater community*
- *Have fun!*

If you want to refer someone, or are interested in attending this free, open group,

Please contact Hillary Rubesin at hrubesin@ncati.org or 919.381.6068

No artistic experience is necessary, and interpretation is currently provided in Karen and Burmese.

Childcare, transportation, and interpretation in other languages from Burma are available upon request!

The group meets at the ATI office: 200 N. Greensboro St., Suite D-6, Carrboro, NC

အနုပညာနှင့်ကျန်းမာရေးအဖွဲ့

မြန်မာနိုင်ငံမှရွှေ့ ပြောင်းဒုက္ခသည်အမျိုးသမီးများအတွက်

အနုပညာကုထုံးသိပ္ပံ နှင့်ယူအန်စီ ဒုက္ခသည်ကျန်းမာရေးအစီအစဉ်တို့ မှ

အောရိန်းကောင်းတီးတွင်နေထိုင်သော<u>မြန်မာနိုင်ငံမှရွှေ့ ပြောင်းဒုက္ခသည်အမျိုးသမီး</u>အားလုံးကိုပါဝင်ရန်ဖိတ်ကြားအပ်ပါသည်။

အနုပညာကိုအခြေခံပြီး စိတ်၏ကျန်းမာရေးနှင့်ကိုယ်၏ချမ်းသာရေးအတွက် <u>တနင်္ဂနွေနေ ညနေ ၆ - ၈ နာရီ</u> တွင် တွေ့ ဆုံရန်

နောင်လာမည့်တွေ့ ဆုံစုဝေးရန်နေ့ စွဲ

ဇန်နဝါရီလ ၈ ရက်

ဇန်နဝါရီလ ၂၂ ရက်

ဖေဖော် ဝါရီလ ၅ ရက်

ဖေဖော် ဝါရီလ ၁၉ ရက်

မတ်လ ၅ ရက်

မတ်လ ၁၉ ရက်

ဒီတွေ့ ဆုံမှု တွင် မြန်မာနိုင်ငံမှရွှေ့ ပြောင်းဒုက္ခသည်အမျိုးသမီးများအတွက်ရရှိမည့်အခွင့်အလမ်းများမှာ-

- လူမှု ရေးအကူအညီရရှိရန်နှင့် အခြားအမျိုးသမီးများထံမှ ဗဟုသုတရရှိရန် (လုံခြုံစိတ်ချရသောဝန်းကျင်တွင်)
- စကားပြောခြင်း၊ အနုပညာပြုလုပ်ခြင်းတို့ဖြင့် မိမိရပ်ကွက်တွင်ထိရောက်သော အကျိုးသက်ရောက်မှု ရှိသော ကိစ္စများကိုလေ့လာရန်
- ကျွမ်းကျင်ဆရာမများနှင့် လူမှုဖူလုံရေးဝန်ထမ်းများတို့ နှင့်အတူတကွပူးပေါင်းလုပ်ဆောင် ၍ ဒီကိစ္စ များကိုချည်းကပ်ပြီး ဖော် ပြရန်
- မိမိ၏စိုးရိမ်မှု ၊ မျှော်လင့်ချက် ၊ အားသာချက် နှင့် အားနည်းချက် များကိုမည်သို့သော နည်းလမ်းဖြင့် ရပ်ကွက်သို့တင်ပြ ရန်နည်းလမ်းရှာ ရန်
- ပျော်ရွှင်စေရန်

တစ်ဦးတစ်ယောက်ကိုရည်ညွှန်း ရန် (သို့) ကိုယ်တိုင် ဒီ အခမဲ့၊ ကန့် သတ်ချက်မရှိသော အဖွဲ့ တွင်ပါဝင်ရန်

ကျေးဇူးပြုပြီး Hillary Rubesin ကို ၉၁၉-၃၈၀-၆၀၆၈ နံပါတ်တွင် ဆက်သွယ်ပါ။

အနုပညာအတွေ့ အကြုံရှိရန်မလိုပါ၊ မြန်မာ နှင့် ကရင် ဘာသာစကားပြန်ရှိပါသည်။

ကလေးထိန်း၊ ကြိုပို့ နှင့် အခြားဘာသာ စကားပြန်ကို ကြိုတင်အကြောင်းကြားပါက စီစဉ်ပေးမည်။

အဖွဲ့ တွေ့ ဆုံရန် AIT ရုံးခန်း : : 200 N. Greensboro St., Suite D-6, Carrboro, NC

တၢ်စုသ့ဒီးတၢ် အိဉ်ဆူဉ်အိဉ်ချ့ ကရၢ ကရိ

ပိဉ်မုဉ်ပိာ်မၢၤ ဘဉ်ကီဘဉ် ခဲဟဲ လၢ ကီၢ်ပယီၤတဖဉ်အဂီၢ်

တၢ်စုသ့ကူစါယါ ဘျါဒီးယုၢ်အဲဉ်စံဉ် ဘဉ်ကီဘဉ်ခဲ တၢ်အိဉ်ဆူဉ်အိဉ်ချ့ အတၢ်ရဲဉ်တၢ်ကျဲၤ ကွဲမုာ်ဘဉ်

ပိဉ်မုဉ်ပိာ်မၢၤဘဉ်ကီဘဉ် ခဲဟဲ လၢ ကီၢ်ပယီၤတဖဉ် လၢ အအိဉ်လၢ အီရှခီထံဉ်အပူၤကဟဲရှလိာ်သးဒီးပှၤ

အိဉ်ဘုံးနံၤ၊ ဟါခီ ၆ - ၈ နဉ် ရံဉ် ဒ်သိးကထံဉ်လိာ်သးလၢ တၢ် အိဉ်ဆူဉ်အိဉ်ချ့ ကရၢလၢ အဟံးခီဉ်တယဉ်လၢတၢ်စုသ့

မ့ၢ်နံၤလၢကဟဲ ကထံဉ်လိာ်သးတဖဉ်

လါယနူၤအါရံၤ ၈ သီ

လါယနူၤအါရံၤ ၂၂ သီ

လါဖ့းဘြူၤအါရံၤ ၅ သီ

လါဖ့းဘြူၤအါရံၤ ၁၉ သီ

လါမးရှး ၅ သီ

လါမးရှး ၁၉ သီ

ခီဖျိတၢ်ထံဉ်လိာ်သးအံၤ ပိဉ်မုဉ်ပိာ်မၢၤဘဉ်ကီဘဉ် ခဲဟဲ လၢ ကီၢ်ပယီၤတဖဉ် ကမၤန့ၢ် တၢ်ခွဲးတၢ်ယာ်လၢ-

- ကမၤန့ၢ် တၢ်မၤစၢၤခီဖျိတၢ်ရှလိာ်မုာ်လိာ်သးဒီး တၢ်ဟ့ဉ်ကူဉ်ဟ့ဉ်ဖးလၢ ပိဉ်မုဉ်အဂၤ (လၢတၢ်ဘံဉ်တၢ် ဘၢအပူၤ)
- ကတိၤသကိးတၢ်ဒီးမၤသကိးတၢ်စုသ့ဒ်သိးကမၤလီအါထီဉ်တၢ် ဂ့ၢ်လၢ အရှုဒိဉ် လၢ ဘၢ ဉ်ကဂီၤပူၤ
- မၤသကိးတၢ်ဒီးသရဉ်မုဉ်လၢတၢ်စုသ့ ဒီပှၤဘဉ်မူဘဉ်ဒါလၢတၢ်ရှလိာ်မုာ်သကိးတၢ်တဖဉ် ဒ်သိးကသုးဘူးဒီးကတဲဖျါထီဉ်တၢ် ဂ့ၢ်အံၤသ့ဉ်တဖဉ်
- ယုသ့ဉ်ညါကျဲ ဒ်သိးကဒုးသ့ဉ်ညါ အဂဲသ့ဉ်အတၢ်ဘဉ်ယိဉ်ဘဉ်ဘီ၊ တၢ်မ့ၢ်လၢ် ၊ တၢ်ဂံၢ်တၢ်ဘါ ဒီတၢ်လိဉ်ဘဉ် သ့ဉ်တဖဉ် ဒ်သိးကကဲထီဉ် ဘၢဉ်ကဂီၤလၢအဂ့ၤဒိဉ်ထီဉ်အဂီၢ်
- တၢ်သူဉ်ခုသးခု

မ့ၢ်အဲဉ်ဒိးဒုးသ့ဉ်ညါပှၤဂၤမ့ၢ်ဂ့ၤ၊ နီၢ်ကစၢ်ဒဉ်ဝဲသးအိဉ်ဟဲထီဉ်တၢ်မၤလိမ့ၢ်ဂ့ၤ(တလိာ်ဟ့ဉ်အဘူးအလဲဘဉ်၊ ပှၤကိးဂၤဒဲးအဂီၢ်)

ဝံသးစူၤဆဲးကျိး Hillary Rubesint ဖဲ နီၢ်ဂံၢ် ၉၁၉ ၃၈၁ ၆ဝ၆၈

တလိာ်မၤညီနၢ်တၢ်စုသ့ဘဉ်၊ ပှၤကတိၤကျိာ်ထံတၢ် လၢပှၤကညီ ဒီး ပယီၤကျိာ်အိဉ်ဝဲလီၤ။

တၢ်ကွၢ်ထွဲဖိသဉ်၊ တၢ်လဲၤတၢ်က့ၤ၊ ဒီးပှၤကျိာ်ထံတၢ်လၢကလုာ်ဂၤန့ၢ် မ့ၢ်ဒုးသ့ဉ်ညါဆိပှၤဒီးပကျဲၤန့ၢ်သ့လီၤ။

ပကပဉ်ဖှိဉ်သကိးသးဖဲ ATI ဝဲ ဒၢ။ ။ 200 N Greensboro St., Suite D-6, Carrboro, NC

APPENDIX B

CONSENT FORM AND SUMMARY OF CONSENT

Research Informed Consent

Arts-based, Collaborative Research for Refugee Women from Burma

Hillary Rubesin, MA, LPC, Doctoral Candidate
Nisha Sajnani, PhD Committee Chair, Lesley University

You are being asked to volunteer as a collaborator in doctoral research that will explore an issue important to you and your community. The purpose of this study is to empower refugee women from Burma to identify and express issues important to them, and, in doing so, create bridges of communication and understanding between community members.

This collaborative research process will occur on a bi-weekly basis starting in January 2017, on Sunday evenings, from 6-8PM. During our meetings, you will be asked to identify issues of importance to you and your community, explore these issues through talking and art-making, and then choose whether and how you wish to share your findings with the greater community.

Throughout this process, you will collaborate with other refugee women from Burma, as well as with staff and interns from the Art Therapy Institute and UNC-Chapel Hill's Refugee Wellness program. This research project is anticipated to be finished by approximately June 2017.

By signing this form, you give consent for your words, your artwork, and photographs of yourself to be shared beyond the group. In addition to this form, group facilitators will verbally ask for your permission *each time* we want to record your words or take your picture.

I, ____, consent to participate in the arts-based collaborative research project for refugee women from Burma.

I understand that:

- This research will ask me to identify an issue(s) of importance to me and my community, and then work to express and process this issue through talking and art-making with other women in a safe, supportive setting.

- I am *not required* to participate in the research project in order to attend the women's group. If I choose *not* to participate in the research, this simply means that I will be a member of the group process, but no data will be collected on me. I am also able to withdraw from the research at any time with no consequences.

- If I *do* choose to participate, I will be verbally asked for permission every time someone wants to photograph or record my verbal statements, picture, or artwork.

- My identity—and everything I say and create—will be protected and stored in a locked space for the duration of the study, and kept anonymous unless *I choose* to share it.

- If I give consent, what I say, what I create, and photographs of me/my process can be shared for the purposes of public presentations, including art shows, workshops, and conferences, as well as in research publications.

- There could be many benefits to this study. Some of these may include: increased social support; increased English and art skills; learning how to express yourself among

and to others; empowerment within your local community; and better relationships with host community members.

- This study could also bring up some difficult thoughts and feelings. Please let any of the ATI or RW staff know if you are feeling badly after or between sessions. We are here to help. Also, please note that professionals at the Art Therapy Institute and Refugee Wellness are ethically bound to report, to the appropriate party, any criminal intent or potential harm to self.

Confidentiality, Privacy and Anonymity:

As stated previously, you always have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.

If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a participant-collaborator in this study. You can contact me, Hillary Rubesin, at hrubesin@ncati.org or 610.348.7253, or my advisor Dr. Nisha Sajnani at nsajnani@lesley.edu or 617.349.8689 with any additional questions. You may also contact the Lesley University Human Subjects Committee Co-Chairs (see below).

You will be given a copy of this consent form to keep.

a) **Doctoral Candidate's Signature**:

____

Date Doctoral Candidate's Signature Print Name

b) **Co-researcher's Signature**:

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

____

Date Co-researcher's Signature Print Name

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Co-Chairs Drs. Terry Keeney (tkeeney@lesley.edu) or Robyn Cruz (rcruz@lesley.edu) at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.

Abbreviated Talking Points for Research Consent Form:

- We are asking if you would like to participate in a project where you and other refugee women will work together to find an issue that is important to you and then create a way to address that issue.

- The group will meet at the same times as before: Sunday nights at 6 PM. The group will have the same facilitators as before from ATI and UNC.

- It will be very similar to previous groups, except now we are asking to document the process, which means taking photographs of the artwork that is made, or taking pictures of us making the art, and also writing down the words we say.

- We do this to remember what happens during the project, so we can look back and talk about what happened and decide how everything went.

- This consent form is asking for your signature to write down your words or take pictures of your art or you making art.

- You do NOT need to sign this consent form to be a part of the group! If you say no, you can stay in the group, and we just won't write down your words or take pictures of you.

- You will also always have the choice to be *anonymous*, which means that your name is never attached to your words or your artwork, unless you want it to be there.

- You are welcome to sign this form, and then choose not to participate later. That is always your choice!

- We are excited about this project because we feel like it will help us work together as refugee women to show what is important to us and how we can best communicate that with others to make change in our communities.

- Thank you for considering this. And feel free to ask us any questions you want!

APPENDIX C

INTRODUCTORY POWERPOINTS ABOUT RESEARCH AND ART-BASED PUBLIC NARRATIVE

Arts and Wellness Group for Refugee Women from Burma

"Be well, make art"

ATI, RW, and you!

"Be with"

How are you?!

What's Next?

- Welcoming new group members, discussion of what we've done in past.
- New "semester" (for our group, our interns, and me!)
- How can we use this arts-based health and wellness group to achieve our goals moving forward?

What is Research?

- Questions and issues we choose, how we "collect data," and how we look at it together and present it (if we want!)
- What is the inspiration? ("I am not deaf") Why is research important?
- Why include different people/all of us as researchers?
- What is consent? What levels are there?
- What will happen if you don't want to participate?

Look at consent form, and sign if desired!

Why bring in the arts?

- Arts can help us communicate when there is a language barrier.
- Arts are cross-cultural. What art forms are in your culture? What have you noticed since you came here? Any similarities or differences?
- Arts can help us feel better and help us understand and express our thoughts and feelings. Have you noticed that in this group?
- Arts can connect us to one another, in this group, and in the greater community.
- What are some different art forms that you know? That you like to do?

PUBLIC NARRATIVE

- Story of Self
- Story of Us
- Story of Now

"I am not deaf."
So...What/who am I?

I am ...

I hope ...

I fear / I am worried ...

I know...

I love ...

I am ...

Do we have any shared topics or ideas?

What do we want to do about this? What are the next steps? Could any of our shared ideas become our "research topic"?

* * *

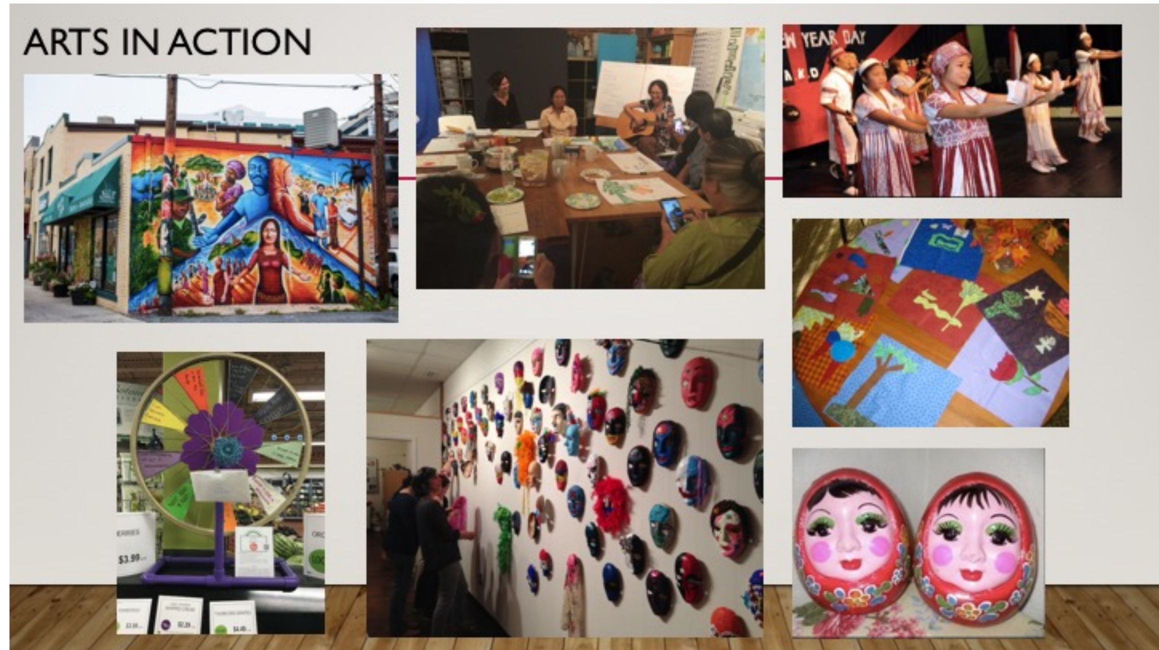
WHAT CAN WE DO?

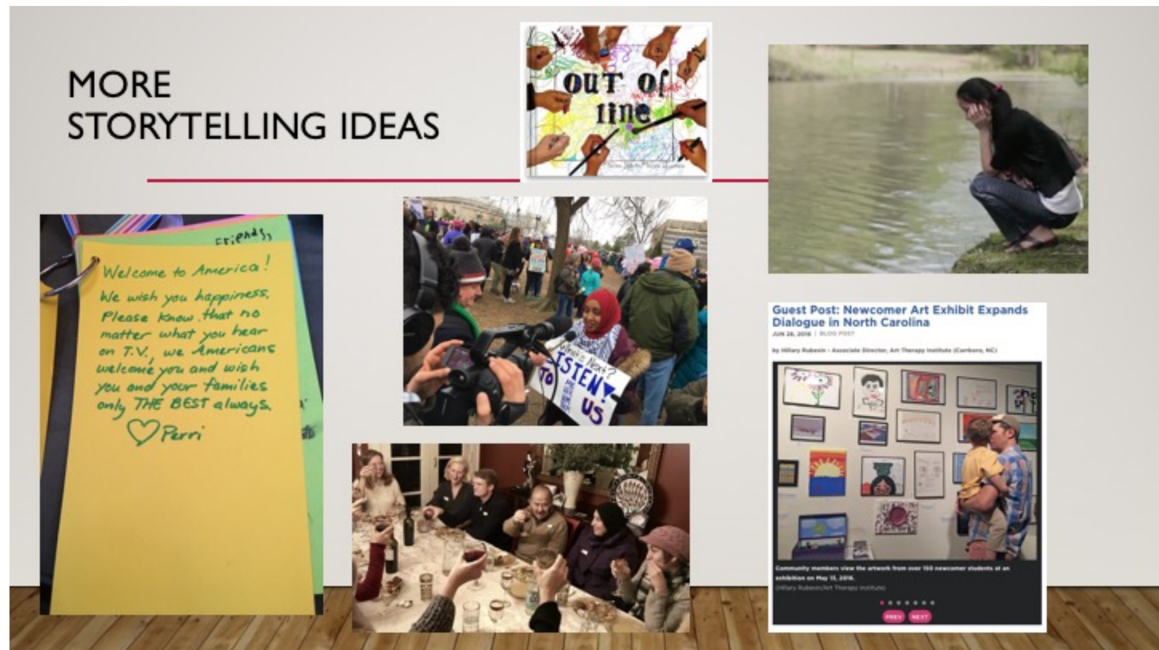
TAKING OUR THOUGHTS TO THE "NEXT LEVEL"

PUBLIC NARRATIVE:

1) Story of Self
2) Story of Us
3) Story of Now*

*How do people tell stories in your culture?
*How can stories impact your community?
**[What stories are important to you? What themes come up?]


ARTS IN ACTION


MORE
STORYTELLING IDEAS
OUT of line
Friends
Welcome to America!
We wish you happiness.
Please know that no
matter what you hear
on T.V., we Americans
welcome you and wish
you and your families
only THE BEST always.
Perri
Guest Post: Newcomer Art Exhibit Expands Dialogue in North Carolina

ADVOCACY WORK

- Presenting at a meeting, like the Refugee Health Coalition meeting
- Inviting our local representatives to have a group with us
- Presenting to the state legislature (What other refugees did using Public Narrative!)
- Writing an op-ed or an open letter to the President
- Connecting with other women's groups in NC

WHAT DO YOU THINK?

- Which ideas sounded best to you?
- Or, do you have another idea about how to take our thoughts to the "next level"?

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