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Katrina L. Sanyal
contact@katrinasanyal.com

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Developmental Transformations with Refugee Children:

Exploring Different Cultural Responses to Traumatic Experience

Capstone Thesis

Lesley University

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Katrina L Sanyal

Drama Therapy

Angelle Cook, PhD, RDT/BCT

Abstract

This thesis explored working with refugee children resettled in the US, and how Developmental Transformations (DvT) can support different cultural interpretations and experiences of trauma, particularly when the drama therapist and the client come from different cultural viewpoints. Situated within an after school program, this research includes results from 5 individual, trauma-centered, short-form DvT sessions conducted with refugee children ages 8-15. Dramatic images, traumatic responses, and observations were documented for each play session. To synthesize the experience, the drama therapist reflected on the process through their own DvT play sessions, which are presented as stories via an arts based process. Individual DvT play sessions enabled nuanced and specific representations of trauma, and the *playspace* allowed for mutual relationship to be built across different cultural viewpoints between *player* and *playor*.

Keywords: developmental transformations, drama therapy, refugee, children, trauma, traumatic experience, traumatic response, cross-cultural

Author Identity Statement: I acknowledge my privileged experiences of migration and re-settlement as a white, English-speaking, cisgender woman who is a US Citizen, and has lived experiences across three distinct cultures and languages in the US, Germany, and India. In conducting this research with refugee children, I am aware of the safety and security with which I have been able to move around this world throughout all of my life, including being part of a US military family as a child, and marrying into an Indian Bengali family in adulthood. In this project, the participants experienced immense instability and unsafety in their migration to another country, and it is these challenging experiences which are the focus of this project.

Developmental Transformations with Refugee Children:

Exploring Different Cultural Responses to Traumatic Experience

In 2021, approximately 89.3 million people were forcibly displaced, of which 27.1 million people are refugees (UNHCR, 2022). The UNHCR defines a refugee as someone who is forced to leave their home because of "a threat of persecution and because they lack protection of their own country" (2011, pg. 3). The events that cause people to become refugees are often violent and highly distressing. The UNHCR cites events like the recent military takeover in Myanmar, insurgency in South Sudan, political instability in the Syrian Arab Republic and Nicaragua, as well as the climate crisis and the ongoing war in Ukraine (2022). Within each of these events and more, there are millions of individuals who are forced to leave their country, and experience violence, witness death and destruction, lose family and loved ones, and are physically harmed. Due to cumulative stress and violence that refugees are exposed to, refugees experience more mental health problems than non-refugee communities, especially post-traumatic stress disorder (PTSD), depression, and anxiety, and this can persist 5 years or longer after the experience of displacement (Bogic et al., 2015). A key factor for this may be because an individual's loss of power and control of their life, body, home, and family which occured during displacement results in a *traumatic experience* (Johnson & Lubin, 2015). Herman (2015), a seminal scholar in the field of trauma, wrote that,

> Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning (p. 33).

Many mental health professionals advocate and provide specialized mental health interventions for refugees (Kinzie, 1989; Miller & Rasco, 2004; Pacione et al., 2013). Most refugees come from cultures which have a different understanding of traumatic experience, however, will interact with western mental health care providers with a western understanding of psychology and trauma in their resettlement phase (Miller & Rasco, 2004). When it comes to providing trauma treatment for refugees, it is important to consider how the concept of PTSD is a culturally created construct that changes over time based on the social and historical context around trauma, even in the United States (Johnson & Sajnani, 2014). Often PTSD is not seen as a specific cultural product, but as a universal human experience that is an inevitability of experiencing trauma. This brings up a key question around how traumatic experience is culturally shaped and understood. What happens when a therapist and client come from different cultural backgrounds? How do they navigate different cultural understandings around traumatic experience? Around the impacts of traumatic experience? How do they converse about traumatic experience together?

It is within this space- the space between a therapist and client from different cultural backgrounds navigating what traumatic experience means - that my project was located. Situated in my work as a trauma clinician at an afterschool program for resettled refugee children in the United States, I'm constantly walking in this space where my view and understanding of traumatic experience can differ significantly from that of my clients. Throughout my life, I have continuously navigated across cultural difference, particular as I grew up between multiple cultures in childhood due to my father being in the US Air Force, and in adulthood, married into Indian Bengali culture. Across my life, I have had multiple lived experiences of migration, including the navigation of immigration and citizenship processes. Through these experiences, I

am aware of how cultural context view and shape how one sees the world, and also how the migration between cultures complicates one's relationship to what culture and identity mean. In my graduate studies in clinical mental health counseling and drama therapy I have been interested in how culture shapes how we understand our experience of mental health and trauma. While exposure to traumatic events is a universal human experience, the response to traumatic experience, from what I have observed and seen, is not. In my work as a trauma clinician working with refugee children, I am continually asking myself whether it is valuable to utilize a trauma treatment modality developed from a western cultural perspective with individuals who come from a non-western cultural perspective.

In this project, I utilized a short-form version of developmental transformations (DvT) (Johnson, 2014; Johnson, 2013) which is "a performative practice based on the axiom that experience is *nonrepeating*, causing *instability* throughout *Being*" (Johnson, 2013, p.12). For refugees, they have a very direct experience of an unstable existence as what is true, promised, or possible in one moment may not be in the next, particularly as refugees navigate a myriad of complexities in terms of leaving their country of origin amidst violence and political change, as well as various layers of bureaucracy, politics, prejudice, and challenge as they re-settle in a new country. While DvT is a modality developed in the west, I wonder how it can be is applied to the experience of refugees, particularly as their experience in the world is uniquely impermanent, and unstable? Might this modality and approach relate in a very specific way to the lived experiences of refugees? How does the modality of DvT allow for different cultural constructs of traumatic experience to be expressed?

The primary objective of this project was to observe how traumatic experience was talked about and played with in a DvT short-form play session with refugee children from different

cultural backgrounds. As the afterschool space was multicultural and multilingual, this was a unique opportunity to notice how traumatic experience is spoken about between a western clinician working with clients from different non-western backgrounds. This project is also an opportunity to provide insight on what it is like to work with refugee children in a community setting, specifically through individualized DvT short-form play sessions. What becomes possible when we engage one-on-one in play? How does the DvT *playspace* shape these conversations and representations of trauma? My hope is that this project will further conversation around how traumatic experience is shaped by an individual's cultural context and will open new spaces of exploration on how interventions like short-form DvT can support people to work together across different cultural viewpoints.

Literature Review

This literature review is divided into five sections that relate to the theoretical and historical context of the intersection refugee mental health, cultural responses to trauma, and drama therapy (DT) work with refugees. The following sections are 1) refugees, trauma, and mental health, 2) trauma and PTSD as cultural constructs, 3) drama therapy with refugees, 4) Developmental Transformations: Trauma-Centered DvT and DvT short-form, and 5) Overview of the literature.

Refugees, Trauma, and Mental Health

There is wide recognition that refugees are a high-need population for mental health services due to the exposure of violence in their home countries (Kinzie, 1989), and that they experience a higher risk of mental health disorders than the general population (Bogic et al., 2015). The traumatic experience of refugees is uniquely complex as they often have compounded traumatic experiences, and there are many contextual parts of their experience which must be

considered when addressing mental distress and traumatic experience (Drožđek, 2015). This is due to how traumatic experiences may arise at multiple phases of the refugee experience including, “the pre-migration experiences of war in the country of origin, migration to a new host country and post-migration experiences during resettlement” (Pacione et al., 2013, p.341).

Despite the recognized high need for mental health support for refugees regarding their traumatic experiences, most of the support this multi-faceted population receives is in the form of psychoeducation which often does not involve individualized or group therapy (Neuner et al., 2004). Refugees also experience challenges in accessing mental health services as those services are not readily available in their home country and are hard to access in their country of resettlement due to various factors (Miller & Rasco, 2004). There are various challenges to delivering mental health services to refugees including a lack of funds, time, and personnel (Neuner et al., 2004*),* as well as the heterogenous nature of this population, not only in terms of nationality, however often in ethnicity, language, and gender (Kindermann et al., 2020). Another key challenge is that most mental health services are products of a Western worldview and education and are “culturally alien” (Miller & Rasco, 2004, p.2) to refugees who come from different cultural contexts.

When looking specifically at children who are exposed to war and are refugees, there is recognition that there is a need for more data and research (Attanayake et al., 2009; Pacione et al., 2013). Researchers found in a meta-analysis that approximately 50% of children exposed to war exhibited PTSD symptoms as defined by the DSM-V (Attanayake et al., 2009). Refugees- particularly refugee children- are a population where their high-level exposure to violence and distress means that there could be an increased prevalence of mental health disorders like PTSD as defined in western constructs like the DSM-V. Despite this high prevalence, access to services

and finding treatment for refugee children is challenging, particularly as there are multi-layered issues such as culture and language.

Trauma and PTSD as Cultural Constructs

It is important to examine how socio-cultural-historical factors shape the way trauma and PTSD is seen in a western context, and to contend with how individuals from non-western cultures may have different responses to and interpretations of traumatic experience. This also extends to what kind of support individuals think they may need after a traumatic experience. When therapeutic encounters take place between a therapist and client from different cultural backgrounds, it becomes crucial to be cognizant of how experiences of trauma can differ based on cultural framework. As a clinician trained in the west, I also reflect on how PTSD itself is a culturally created product, and that within the US the cultural understanding of trauma has changed over time based on social-historical factors (Johnson & Lubin, 2015).

One of the most common discourses around trauma responses in a western trauma treatment model is the fight and flight response, which was first formulated by U.S.- based physiologist Walter B. Cannon in 1932 in *The wisdom of the body*. For this project, I used a variation on that which is the fight, flight, freeze, and fawn response (Walker, 2013). These are called the “4Fs”, and in brief, a fight response is to engage aggressively with a threat; a flight response is to try to escape, hide, or evade the treat; a freeze is immobilization or disassociation in response to a threat; and fawn response is to pacify or placate the threat (Walker, 2013). These are viewed by many to be a universal human response to danger (Levine, 2010). Whether these are a universal human response to danger is a question I have, and I wonder how and if the 4Fs are a culturally bound construct. The connection between the 4Fs and traumatic experience is that “trauma occurs when attack or abandonment triggers a fight/flight response so intensely that

the person cannot turn it off once the threat is over" (Walker, 2013, p.11). These are trauma responses seen in the body, and therefore, can be interpreted in the embodied dramatic play of DvT. As DvT is the primary modality of this project, "the 4Fs" are part of how traumatic response is interpreted.

In looking at how western mental health professionals went to Sri Lanka after the 2004 tsunami, Watters (2010) proposed that western ideas around trauma and PTSD treatment have permeated beyond the West, and that:

> Western traumatologists have also developed a set of beliefs about how to best to heal from the psychological effects of trauma. They have proposed speedy interventions to counsel survivors within hours or days of the event are crucial; that retelling and reworking the memories of trauma, often in emotionally charged group settings, promotes mental health; and that truth telling is better than stoic silence…traumatologists assume these ideas to be universally true (p. 73).

This speaks to how trauma is seen as a universal human experience, and there can be an over-simplification of how humans diversely and differently navigate traumatic experience. The above statement also clarifies that within some western approaches, the key to healing trauma is for clients to directly talk about the experience of the trauma. Avoidance of traumatic material is one of the DSM-V symptoms of PTSD (APA, 2013), and some trauma treatment models posit that the key to treating traumatic stress and PTSD is to overcome avoidance. In the case of exposure and desensitization methods, "treatment requires that the client's avoidance must be overcome, leading to a temporary increase in their arousal, followed by desensitization to traumatic cues through a process of vividly reviewing their traumatic experience in a safe and non-threatening environment" (Johnson, 2014, p.69).

When looking at refugees accessing mental health services, many services will fall into the paradigm that Watters (2010) illustrated above. Western-trained clinicians will offer western-based mental health services to individuals who are now living in a western culture but come from a non-western cultural context. Millers and Rasco (2004) framed this as a "a lack of cultural fit" (p.30) noting that, "western models of treatment focus on healing dysfunctional psychological or biological processes within individuals" (p. 31) and that this contrasts with non-western approaches which, "involve spiritual and communal rituals meant to restore healthy relations among people and between people and "supernatural" entities, including deceased ancestors" (p.31).

One of the most significant areas where "cultural fit" may be an issue in trauma treatment is around the idea of avoidance, particularly as overcoming avoidance is central to some western trauma treatment models. Kinzie (1989), a leader in the refugee mental health field, wrote that engaging in avoidance works well with many non-western religious and spiritual beliefs where a "quiet acceptance of one's fate" (p.86) is culturally valued. Examples of this include how in Hinduism and Buddhism there are core philosophies that pain, and suffering are an inevitable part of human existence, and that relief from suffering comes only through reincarnation and rebirth (Fernando, 2005). For many Muslims, faith can often be "a form of refuge" (Shoeb et al., 2007, p. 450), specifically around beliefs of death and loss. In some interpretations of Islam, "the death of an individual is divinely ordained, one need not bear the guilt of loss" (p.451), and some, "Muslims believe that God will avenge an injustice that befalls the faithful. Thus, the matter is left to God and the trauma is accepted as divine will" (p. 451). Some researchers have proposed that these specific religious beliefs which accept pain and suffering as part of life and

see trauma as divine will can act as protective measures against traumatic distress (Fernando, 2005; Shoeb et al., 2007).

Beyond non-western religious beliefs, there are other socio-cultural values that are more prevalent in non-western societies that can inform how people view and integrate their traumatic experiences. For example, in post-tsunami Sri Lanka, the collectivistic nature of society meant that people were focused more on psychosocial disruption to life such as job loss, disruption to family and religious life, and social status than psychological symptoms (Fernando, 2005). It is also important to note that the loss of family and social networks has been found to exacerbate PTSD symptoms in refugee communities (Laban et al., 2004), which also highlights the importance of social and collective connection for this population. Due to these considerations of how religious and social cultural beliefs shape traumatic experience, Kinzie (1989) proposed that "it may be better to support the suppression and avoidance by not pushing for discussion of the trauma and in respecting the patient's tolerance or intolerance for discussion of the traumatic experience" (p.86).

To address this key issue of cultural fit, researchers have written about how trauma treatment methods can be adapted. Adaptations include non-verbal techniques such as play therapy and integrating spiritual and community rituals into trauma treatment. Specific to refugee children from Africa, Asia, Europe, and the Middle East, researchers from Boise State University (Schottelkorb et al., 2018) found that Child-Centered Play Therapy was just as effective as Trauma Focused- Cognitive Behavioral Therapy, particularly as non-verbal communication was enabled through the medium of play. While not specific to the refugee experience, researchers from the United States Veteran Affairs Pacific Islands Health Care System culturally adapted a family education program to serve Native Hawaiian (NH) and Pacific Islands (PI) veterans with

PTSD in rural areas of the US Pacific Islands (Whealin et al., 2017). The program called Koa incorporated values, beliefs, practices, and language of NH and PI culture. This example highlights the importance of integrating different cultural orientations into trauma treatment mental health, specifically more traditional orientations around spirituality and community that may not commonly be part of trauma treatment in Wester approaches. Both examples point to how trauma treatment needs to be adapted to address different cultural understandings of traumatic experience.

Drama Therapy with Refugees

This project utilized an individualized short-form DvT practice with refugee children. As of now, there are no published articles about DvT with refugees. In what has been published about DT work with refugees (de Smet et al., 2019; Landis, 2014; Mikkonen et al., 2020 ; Rosseau et al., 2007; Rousseau et al., 2005), all of the studies focused on group work, and there is no published research about individual DT work with refugees. In terms of including them in this literature review, these studies provide context on published DT work with refugee populations, as well as how the orientation of this project differed significantly from these DT approaches. While there are some similarities including the implementation of DT work in community spaces and re-settlement phase, there are key differences. Besides the difference between individual and group modalities, another key difference is the role of the drama therapist in relation to the participants and dramatic material. In the studies included in this section, the drama therapist facilitated and guided a process with refugee participants, while participants enacted dramatic material. The drama therapist was on the outside of the dramatic material looking in, and the participants are moving in and out of the dramatic material. This is a significant difference from my own project as I entered the dramatic space with the participants

as a play partner, and the focus of the intervention was how we would relate to each other in the realm of dramatic play. I will provide further details of this in the following section about DvT.

Most of the published DT work that has engaged refugee communities has been in the re-settlement phase in either Europe or North America (de Smet et al., 2019; Landis, 2014; Mikkonen et al., 2020 ; Rosseau et al., 2007; Rousseau et al., 2005). The existing DT work falls into two categories: community performance pieces created by refugees to present their experiences to the wider community (de Smet et al., 2019; Mikkonen et al., 2020), or workshops within community centers or schools to support newly arrived refugee individuals as they adjust to their new home (Landis, 2014; Rosseau et al., 2007; Rousseau et al., 2005).

In terms of theatrical performances about the refugee experience, two examples are the refugee community theatre project entitled *Tijdeljik/Temporary* (de Smet et al., 2019) which engaged with Syrian refugees who have resettled in Belgium, and an art-based research theatre project (Mikkonen et al., 2020) that worked with immigrant women from South America, Asia, Middle East, and Europe in Finland. The researchers in Belgium (de Smet et al., 2019) focused more on what the dynamics within the group of refugees who were engaging in the project, particularly as they all had come from the war-affected area of Syria, though participants came from different communities, languages, and religions. This demonstrates the cultural nuance that must be considered when working with refugee populations, and points to how there is immense diversity in this population, even if all members of a group may come from one specific geographic or national area. The project in Finland (Mikkonen et al., 2020) worked solely with refugee women, with members from various countries. The focus of this project was on how the whole process was co-constructed with the participants and culminated in a performance about the immigrant experience to a community including local government officials.

The workshops for newly arrived refugees included a group drama therapy intervention with refugee women in New York City in collaboration with Creative Alternatives New York (CANY) and International Rescue Committee (IRC) (Landis, 2014), and classroom DT programs for adolescents that utilized playback theatre in Montreal, Canada (Rousseau et al., 2007; Rousseau et al., 2005). The goals of these workshops included giving participants a chance to, "reappropriate and share group stories, in order to support the construction of meaning and identity in their personal stories" (Rousseau et al., 2005, p.16), and create a "shared place where passages and transitions associated with adolesnce were acted out" (p. 24). Other goals included to support adjustment during the resettlement phase, and to ameliorate symptoms of PTSD, grief, anxiety, and depression (Landis, 2014). The group process and makeup were central to these workshops bringing together "many different origins of the students, thus reflecting sameness as well as difference" (Rousseau et al., 2005, p. 24). One study found that the DT workshop supported participants in social and academic adjustment but did not demonstrate improvement in their behavioral and emotional symptoms (Rousseau, 2007).

Developmental Transformations: Trauma-centered DvT and DvT short-form

DvT is a performative, body-based play approach where a *playor* (therapist) and the *player* (client) engage together in play in the *playspace* (Johnson, 2013). The *playor* is intentionally trying to heighten relational demand for the *player* to elicit response and emotion. In DvT, both the therapist and client are fully immersed and engaged in the act of play. DvT is not inherently a trauma-centered process, however, "DvT therapy, which consists of exuberant, embodied, relational play, can be an effective means of engaging young, traumatized children within an exposure-based treatment for PTSD" (Pitre et al., 2015, p. 43).

DvT takes place in a *playspace*, which is most often a physically demarcated space- often on a rug in a room-where the *playor* and *player* engage in pretend play. On the rug, there are often an odd number of soft pillows in the *playspace,* and no other props or toys are used. The action in the *playspace, "*consists of discrepant communications, in which the parties indicate that they are enacting representations of reality or imagination" (Johnson, 2013, p. 42) and "is always becoming, and as such is incomplete, inexact, untrue. The playspace is also an intermediate, interpersonal space, meaning that everything that is played out is mutual, no longer owned by one party or the other" (Johnson, 2014, p. 72). There is no pre-planning of the play beforehand, and what happens between the *playor* and *player* is improvised in the moment. Through the recursive interpersonal process (Johnson, 2013) the *playor* notices, feels, animates, and expresses what they observe in the *player,* and responds to the *player's* own recursive process. To invite change and spontaneity into the *playspace,* the *player* uses *varielation* which is when a *playor* intentionally varies their responses "away from what is immediately expected" (Johnson, 2014, p. 73), and brings new dimensions to the play by offering multiple versions of how something can be interpreted and represented.

DvT has very specific vocabulary to present the core ideas, so I will give a brief overview (Table 1) of what these fundamental elements practically mean by breaking down the "elements of the *playspace"* (Johnson, 2013, p. 40).

Table 1

Elements of the playspace

Element	Definition
Restraint against harm	There is to be no real physical harm in the *playspace*, however harm may be enacted or represented in the play.
Mutuality	The *playor* and the *player* must mutually agree to be in the *playspace* together, and throughout the play are trying to create something together in the live moment.
Discrepancy	The *playspace* becomes a space where the real and the not real co-exist, and a representation of anything is always incomplete, inaccurate, and missing information. While all dramatic material in the *playspace* is discrepant to some degree, the *playor* may intentionally vary levels of discrepancy in the play.
Reversibility	Roles are not fixed in the play, and both *playor* and *player* can take on a variety of roles within one session.

Trauma-centered DvT brings together the practice of DvT with the framework of trauma-centered psychotherapy (Johnson, 2014; Johnson & Lubin, 2015). One of the key orientations of trauma-centered psychotherapy is that the therapist and client will speak directly about the traumatic experience(s) in detail, with the goal of desensitization and reduction of avoidance through imaginal exposure. In actively inquiring into the traumatic experience, the therapist takes the position of an “experience-near perspective, that is, as if they too were there with the client”

(Johnson, 2014, p.69) during the traumatic event(s).While for many people the idea of speaking directly about traumatic experience is a terrifying proposal, exposure therapies are the only treatment model with strong evidence of successfully treating PTSD (IOM, 2008). In contrast to exposure therapies, treatment models such as eye-movement desensitization and reprocessing and coping skills therapies have no evidence to support that they treat PTSD (IOM, 2008).

Within trauma-centered DvT, the four central axioms of trauma-centered psychotherapy (Johnson & Lubin, 2015) model are foundational to the approach. These axioms are:

- In response to traumatic experiences, behavior and thought patterns develop in clients to avoid the emotions of fear and shame. These patterns are “trauma schemas”.
- Reducing avoidance is part of the trauma-centered psychotherapy process, however, both client and therapist are always engaged in avoidance to some degree all the time.
- Due to avoidance, the trauma narrative is incomplete. Therapists should assume that that there is always more to the trauma narrative.
- All trauma is relational, and “trauma schemas are relational” (Johnson & Lubin, 2015, p.35). The way that these trauma schemas will manifest are always interpersonal, even in the case of natural disaster.

These four axioms are central to the practice of trauma-centered DvT, which is based on the idea that clients who have had traumatic experiences, “are beset by a great deal of existential anxiety or traumatic fear” (Johnson, 2014, p.73) and this causes them to have trauma schemas where they fear “nonrepeating spontaneous elements” (p.73). In a trauma-centered DvT approach, exposure and desensitization is a central goal, and “dramatic play is one means of addressing unique characteristics of children that otherwise might diminish or inhibit their engagement in predominantly verbal methods of imaginal exposure” (Johnson et al., p.52).

Prior to starting a trauma-centered DvT play session, the therapist will engage in a history-taking with the client to better understand their traumatic history, with the understanding that the trauma narrative is never complete. Thereafter, they will engage in a play session, and here, both the client and therapist are fully engaged in the play. In both trauma-centered psychotherapy and trauma-centered DvT the proximity of the therapist to the client is a unique consideration. In trauma-centered psychotherapy, the therapist takes the position of being near the traumatic experience of the client, and in trauma-centered DvT the therapist is also emotionally and physically close to the client, as "a full participant in the dramatic play" (Johnson et al., 2016, p.43) with "the aim is for the child not to feel alone in telling their story" (p.44). In the play, the therapist challenges the client through introducing spontaneous elements which demand that the client respond in new and diverse ways. Particularly for a client with a trauma history, this consistent, playful challenge and invitation to respond to spontaneous elements helps lower the client's fear of the unknown, and "the physical proximity and availability in the therapist in the play, which may also include playful physical contact, provides the child a great deal of support in this risk-taking exploration" (p.44). The intention of this process is that by doing this practice in the play the client will become desensitized, and fear of spontaneous elements in the external world will also be lowered. This proximity and relation to the client in trauma-centered DvT is unique in comparison to the other DT interventions mentioned in the above section.

Once a client is more open to spontaneous elements, more direct links to the traumatic history can be included in a trauma-centered DvT approach. The nature of the *playspace* being simultaneously real and not real helps there be many ways to explore traumatic material, and it is not necessary for the representations of traumatic experience to be literal. Within a DvT play

session, "there remains elements of other dramatic scenes, and each moment becomes a double entendre" (Johnson, 2014, p. 81) and "this intrinsic discrepancy between the real and imagined provides the client with room to move and transform the various traumatic images. This is important because trauma tends to rigidify and lock in expression, leading to repetition rather than development" (p. 81).

So far, I have given an overview of DvT, trauma-centered psychotherapy, and trauma-centered DvT. While all of these informed my approach when I worked on this project, I was delivering services to refugee children in a non-clinical, community setting which meant that I was not providing a psychotherapeutic process for the participants. DvT has been adapted to be delivered in non-clinical settings, most notably in schools, and is known as DvT short-form (Pitre et al., 2016). In DvT short-from, a brief verbal introduction and rule-setting between *playor* and *player* is followed by a 10–20-minute play session, and the goal is stress-reduction. This is the specific orientation that I used within this project. DvT short-form does not qualify as a therapeutic process as the *playor* does not necessarily have detailed background on the *player*, they may only interact for one session with no-follow up or further sessions, no therapeutic contract or relationship is setup, and within the session the focus is not solve the issues raised within the session (Pitre et al., 2016). While not a therapeutic process, DvT short form is "unique in that during the session the students has a chance to describe, portray, and play out elements of their actual stressors and/or traumatic personal experience" (p.172), and this process can "draw attention to encounters with other people in a highly physical, exuberant context. Here the role of catharsis and expressiveness may serve to improve connections between the self, the body and the environment" (p. 172). For the refugee children I was working with at the after-school program, DvT short-form was appropriate as it was an engaging way to work with children one-

on-one. Within this after school space, many different languages were spoken, and it was not unusual for me to work with a child where we had no common language. With the support of an interpreter to setup the rules of the *playspace*, play acted as the primary language between us, and allowed for us to play together beyond a common language.

A DvT short-form session has several stages, and is a "condensed, even surgical, version of the traditional DvT form" (Pitre et al., 2016, p. 173). The stages of a DvT short-form session are an opening/history-taking where the *playor* briefly interviews *player* to introduce themselves, and to understand and assess any current stressors or worries in their life, which is followed by a review of the rules of the *playspace*. This is followed by an invitation from the *playor* to enter the *playspace,* and within the *playspace*, the *playor* places demands on the *player*, and identifies areas of tension as well as coping mechanisms. Within the play, "once the important relational theme has been identified, the *playor* moves in and around the imagery of the play, offering many slight variations in role, action, and quality" (Pitre et al., 2016, p. 173). The next stage explores if there is a connection between what was shared in the history-taking to what is happening in the play, and the *playor* offers interpretations of how real-life stressors are coming up in the *playspace*. This process may enable an embodied release of stress for the *player*. The *playor* initiates exit from *playspace,* using a similar invitation as the entrance, whereafter the *playor* may give *player* a moment to breath/decompress or physically shake out with *player.* Then, the playor supports the playor to transition back to the earlier space, for example a class, or group activity.

Overview of Literature

For this project, key theoretical frameworks include how most refugees- including children- receive mental health support in their re-settlement phase, and are navigating

compounded trauma due to war, conflict, displacement, migration, and re-settlement (Attanayake et al., 2009; Drožđek, 2015). Most refugees receive mental health support in community spaces, and this mental health support is often rooted in a western cultural context, whereas most refugees come from a non-western cultural context (Miller and Rasco, 2004). Traumatic responses, such as the “4Fs” (Walker, 2013), are often seen as universal human experiences in the West, however, culture can have a significant impact on how traumatic experience is constructed (Fernando 2005; Johnson & Lubin, 2015) for an individual. To address cultural difference in providing mental health support to refugees, various solutions have been proposed including allowing avoidance of traumatic material (Kinzie, 1989), framing programs around cultural values (Fernando, 2005; Whealin et al., 2017), and using non-verbal means of communication like play (Schottelkorb et al., 2018). All of these ideas around avoidance, navigating cultural values, and adaptation of non-verbal methods were integral to this project, where mental health services were offered to participants from a non-western cultural background. In the DT field, there has been research on group work with refugees in the re-settlement phase, however, no published research on individual DT or DvT work with refugee children. The method of short-form DvT, along with the trauma-centered lens was foundational to this project; specifically that the *playor* enter the *playspace* with the *player* as a play partner, and positions themselves as near and engaged with the *player’s* traumatic experiences. DvT also provided the modality through which I reflected on my own experience of this work through an arts-based process.

Method

The following section gives an overview of the context of this project. Details are given on how DvT short-form was initiated and utilized with participants, as well how the data was documented and artistically reflected upon in the process.

Participants/ Setting

The setting for this project was an after-school program particularly designed for children who are refugees in the USA. This after-school program was organized by a refugee services organization. This program brought together approximately 35 children from various schools in one school district, with an age range of 8-15 years. The children came from various national backgrounds including Afghanistan, Iraq, Venezuela, Peru, Colombia, Guatemala, Ecuador, Sudan, and the Democratic Republic of Congo. The after-school program was open to children at various points of their re-settlement journey in the USA. This meant that some children had recently emigrated, while others had been here several years, or were born in the US as the children of refugees. This after-school program was a multi-dimensional space in terms of language. The children spoke a variety of languages including Dari, Farsi, Pashto, Arabic, Spanish, and Swahili. Many of the participants spoke fluent or conversational English, while other participants spoke little to no English. Translators were available at some points during this project, however, as staff members had various responsibilities to attend to within the after-school program, and other people who supported the program were volunteers translation was not consistently available.

The intention of the after-school program was to provide a space where children can get extra help in completing their homework, get access to food, engage with social-emotional learning, as well as be part of community of individuals who are living through the refugee

experience. I was present in the after-school program as a trauma-centered drama therapist and clinician who offered support to the children, particularly in recognition that many of these children would have had numerous traumatic experiences before leaving in their home country, during the migration experience, and in the ongoing re-settlement phase that they were currently experiencing. I was introduced to the children as the "stress and worries person" and was present two days of the week at the after-school program. While I was there as a trauma-centered clinician the agreement was clear that I was not offering psychotherapeutic services to the children, however, would support children when they were stressed and worried about something in their life- either at home, at school, back in their home country, or in their peer group- with a trauma-centered frame.

In this project, I had two main interventions with the after-school participants. The first was with most of the participants where I would do a "worry check-in" with a "worry board". The second intervention built off the "worry board" intervention and is the focus of this project, individual DvT short-form play sessions with participants.

Myself as DvT *playor*

DvT is fundamentally a relational process, and so a key part of the participants and setting of this project is me and my own positionality. In this project, I did take on the role of DvT *playor* in the *playspace,* and it's important for me to share my own current positionality as a very new, and currently in-training DvT *playor.* DvT requires specialized skills, so this clarification is less about my own abilities and more about DvT requires a high-degree of training . This meant that I was still developing key skills around how to be in the *playspace* with the *player* during this project, and that the full process of DvT short-form and trauma-centered DvT were not fully realized or completed in each of the play sessions in this project. Throughout

the project I became much more confident in some areas, for example making offers of mutuality, and realized where I needed to focus and develop skills in the future, for example *varielation* and *discrepancy.* Also, connecting the material of the *playspace* to real-life stressors is something that I'm still learning to do and was not present in all the play sessions during this project.

Method of Observation

There were two primary methods of observation in this project. The first was note-taking about each play session which included the progression and details of the play sessions, as well as my own thematic observations. The second method was the artistic observation in this project, which was to play in a DvT session as a *player* with a highly trained *playor* to reflect on my ongoing work and observations at the after-school program. This method of artistic observation was identified for multiple reasons including that this aligned with the core DvT principle of *reversibility,* allowing me to take on the opposite role of the one I was doing in the after-school space. Another reason was that all the experiences of the play sessions in the after-school program are rooted in a relational, dynamic, and tacit understanding of what that experience was like for two people. To relay this experience to others will always result in representations that are incomplete, and inexact. However, reflecting on these experiences in an isolated, static way exaggerated that feeling of incompleteness. Reflecting on this experience in a relational, and dynamic way felt like the most accurate possible way to observe how I was engaging in this process as a learning DvT *playor*. This also became the space where I reflected actively on how culture can shape the understanding of trauma, and how that was coming up in the ongoing work at the after-school program. I utilized art-based creative writing to capture the experiences and findings of these reflective play sessions.

Play session Procedure

Pre-session

Before the play session, it was important to assess which children would benefit from a play session on a particular day which I did via the "worry board" I circulated amongst the participants during snack time and through brief conversations assessed how worried they were feeling that day. For those present, they placed their individualized name clip on the place that felt most accurate to their current state of worry on the "worry board". The children's engagement with the "worry board" was expressive, and often my own observations about how worried a child was not about how they evaluated themselves on the "worry board" but how they were relating to me and others while I spoke to them. The purpose of this intervention was to make sure there was a daily check-in with most participants of the program, as well as a clear message that their worries and challenging emotions were welcome and seen in the after-school space. It was also crucial for my work as it informed me how each child was doing that day, as well as clarified my relationship to the children as the person who cared about their stresses and worries. After circulating and getting sense of how everyone was doing that day, I selected 2-3 children to work with individually that day. In some cases, children self-identified that they wanted to work with me on a particular day.

History-taking and play session setup

After selection, I located the child and pulled them out of their ongoing after school activity. We would go together to a *playspace* in a playroom that had one section which I had prepared in advance with a carpet and five pillows. We engaged in a brief history-taking, sometimes with the help of a translator. The aim of the history-taking was not to get a full overview of all the stresses, worries, and traumas in a child's life, but to find what was bothering

them particularly today and what links that might have to their previous life experiences. For some children, drawing was part of the history-taking to work through language differences, as well as to engage children who had different levels of verbal and developmental language expression. After the history-taking, the rules of the *playspace* were setup- which includes how the *playspace* is one of pretend, and that no real harm is allowed in the *playspace*- and I conducted a brief assessment of how the child responded to imaginal prompts, as well as perpetrator/victim roles. If a translator was present, they would help with the history-taking and setting up the rules of the *playspace*, and would then depart before the next stage.

Play session

The play session was a DvT short-form session and commenced once we entered the *playspace* with an imaginative entrance structure. In the session, I was the *playor* and the child the *player.* After an initial phase of play, and the establishment of roles and coping strategies, I would start to make connections in the play based on information from the earlier history-taking stage. The closure of the play session was often initiated by me as the *playor*, and the exit structure would use the same metaphor as the earlier entrance structure. For example, the entrance and exit structure could be imaginging a key to open a door, jumping in and out of whirlpool or ball pit.

Post-session

After the session, the child and I walked back together to the larger group. On the way back, I briefly interviewed the child to see how they were feeling after the session. I supported them in joining the ongoing activity with the larger group. Afterward, I returned to the playroom to take down notes on the progression of the DvT short-form session. As I might work with 2-3

children in a day, this was a brief note-taking process to make sure I recorded the primary flow of the session.

Post-Session procedure

Once after-school had concluded for the day, I conducted a more detailed notetaking of the play sessions of that day. The elements included in this note-taking process were:

- Brief demographics on the child (age, nationality, language)
- Why the session was initiated
- Main trauma theme/nugget
- Flow of the session
- What would I title this session
- What trauma material came up in the session?
- Images
- Key moments that stick with me
- Repeated moments
- Full narrative of the session
- Where does this session live in my body

Once the full narrative of the session was complete, I would go back through and break each session down into thematic segments.

The DvT sessions where I reflected on this process as a *player* took place on a weekly basis. I would provide the *playor* with a brief description of what had come up for me in my recent work with the children from the after-school program. We engaged in 15–20-minute DvT play session about those experiences. After each session concluded, I would title each play

session, write down a detailed narrative of what happened during the session, as well as a short reflective, creative piece based on the images, material, and themes of the session.

Results

During a 3-week period, 9 individual DvT sessions were conducted at the after-school program. Participants ranged from ages 8-14, and were from Afghanistan, Democratic Republic of Congo, Colombia, Sudan, and Guatemala. They were selected for the following reasons:

1. A clear worry or stressor was expressed by the child in the initial history-taking process.
2. The worry or stressor appeared to some degree within the content of the play session.
3. The session was a DvT play session.

The other 4 sessions were excluded from the results as the child didn't identify a clear worry, or we engaged in little to no play during the session. The data from each of the included play sessions is presented in Table 2 condensing the notes taken after each session. During this 3-week period, I engaged in 4 DvT sessions as a *player* to reflect on my own process, and all those sessions are included in this project. Those results are shared as 4 pieces of reflective, creative writing.

Overview of Play Session Data

In Table 2, there is breakdown of how the trauma event from the pre-session history-taking came up as dramatic material session during the "main conflict/coping strategy" and "make connections/name real stressor" phases of the DvT short-form play session. The images from the session are included to give an example of how *discrepancy* operates in DvT, and how real-life stressors are intertwined with imaginary material. Within these sessions, there was a range of *discrepancy*. Some of the more discrepant material was in the "Escaping father-snake" session where a "father-snake" figure coiled around the *player* as punishment for failure and the

reminder of all the expectations the *player* had to fulfill. The *player* identified ways to escape this stronghold to "play it through/release" from the stressor. Some of the less *discrepant* material was in the play session called "Sometimes monsters, sometimes rainbows" where the *player* and *playor* engaged in feeding and nurturing each other as babies, which reflected the *player's* worry around hunger and neglect. Another example of less discrepant material was in the session called "The shaky tower" where the *player* and *playor* engaged in various versions of peek-a-boo, which played with ideas of absence and presence that the child was navigating in relationship to missing or separated family members.

In Table 2, the trauma responses that were observed in each session are also noted, and some of these are denoted by the 4Fs. All of the 4Fs were observed at some point, with fight and flight being the most common responses observed, and fawn and freeze being the least common responses observed. A few notes are included that go beyond the 4Fs as the material felt related to the traumatic theme expressed in the history-taking, or the *player* showed more distress around this material.

With all these interpretations presented here, it is important to remember the idea of the *prime discrepancy* from DvT that no representation of any experience is ever complete, exact, or accurate. In presenting these interpretations and data, I'm fully aware of this idea and note that what I may be observing and interpretating is based on incomplete information that it is not exact or accurate.

Table 2

Data from play sessions with after-school participants

Title	Trauma event from history-taking	Images in session	Trauma material in session (the 4Fs)	What am I filled up with from this session?
Escaping father snake	-Racism and discrimination -Pressure to achieve academically; not waste opportunity in the US	-A predatory bear that eats up cats and destroys houses. The *playor* became a predatory bear-teacher who names failures of *player*. -*Player* invokes father who is a snake that can overcome the predatory bear; *playor* becomes father-snake turns on child naming them a failure, becomes a predator. *Player* escapes predatory father-snake.	-Fight response; fighting back to father-snake -Flight response; hiding in house -Freeze; before trying to escape a stronghold of expectation -A home/shelter being destroyed -Being called a failure by authority figures/family members	The tightness of constriction, how it immobilizes. The feeling of not being able to get anything right, no matter how hard one tries. This session lives in my lungs; the constriction of breath.
Are there really never-ending gifts?	-Pressure to achieve academically; not waste opportunity in the US -Separation from family	-Sky-diving together, and *playor* needing to be saved by *player* in mid-flight. -*Player* becomes Santa Claus, and *playor* asks for gifts. Santa Claus keeps giving and giving until they just can't.	-Fawn response; trying to placate/appease those who are demanding. In this case, child who wants unending gifts. -Save someone else from being harmed -Needing to care/provide for others beyond capacity; establish boundaries of how much one can give	Thinking about how we can be there for others, how we can help others truly and fully. This session lives in my fingers; in the need to grasp for something, hold onto something.
The endless dodger	-Verbal intimidation by adult, non-parent	-*Player* always dodging/avoiding when *playor* was about to "get" them. Included disengagement,	-Flight and avoidance; dodging the experience of being "gotten"	How awful it feels to actually be "gotten"; the feeling of shame and weakness that one can feel.

	-Separation/disconnect from one parent	changing the play, or giving orders to *playor*. -Two sharks, *playor* shark wants to befriend *player* shark. *Player* shark doesn't want to befriend.	-Fighting evil villains who are intimidating him	This session lives in my feet, the desire to be nimble and fast enough to never be "gotten".
Sometimes monsters, sometimes rainbows	-Hunger -Neglect	-Monster who wants a baby, fighting over the baby -Two mothers feeding a baby whatever it wants -Two possible exits- a door that leads to monsters, and a door that leads to rainbows	-Fight; fighting with the monster to protect the baby -Nurturing a baby with food -Flight, escaping the monster. Closing the door on the monster. -Neglect, disengagement	What fills us up? What engages us? Makes us feel satisfied? This session lives in my upper arms, the feeling of how I can protect and nourish myself and others.
The shaky tower	-Left alone/separation from family -Separation from one parent	- *Player* hiding *playor* in pillows wanting *playor* to pop out. -*Player* building a tower that *playor* keeps destroying. Keeps re-building, finally *playor* joins in building the tower	-Flight; running away. Quick to tag, minimize possible threat. -Hiding; sometimes playful, sometimes more intense. -Presence/absence through peek-a-boo game	Joy. Delight. Tenderness. Being fully in play with someone else with ever growing delight and discovery. This session lives in my heart.

Overview of data from reflective play sessions as a *player*

Below there are 4 short reflective, creative writing pieces. Each captures one play session where I was a *player* with an experienced *playor.* The agreement before each session was to explore what was coming up for me in the ongoing project of doing DvT with refugee children at the after-school program. These short pieces blend together some specific images and moments that occurred in the play session with experiences from after-school, as well as my own reflections as I work through that material. These writing were generated after reviewing the notes for each session.

Some of the primary themes that emerge in these reflections are around how I worked to move (the worry-worm) around different cultural expectations around trauma, as well as how avoidance was ever present in the space (the trauma mountain that people choose to ignore). Other themes included how to work through disconnection (Mr. Potato Head), and how playing around this theme as a *player* helped me explore and expand how to understand what happened when a child disconnected from the process. Also, the theme of how finding the trauma narrative felt often challenging and elusive (the claw machine), and that often I could only find small bits and parts of an incomplete trauma narrative.

Data from reflective play sessions as a *player*

The Trauma Mountain

For some, it is just too scary. We'd rather not go there as we worry what else might come out. I mean, it's a mountain so lots of things could come out, right? Especially if they aren't handled correctly. And this mountain is so big. There could be a lot of destruction and disaster inside. Lava, avalanche, good god, even an earthquake. Better not touch that. Only experts. Even then, maybe better not. Best left alone.

For others, we know we must go there. I consider myself one of them. But since everyone else is pretty freaked out about, I try to be pretty stealthy about what I'm doing. Yes, I'm going to the mountain, but I don't tell them that I'm really going "in" the mountain. Or

at least while you are watching. Or find a little side slip into the mountain; looking around to make sure that no one has seen me before I go into the depths.

And others, well, they are aware of the mountain, and they have even been in there, deep inside, but they don't want to go near there again. What is the point anyway? Would anything change if they did journey into the mountain, again? Wouldn't there still be parents separated, family members lost, journeys across long distances, kids being hit, nightmares, hunger, and no sleep at night? How could going into the mountain help AT ALL?

I understand there are some who don't want to go there. I just keep on saying I'm with you, I'm with you. We can go together.

I'm not ready yet.

Ok, ok. I'm still here, with you.

Underneath the ground, underneath the mountain there are whispers. Whispering cries. Crick, crack, splitch. The ground is cracking open, and the cries are louder now. They were always there. It was just easier not to listen. To assume that nothing was going on deep inside this mountain.

The Wall of Disconnection is Mr. Potato Head

What are all the things that stand in the way of us connecting right now, right here? What is this big wall blocking us?

Sometimes it literally is Mr. Potato Head, who is just so appealing in his plastic-y potato-ness round-ness that'd you'd rather be immersed with him than playing with me. Maybe having this plethora of toys is so appealing for you? Do you always have to share your toys at home? Or maybe there aren't toys? Or did you have to leave a lot of toys behind? I get it, Mr. Potato head is fun. Constructing, deconstructing. Putting it together, then pulling it all apart again. Then trying again. Ok, we will try again another day.

*And we do try again. And really, we end up in *pretty* much the same space again, but it's a little different. We are together a little bit longer. And there is still Mr. Potato Head.*

What else is building this wall of disconnection? I don't know how to be with you. You don't know how to be with me. Ah, geez. It's hard sometimes. Really hard. Especially when we don't know if we really understand each other or not. I also wonder- do you think you can trust me? Do you think I can understand what you have been through?

Do you think I'm saving you? Ah, I hope not. The white savior. That is something I really want to avoid. But then again, I'm a white woman doing drama therapy with refugee children at an after-school program. You tell me what that looks like.

This wall of disconnection, I'm actually building it right now as I just want to see what it looks like. It's pretty floppy, and I have to keep on actively holding it up. There is a hole, and you want to come in. Yes, please! We are together, creating this wall of disconnection.

Have we come through the impasse or not? I'm not sure, but we will keep on trying.

Constructing, deconstructing. Putting it together, then pulling it all apart again. Then trying again. Ok, we will try again.

The adventures of Worry Worm in the in-between places

I'm the worry worm, and I am always asking, "do you have a worry today?"

A lot of times, people are annoyed when I ask and they say, "Argh, why are you chasing me every day asking me if I'm worried? You look so gleeful as you ask me, cackling. Like a worry witch!"

I tell them that I'm not a worry witch, I'm a worry worm! Continually nudging forward to carve out space for worries.

And they say, "Ah, ok. Well I've got worries, but I'm not going to tell them to you. I don't need space for my worries. I'm holding onto them, for dear life. They are mine, and mine alone!"

I'm ok when they say that as I'm a worm, and I don't have arms anyway. It would be hard for me to hold their worries for them. However, my superpower is that I can make space for their worries in the in-between place.

Some people get very curious about the in-between place. Especially as they are very concerned with keeping their worries secret. I tell them that it's kind of like the mountain. It's a space where you must burrow in and make space. You can also hide things down there. Everyone is walking in, around, and over this in-between space every day, they don't see it or hear it or know about it. It's like it's in the walls but a bit different. But it's there. Always. That is where I hang out. Just little old me, the worry worm.

And I've made space for so many worries, slowly, carving the spaces out. It's a very intricate, maze-like in-between space. Never-ending, actually. There are little tidbits of information. Hard-worn pieces. Treasures, even, It's kind of like the grotto in the Little Mermaid. A collection of hard worn object that don't really make complete sense together, but here they are!

I'm in the in-between space, taking care of these tidbits. And burrowing for more. Carving out space for more.

The Claw Machine in the Arcade

Do we need to make this into a shape? Or can we just let it be? Let it breathe?

We are out to sea on a raft, and the texture of the sea around us changes constantly. Sometimes it is tar, silt, murk, sand, sludgy, or bumpy. It depends on who you are with and what you are doing.

And I ask you about what is bothering you. Maybe it's that the Taliban hurt your family, or that you were separated from your family members at the border. And you tell me that you don't have any worries. I wonder, really, do you not have any worries? Maybe you don't, maybe you do. The Taliban is a big worry though.

I'm immobilized. I'm trying to grab at something, anything. A truth, the elusive truth, a fragment of truth. I come up with nothing. Kind of like those claw machines in an arcade. I keep setting a target, something that I want to get, I focus my whole self on getting it, and DROP, I have it, I have it, I have it! Then I left the claw up, and nope, nothing. Zilch.

I'm not getting anything with the claw, but maybe there's something that came out of the machine? I open the slot, and there are. Pieces. Tidbits. Parts of stories. Parts of you. Parts of me. I pick them up, tenderly. Hoping that no one sees me with them, as they won't understand. They'll think I'm to blame for breaking things into pieces.

I carry them around, and I find who the parts belong too. I can't re-attach them for you- I'm not surgeon after all- but I can give them to you. And one person, she ties the part around her neck proudly. It has come apart from her, but it is still with her.

And I'm back in the sludge. The murk. Beneath the mountain, the in-between space. And I'm going to keep on burrowing, keeping on grasping, seeing what parts I can get.

Discussion

This project explored how individual DvT short-form play sessions were implemented in a multi-cultural, and multi-lingual community space, and how different cultural interpretations of traumatic experience were negotiated within this space. The observational data of the play sessions supports the proposition that refugee children are exposed to numerous traumatic events (Bogic et al., 2015), and that these continue into the post-migration phase of the refugee experience (Pacione et al., 2013). As noted in Table 2, various trauma events were shared in the initial history-taking. Within the DvT play sessions multiple versions of the 4Fs (Cannon, 1932;

Walker, 2013) were observed.The findings also demonstrate that individual DvT play sessions may allow for more nuanced and specific representations of trauma, that avoidance is a constant presence when engaging in play about traumatic experience, and that the *playspace* allowed for mutual relationship to be built across different cultural viewpoints and interpretations of trauma.

Density and depth of experience

In this project, due to its small size, I was not able to make direct links around how specific cultural viewpoints inform how traumatic experience is interpreted and expressed in DvT play sessions, particularly as each child came from a distinctive cultural and national identity. What I did find, however, was that each child did have a very unique and specific way of expressing their individual traumatic lived experience. There were some common denominators like traumatic themes such as racism and family separation, as well as the presence of the 4Fs.

In review of the observational data of the 5 DvT short-form play sessions, I noticed that each of those sessions felt so uniquely distinct and different to me as a *playor*. In the notes, I included what part of my body the session continued to live in. Each session continues to live in a distinctly different part of my body, and even just the re-collection of the feeling I had with each of children in the play session is indelibly unique. This points to how there is a density and depth of each individual's experience in this world, and that it is impossible to fully understand the reality of another as there is an infinite amount of details and information within each second of a person's lived experience.

The after-school space I worked in is not unlike many refugee service organizations where individuals from various backgrounds are served as one group identity ("refugee"). This is also reflected in the earlier DT work with refugees (de Smet et al., 2019; Landis, 2014;

Mikkonen et al., 2020 ; Rosseau et al., 2007; Rousseau et al., 2005), as all of the projects were group work with refugees where multiple identities and experiences came together in a group. Often the goal was the help participants find a sense of belonging in unifying their personal stories in a collective, pluralistic, "shared space" (Rousseau et al., 2005, p.24). Within this project, however, the "shared space" became more distilled as it was just between the child and myself in the *playspace*. In this "shared space", the distillation allowed us to focus in on the details and specificities when sharing one individual's experience.

In my work with these children, their experiences were informed by their refugee and national identities, however, there were so many specific details for each individual that lay beyond these identities. As I reflect on what I learned about individuals in this process, I noticed how expression of traumatic experience had their own unique quality, and I was only able to begin to understand this when I was in relationship with an individual for a concentrated, distilled amount of time in the *playspace*. This came up in my own reflective play sessions when I wrote, "*Sometimes it is tar, silt, murk, sand, sludgy, or bumpy. It depends on who you are with and what you are doing".*

In looking at this project in relation to previous DT work with refugees, this exploration suggests that both group and individual approaches provide different benefits to participants. The group process can help people find connection across experience, where the individual DvT play sessions allows participant to express their experience to another person with density and depth of detail. Especially when considering how cultural backgrounds can inform different interpretations of traumatic experience, I propose that there is a necessity to individual DT work for refugees as it provides space for the details of individual experience to be expressed and aired and not elided into a unifying narrative. The targeted structure of a 10-20 minute short-form DvT

session can help make individual work more accessible in spaces like community organizations and schools, particularly as this model enables for short, focused engagement with an individual around difficult material. How can future DT work utilize both group and individual approaches when working with refugees? How can we make space for a density and depth of experience that might help us understand something about how an individual understands traumatic experience, particularly from their own specific cultural viewpoint? How can we re-imagine how we create, design, and integrate DT approaches in community organizations and schools to allow for more work on an individual level?

Avoidance: An ongoing conversation

As noted in the axioms of trauma-centered psychotherapy (Johnson & Lubin, 2015), avoidance is always in operation when speaking about trauma, and was present in these DvT play sessions. Avoidance was common in the pre-session history-taking as participants would express not being distressed, however, further interviewing would reveal that there were a variety of stressors that the child had including hunger, separation from family members, violence against family members, death/loss, and racism. Avoidance in the play sessions arose in a myriad of ways including disengagement from the playspace and action, where the player would halt the play to attend to another need such as drinking water or playing with an actual toy nearby.

Avoidance also was a key theme in my own reflective play sessions as a *player*. As a clinician, I found that I couldn't align with Kinzie's (1989) proposal that we should participate in a client's avoidance and suppression, and not talk about the traumatic material due to socio-cultural considerations. For my own cultural and theoretical background, it didn't work for me to not acknowledge what the participants had experienced in their lives. In my reflective play

sessions, this came up as the “in-between space” where the character of the “worry-worm” lived. The “in-between space” was all the worries and trauma that existed in the space, unacknowledged, and the “worry-worm” was the one who could inch around, finding and making space for those worries. This was an accurate encapsulation of how I related to avoidance in the after-school space. I worked at it slowly and methodically- like a worm burrowing through ground- and kept on asking children about their worries. I also always operated under the assumption that there was more there in the “in-between space” that hadn’t been discovered yet, and there were always more worries to carve out space for. I kept on asking if children had any worries, trying and trying again until some space was carved out.

At the same time, I recognized that for some of the participants various cultural beliefs and constructs made it difficult for them to speak too much or too directly about traumatic experience(s). Sometimes it was also difficult for a child to talk about experiences as they were so young and didn’t remember much about what happened to them or couldn’t verbally express it due to considerations around language vocabulary or the developmental stage of their language expression. My recognition of this didn’t mean that I stopped engaging them about their worries and traumas, however, it did mean that conversation alone was probably not going to engage this child. This is where the *discrepancy* in DvT supported these different, and at times opposing, feelings around avoidance as in the *playspace* we could talk about something while also not talking about it, the “double entendre” of the *playspace* (Johnson, 2014, p. 81). The other aspect of the DvT *playspace* that enabled us to work with incomplete memories, or feelings of traumatic experience was that the being together in the *playspace* has so many shared experiences that are impossible to define in verbal language. Between the *player* and the *playor*, the relationship builds a tacit and embodied understanding of what we are experiencing together in the moment.

And, here, we come back to the idea that by being with someone in physical proximity, we are able to take risks and tell stories that are otherwise too frightening to face. In play, we could access material and feelings that we could not access through verbal language alone.

Cultural difference and connection

The *playspace* is a space of constant negotiation between the *player* and *playor*, and this highlights one of the other ways that different cultural experiences of trauma were being navigated in this project. Yes, the participants of this project came from a pre-dominantly non-western cultural viewpoint, and I, the drama therapist, came from a pre-dominantly western viewpoint. However, our cultural identities and frameworks are always in flux and change.

One specific example in this project was around how when the refugee children migrated to the US, their social support system changed significantly. A common theme in the history-taking for the DvT play sessions was the separation from immediate family members who were still in the country of origin, as well as extended family members who had not taken refuge in the US. This change in social system has been found to have a negative psychological impact on those with traumatic life experiences (Laban et al., 2004). While researchers (Fernando, 2005) propose that the collectivist nature of non-western cultures and spiritual beliefs may ameliorate PTSD symptoms, it is also important to recognize that when individuals take refuge in another country their connection to their wider spiritual and collective community is often limited or diminshed. This brings to light how relationships to community, cultural, and identity are constantly in flux, especially for refugees.

For many of the participants in this project their relationship and connection with their own communities had changed through the process of migration, and this highlights the importance of creating space for building moments of connection and relationship within their

country and culture of re-settlement. Since other connections are now limited in scope for refugees who have re-settled, the importance of new relationship and connection increases. In the *playspace*, I found that for both myself and the clients we created a dynamic relationship by being togther as full participants in the play (Johnson, 2016). As I came into the playspace as a full play partner, I surrendered myself, in some part, to the world of the *player*, and the *player*, in some part, surrenderd themselves to my world, too. Both myself and the clients are in a dynamic relationship with our own cultural constructs, and DvT allows us to explore those constructs in relation to each other. The "*playspace* is also an intermediate, interpersonal space, meaning that everything that is played out is mutual, no longer owned by one party or the other" (Johnson, 2014, p.72). Perhaps when working across different cultural viewpoints, DvT creates a space which allows for a relationship of negotiation and connection where what we are doing is not mine and not yours, but ours. Especially for those who are experiencing a diminished connection to their country, community, and culture, the relational nature of the DvT *playspace* can help refugee children explore ways of building relationship in their new home.

Limitations

In this process, I did my best to capture each session that I participated in as a *playor* and *player*, however, it is impossible to accurately document each of these moments as there was so much density of detail. Any representation of experience in this project is incomplete. I'm sure that if I went back and reviewed my notes again, I would come with various new interpretations, inclusions, and errors within what I have presented here. Whatever I have included here is an incomplete representation of this project and experience.

As mentioned earlier, I'm a new DvT *playor* who is currently in training. This project certainly helped me better my *playor* skills, however, there are many specific skills and

technique that I have yet to learn and practice. In terms of the project, this meant that the sessions I conducted as a *playor* had limitations in terms of the kind of choices I made, what I noticed in the *player*, and my ability to connect what was happening in the *playspace* to the real-life stressors of the *player*.

The after-school space was a multi-lingual and multi-cultural space, and translators were not consistently available. When possible, translators were used, particularly in the history-taking part of the process. While play allowed us to find a common language at times, there were other times when the language barrier meant that verbal communication was not possible between *player* and *playor*. This meant that there were multiple occasions where something couldn't be further explored in the *playspace*. What is presented here in the project is my best possible interpretation and understanding of what happened, however, there is high degree of possibility for misunderstanding.

Conclusion, a poem

And I will keep meeting you here,

Constructing and de-constructing, like Mr. Potato Head. The parts that can be put on and taken back off, and remade. And all over again.

Ok, we will try again.

Putting it together, then pulling it all apart again. Then trying again.

And again.

Again.

We will open the door, enter, and see what we can find. Together.

And sometimes, there are monsters.

Sometimes, rainbows.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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Thesis Advisor:_________
____ ______

Angelle Cook, PhD, RDT/BCT