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Nou Rive La ak 2 Pye Nou: Exploring Creative and Expressive Movements with Recently Arrived Haitian Migrants through a Community Engagement Project

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

Haitian individuals and families constitute a large portion of the recently arrived migrants in Massachusetts. As the State struggles to respond to the logistics of the migration crisis, migrants are grappling with the mental health sequelae of their long and traumatic journeys: post-traumatic stress disorder, depression, anxiety, and somatic symptoms are the top diagnoses among this population. Offering mental health services requires culturally-centered and trauma-informed methods that can respond to the needs of this population. Dance/movement therapy is an expressive modality that can be rooted in the rich cultural symbols and practices of the migrants to support them as they externalize and process their trauma on a non-verbal level. Through a creative movement session with Haitian migrants in the greater Boston area, this community engagement project explores the application of an adapted dance/movement therapy group structure, the five-part model, to fit the needs of this specific population. Despite the challenges to gather a group of migrants, the author was able to provide a supportive and relatively safe space where migrants explored movements that settled and mobilized their bodies and where they found relief and release in sharing some of their migration-related trauma. There is a high need for both research and application of dance/movement therapy with Haitian migrants, specifically, as this modality aligns with Haitians' cosmology, resilience, and overall ways of knowing and being.

Keywords: dance/movement therapy, Haitian migration, culturally centered therapy, community engagement, Haitian epistemology, migrants,

Author Identity Statement: The author is a Haitian Black woman who grew up with socio-economic privilege in her home country of Haiti. As a recent migrant to Massachusetts, and a

soon-to-be dance/movement therapist, this thesis is a movement exploration of the different rhythms and identities that she continues to navigate.

Nou Rive La ak 2 Pye Nou¹: Exploring Creative and Expressive Movements with Recently Arrived Haitian Migrants through a Community Engagement Project

May we ask about folks' migration stories. (Mullan, 2023, p. 3)

Introduction

Migrants don't just appear in a new location. They arrive, carrying with them epic stories crossing the span of continents, oceans, and generations. Among their belongings, they carry complex traumas. Studies on migration and mental health highlight different phases of trauma: the pre-migratory traumas linked to the reasons migrants left their home country (among them, war, torture, discrimination, or environmental disasters); the traumas linked to the "formidable risk" of the multiple journeys and paths they crossed to arrive at their destination; and, the post-migration traumas experienced upon their arrival, including the acculturative stressors linked to the act of settling into the host country (Bartholomew et al., 2021; Foster, 2002; Kira & Tummala-Narra, 2015; Nilsson et al., 2021). Although clinically separate, the delineation between these incidents is often blurred, especially for those whose migration stories never seem to end. Once they've arrived at a destination – many times, not their last – attending to the mental, emotional, physical, and even spiritual sequelae of these traumatic journeys can be difficult. Their political status as undocumented or non-citizen migrants, asylum seekers, or refugees obscures their access to social services, often limited or unstable based on the arrival destination's capacity and willingness to support this population. As they wait for official paperwork, these migrants are often isolated, transported from one temporary residential or detention center to the next. Additionally, cultural and language barriers can worsen this feeling

¹ Direct translation from Haitian Kreyol: *We arrived here with our two feet*. This sentence was shared by a Haitian woman migrant I met in October 2023 at a welcome event for Haitian migrants in Worcester, MA. In our conversation, she used that sentence to summarize her migration journey and described her needs. Her and her children, like many other Haitian migrants, walked most of the journey from Chile to the United States. At the time of our meeting, she was staying at a state-provided hotel room in Central Massachusetts.

of isolation and add to the mental toll of the trauma of migration. Once migrants obtain their legal documents from the host country and they begin to have access to stability, acculturative stressors combined with the migration traumas can contribute to long-term issues, such as depression and anxiety, post-traumatic stress symptoms, substance abuse, and other behavioral and mental struggles (Bartholomew et al., 2021; Kira & Tummala-Narra, 2015; Nilsson et al., 2021).

Providing culturally appropriate and trauma-informed mental health support to migrants, specifically asylum seekers and refugees, while they are still in the temporary detention or residence shelters, requires adequate methods and modalities (Aranda, Hills de Zárate, & Panhofer, 2020; Koch & Weidinger-von der Recke, 2009; Nilsson et al., 2021; Rova, Burrell, & Cohen, 2020; Verreault, 2017). Expressive therapies offer a creative, supportive, and non-verbal way for migrants to externalize and process their stories, as art-making and creative activities can bridge language barriers as well as any religious or cultural stigma against seeking psychological support (Dieterich-Hartwell & Koch, 2017). Creative movement, dance, and physical activity have been seen to provide effective stress relief and have been associated with “improved psychological wellbeing” (Nilsson et al., 2021, p.2) by supporting the creation of safety within the body and offering coping mechanisms that offer calm and regulation, leading to resilience building and the integration of the body and mind after such traumatic journeys (Aranda, Hills de Zárate, & Panhofer, 2020).

Culminating in the declaration of a state of emergency in the summer of 2023, Massachusetts has since been grappling with an influx of migrants (mass.gov, 2023). Massachusetts’ right to shelter law mandates the provision of emergency shelter to eligible individuals and their families (The 193rd General Court of the Commonwealth of Massachusetts,

2024). However, the number of those in need of shelter and the lack of adequate housing, resources, and services have caused public offices to scramble to respond, with migrants being transferred from hotels to hospitals, city offices, recreation centers, and even Logan International Airport for temporary shelter and residence (Kashinsky, 2023; Sullivan, 2024). Alongside State efforts to welcome and settle the newly arrived families, local community-based or nongovernmental organizations have stepped up to connect these migrants with essential immediate services (legal, medical, clothing, food, childcare, and housing) and to establish links with their ethnic and cultural communities (GBH News, 2023).

Among the tens of thousands of individuals who have arrived in the state of Massachusetts, many of them are of Haitian heritage. Although the greater Boston area already accounts for a large and tight-knit Haitian immigrant and Haitian-American community (Boston College - Department of History, 2023), newly arrived Haitian migrants still have to navigate the varying systemic barriers due to their status as non-citizen migrants of color (Bovell-Ammon et al., 2023). Additionally, Haitian migrants are faced with the longstanding history of prejudice and discrimination from the United States, often being relegated “to the bottom of the social hierarchy as Blacks and undeserving/unwanted immigrants” (Fanfan, Rodriguez, & Stacciarini, 2023, p.718). The intersection of these systemic and societal barriers reflects many of the post-migration and acculturative stressors that may impact the wellbeing and capacity for adjustment of Haitian migrants. However, despite the challenges they confront, Haitians have been known to demonstrate high levels of hope and resilience, which can contribute to protective factors against the symptoms of migration trauma (Derivois et al., 2018; Hall, Bacheller, & Désir, 2019).

The timeliness of the conversations on migration in the state of Massachusetts and how it intersects with multiple facets of my identity are at the root of my motivation to select and

explore this topic for my thesis. As a student of dance/movement therapy, I am curious about the movement experiences within the migration journeys. Specifically, the differences between forced movement and voluntary movement. The community engagement project described in this thesis will aim to answer this first question: how does a migrant experience voluntary, joyful, soothing, body-based movement after/during a journey of constant motion towards an unstable and unknown destination? As mentioned above, dance/movement therapists' studies have demonstrated that movement therapy with refugees has fostered connection, supported resilience building, and offered an outlet for this population to reflect and express their experiences of all the phases of their migration journey (Aranda, Hills de Zárata, & Panhofer, 2020; Koch & Weidinger-von der Recke, 2009; Rova, Burrell, & Cohen, 2020; Verreault, 2017). As a recent migrant from Haiti to Massachusetts who also holds U.S. citizenship, I have been watching and experiencing this "migrant crisis" from multiple vantage points, highly aware of how my own migration story converges and diverges with these stories. This leads to the second set of questions that I will try to answer through this project: what does the application of dance/movement therapy principles look like from a Haitian epistemological lens? Hall, Bacheller, and Désir (2019) refer to Haitian epistemology, defined as including "historical, religious, and spiritual ways of knowing", as a supportive factor in Haitian migrants' ways to cope with trauma (p.457). How then can movement impact, influence, or support these coping practices?

Through the community engagement project described in this thesis, I will review the literature on the mental health of migrants, with a special focus first on the use of dance/movement therapy and other expressive arts modalities, and second on Haitian migrants, specifically. I will then describe the process of offering and leading movement sessions with

Haitian migrants and report on this experience from an embodied lens. Finally, I will use this experience to make recommendations for body-centered, joyful movement that reflect a Haitian knowing and experience for further dance/movement therapy considerations as well as advocacy for program and community outreach at a local level.

Literature Review

Wars and conflicts, natural disasters, economic instability, and social violence have long been the motivations behind the mass movement of people across borders. Most often, these mass migrations depart the Global South in search of safety, protection, and a better life in the countries of the Global North, where long established programs and laws determine how these countries receive or refuse these individuals. These immigration and legal policies delineate the distinctions between the different types of migrants (see appendix 1 for a list of definitions). However, for the purpose of this thesis, the term migrant will be used to refer indistinctly to the participants of this project. Although differences exist in the legal status of these participants, which inevitably impacts the process of their arrival and settling into the country, this paper and this community engagement project focuses on the experience of the migration itself, which encompasses all recognized and unrecognized legal statuses given by the United States.

Structuring Culturally-Specific and Trauma-Informed Mental Health Support for

Migration-Related Trauma

Traumas Related to Migration

The migrants' arrival into the host country is often the culmination of a long, tumultuous, and traumatic journey. Migration-related trauma encompasses the traumatic events that may have occurred at any of the three stages of the migration journey. Pre-migration trauma usually refers the incidents that motivated the migration itself: war and conflict, torture, discrimination, natural

and man-made disasters, have been most cited (Foster, 2002; Miller et al., 2022; Nilsson et al., 2021). This pre-migration trauma can refer to repeated events or a single incident. During the migration journeys, the traumatic events continue as migrants suffer from their exposure to long and dangerous methods of travel, separation from or death of family members, exposure to interpersonal violence, and a general lack of basic needs (Cénat, Charles, & Kebedom, 2020; Foster, 2002; Miller et al., 2022; Nilsson et al., 2021). The final stage, post-migration trauma, encompasses the immediate, midterm, and long term experiences upon arrival at the final destination: lengthy, complicated and unclear administrative processes tied to immigration policies; anti-immigrant behaviors and discourse resulting in racism, sexism, and other direct and indirect discriminatory events; long-term detention in receiving facilities or subpar access to shelter due to overcapacity and overcrowding; limited access to basic needs and care; cultural and linguistic barriers (Cénat, Charles, & Kebedom, 2020; Foster, 2002; Miller et al., 2022; Nilsson et al., 2021). Additionally, longer term consequences such as socio-economic difficulties, socio-political sentiment of the host country around immigration, disconnection from familial and cultural support networks, and difficulties acculturating to the new country both contribute to and exacerbate the physical health and mental health problems of migrants (Cénat, Charles, & Kebedom, 2020; Foster, 2002; Miller et al., 2022; Nilsson et al., 2021).

Given the multiple, highly publicized, and tragic migration crises of the past thirty years across European and North American borders, there is no shortage of quantitative and qualitative literature on the physical and mental health of these migrant populations. Quantitative studies over the past three decades have highlighted the cumulative and compounding effect of migration-related trauma on the health of migrants (Foster, 2022) and its impact on public health (Nilsson et al., 2021). The most cited diagnoses amongst migration population have been post-

traumatic stress disorder, depression, and anxiety as a result of the interpersonal and violent traumas endured during the journeys (Bartholomew et al., 2021; Nilsson et al., 2021; Zehetmair et al., 2019). These symptoms are often accompanied by physical symptoms, such as impacts on sleep cycles, functional impairments, chronic pain and other somatic symptoms, and even the misuse of substances (Bartholomew et al., 2021; Nilsson et al., 2021; Zehetmair et al., 2019). Once in the country of destination, these symptoms are often aggravated. First, authors such as Foster (2002), Dieterich-Hartwell & Koch (2017), and Callaghan (1998) mentioned the “state of limbo” created by the constant state of being in-between, waiting for immigration administrative processes, for secure and safe housing or shelter, for work permits and other legal paperwork. Foster attributed these “conditions of quasi-imprisonment” as increasing “symptoms of isolation and anxiety” (Foster, 2002, p.4). Second, the cultural and familial separations also created additional weight on the mental health of migrants as they found themselves isolated from sources of familiarity, comfort, and support (Konopatsch & Koch, 2022; Nicolas & Smith, 2013). Finally, researchers also highlighted how these symptoms often remained untreated for two major reasons: cultural and religious understanding of mental health, often referred to as the “explanatory models of illness”, which may influence help seeking strategies or outright lead to mistrust of mental health services; and simply, the difficulty of accessing culturally appropriate services as they prioritize facing post-migration stressors (Bartholomew et al., 2021, p.708; Zehetmair, et al., 2019).

Addressing Migration-Related Trauma

To respond to the public health crisis of migration-related trauma, researchers have created or adapted multiple tools and assessments to quantify and categorize this specific category of trauma, as well as multiple culturally informed clinical frameworks for mental health

workers to address and support these needs. Government-funded initiatives in the receiving countries have dedicated entire websites to providing specific care to migrant or refugee populations: for example, a quick Google search showed that in the United States, the government's Administration for Children and Families has a page for "resources specific to immigration or refugee populations" (Administration for Children and Families, 2020), as does the Centers for Disease Control and Prevention with their Domestic Guidance for Mental Health Screening during the Domestic Medical Examination for Newly Arrived Refugees (Centers for Disease Control and Prevention, n.d.). The American Psychiatric Association also has a concise document available on the web titled, "Immigration Toolkit: Displacement, Trauma and Mental Health Among Migrant Youth and Their Families" (APA Council on Children, Adolescents, and Their Families, n.d.).

Existing screening and assessments tools have been adapted and translated to fit and reflect the nuanced and complex needs of these migrant populations, notably the cultural factors that are missing from the standards existing assessments. The National Child Traumatic Stress Network compiled a list of forty-nine standardized "measures that are appropriate for refugee children and families" that have been translated into a multitude of languages: these tools are mostly self-report assessments and target traumatic stress, depression, anxiety, internalizing or externalizing symptoms, among others (The National Child Traumatic Stress Network, 2020). Since 2018, Boston Children's Hospital has been hosting the Refugee and Immigrant Core Stressors Toolkit (RICST), a free web-based toolkit developed "collaboratively with refugee and immigrant mental health providers and stakeholders" that highlights the Four Core Stressors framework for migrant youth and families: traumatic, acculturative, resettlement, and isolation stressors (Davis et al., 2021, p.623). Other existing frameworks have been adapted to respond to

these recent waves of migration. For example, the Trauma Systems Therapy for Refugees (TST-R) seeks to provide culturally responsive and trauma-focused mental health treatment to children and their families based on the trauma systems therapy multiphasic model (Miller et al., 2022). The original model assesses the child and their surrounding environment to support a safety-focused, regulation-focused, and treatment beyond trauma placement (Miller et al., 2022, p.3). This TST-R specifically targets the “barriers to care” and other stressors that have been created by the United States’ everchanging and complex immigration policies which directly impact the mezzo and micro systems of the migrant families, influencing the conditions under which they enter the country, the type of care and support they are able to access, and their overall acculturation process into US American culture and daily life (Miller et al., 2022). The TST-R framework also highlights the role of the “cultural broker” who works in close collaboration with the clinician to deliver these targeted services. This key player in the TST-R services is “a trusted and respected member of the refugee/immigrant community who speaks the language and is of the same cultural background as the community being served, providing both interpretation and cultural perspectives”; specifically, they “help bridge the gaps between the cultural and clinical” (Miller et al., 2022, p.5).

The importance of cultural considerations cannot be understated when discussing mental health services for the migrant populations arriving in the United States. Beyond the field’s direction towards a more multicultural orientation, differences on the cultural, spiritual, cosmological, and epistemological levels carry a major weight in the trauma stories of the migrants, and should therefore, also play a major role in how health services in general are being offered and accessed. Much like Miller et al., (2022) emphasized the role of the cultural broker to bridge the language and cultural gaps in the clinical setting, other authors have highlighted

how much the clinician's own process of self-reflection and knowledge on the population they serve as well as the systems in which they interact are essential to this work (Bemak & Chung, 2017; Mattar et al., 2023). Bemak & Chung (2017) addressed the counselor's particular responsibility to understand their own political countertransference, "defined as a negative reaction toward migrant and refugee populations" (p. 301) based on the current media discourses they are exposed to, and to stay informed on any policy changes that impact how migrants are being received and how they can access services, housing, employment, and other administrative processes (p. 304). Mattar et al., (2023) pushed further in this process of self-reflection around positionality, tasking the providers to understand their work from a decolonial lens, and how the multiple layers of identities, history, socio-politics, and structural systems are at play when service provider and client interact.

Furthermore, addressing migration-related trauma requires a holistic, comprehensive, socio-culturally specific approach that goes beyond the white and Western understanding and conceptualization of mental health, physical health, and overall well-being. The impact of this specific type of trauma permeates all aspects of the individual's life and self-concept, resulting in an embodied experience of the trauma itself. Following a comprehensive scoping review of working with migrant populations and a noted lack of clear definition in the literature, O'Brien and Charura (2023) offered the following definition of embodied trauma:

Embodied trauma is the whole body's response to a significant traumatic event, where mental distress is experienced within the body as a physiological, psychological, biological, cultural, or relational reaction to trauma. Embodied trauma may include psychosomatic symptoms alongside the inability to self-regulate the autonomic nervous system and emotions, resulting in states of dissociation, numbing, relational

disconnection, changed perceptions, or nonverbal internal experiences which affect every-day functioning. (p1120)

The focus on the body's multilayered experience of trauma – this embodied experience – highlights the core of the work with this population. Often impossible to express, due to language and cultural barriers or protective dissociation from these unspeakable experiences, these embodied trauma experiences remain trapped in the body of the migrants (Koch & Weidinger-von der Recker, 2009). Body psychotherapist Česko referred to the traumatized bodies of refugees as resembling a “frozen sculpture”, where the inability to process the cycles of traumas incurred led them to create a “trauma related armouring” that sought to protect the individuals from their past experiences as they tried to integrate and settle into the receiving country (Česko, 2020, p.146). Accessing these experiences to process, integrate, and begin to heal from them requires that treatment services go beyond verbal and cognitive processing techniques.

Dance/Movement Therapy as Mental Health Support for Migrants

Expressive or creative arts therapies offer a non-verbal and symbolic language through which migrants can externalize, transform, and process those experiences, and being to alleviate some of the mental and physical symptoms of their traumatic migration journeys (Dieterich-Hartwell & Koch, 2017). Based on the arts' capacity to “respond to human suffering”, expressive or creative arts therapies use dance and movement, music, visual art, drama, poetry and creative writing, and other artistic expressions to provide individualized psychotherapeutic treatments (Celestine, 2021; Levine & Levine, 1999).

Dance/Movement Therapy

Dance/movement therapy (DMT) is defined as the “psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (American Dance Therapy Association, 2020). This modality rests on the assumption of an interconnection between mind, body, and spirit, and that much of our emotional processes are reflected, and thus can be accessed, through the body. Through dance, movement, breath, and other body-based interventions, DMT seeks to “revitalize the body” and establish a new connection to it, especially when trauma has created barriers to the relationship between mind, body, and spirit (Fischman, 2016, p.36). As an art form, dance and movement have held, reflected, and expressed cultural, religious, spiritual, and historical symbols of our experiences as humans in the universe (Chaiklin, 2016; Halprin, 1999; Serlin, 2020). At an individual level, movement can hold, reflect, and express our internal lived experiences; at a group level, collective movements mirror and amplify those experiences. Movements then become a vehicle for “self-expression, self-awareness and as a means of communication with others” (Verreault, 2017, p.120) and “tear down verbal barriers and defenses” (Fischman, 2016, p.45). Dance/movement therapy rests on the non-verbal communication of our movements and bodies to create a space for those internal narratives to emerge. As service providers, dance/movement therapists are trained to support individuals’ self-exploration through the use of movement and act as both witness and mirror to this exploration. By moving together and moving with, the dance/movement therapist attunes to the individual or the group’s body experience and expression: this kinesthetic empathy allows for an exchange, an acknowledgement, and a shared meaning making of these experiences (Fischman, 2016). This creative exploration with and through the body can help support bringing new meaning to these experiences, a new and integrated sense of self, and the development of

personal body-based resources and strategies that lead to improved resilience (Aranda, Hills de Zárate, Panhofer, 2020; Gray & Fagnoli, 2022; Serlin, 2021).

Dance/Movement Therapy with Migrants: (Re)connecting to the Body

The holistic, culturally-relevant, non-verbal, individualized, and trauma-informed aspects of dance/movement therapy make it a supportive treatment modality for traumatized migrants. There is an abundance of peer-reviewed and published literature both advocating for the use of dance/movement therapy with this population and providing results from several long-term treatment interventions in migrant detention centers, transitional housing shelters, health centers, and other community spaces led by dance/movement therapists and other somatic practitioners in countries of the Global North with high numbers of refugees, asylum seekers, and other forced migrants (Aranda, Hills de Zárate, & Panhofer, 2020; Bareka, Panhofer, & Rodriguez Cigaran, 2019; Baumgarten, Johansen, & Winther, 2023; Callaghan, 1998; Dieterich-Hartwell et al., 2021; Dieterich-Hartwell, Goodill, & Koch, 2020; Dieterich-Hartwell & Koch, 2017; García-Medrano & Panhofer, 2020; Gray, 2008; Gray, 2015; Gray, 2017; Gray, 2019; Gray & Fagnoli, 2022; Harris, 2009; Harris, 2019; Koch & Weidinger-von der Recke, 2009; Konopatsch & Koch, 2022; Rova, Burrell, Cohen, 2020; Schaeffer & Cornelius-White, 2021; Serlin, 2018; Serlin, 2021; Verreault, 2017). Specifically, since dance/movement therapy rests on the assumption that what is experienced by the body must be treated at the body level (Koch & Weidinger-von der Recke, 2009), DMT techniques and interventions offer a non-verbal approach that can target the traumatic migration memories and experiences while offering resources and coping strategies that are rooted in the individual's personal and cultural identity.

As described above, migration-related trauma leaves its mark on the body which can then emerge as dissociative states, immobilization, agitated states, and somatic symptoms (Dieterich-

Hartwell et al., 2021; Dieterich-Hartwell, Goodill, & Koch, 2020; Koch & Weidinger-von der Recke, 2009). Additionally, the acculturative stressors, including instances of cultural and linguistic grief and loss, reinforce the isolation and disconnection to their sense of identity and sense of self which can further compound the impact of their previous traumatic experiences (García-Medrano & Panhofer, 2019; Koch & Weidinger-von der Recke, 2009;). Many DMT researchers discussed the unspeakable nature of those traumas, both from neurobiological and cultural perspectives. David Alan Harris (2009), who has worked with survivors of torture, former child soldiers, and refugees, referred to the “speechless terror” that this population has endured: traumatic memories become stored in the area of the brain that is “identified as preverbal or nonverbal”, making their verbal processing almost impossible (p.94). Sabine Koch and Beatrix Weidinger-von der Recke (2009) referred to these traumatic memories as deeply carved within the bones and the memory of the body, a lingering “secret” that is “constantly present but in a non-processed form” (p.289). Cultural and ancestral processing of these traumatic stories often do not fit the highly verbal and public retelling that the Global North requires, especially to prove qualification for asylum and other legal statuses (Harris, 2019). The forced retelling of these traumatic memories continues to create disconnection from the body, as the migrant may lean on protective measures to avoid the “extreme somatic discomfort of re-experiencing” their journey (Harris, 2019, p.260).

These lingering memories remain as images that must be externalized in order to offer healing and reconnection to the body and to the self. Supported by creativity, imagery, and symbolism, dance and movement – along with other creative expressive arts – can create a bridge between the migrant’s past memories and their current experiences. The dance becomes a “safe and enactive transitional space” and container where the individual can externalize and

address what lingers from their journey (Bareka, Panhofer & Rodriguez Cigaran, 2019; Dieterich-Hartwell & Koch, 2017, p.1).

First, relative safety in the body must be reestablished to be able to access movement, let alone symbolic and creative movement. Amber Gray, a DMT who has worked with survivors of relational trauma as well as refugees, grounded her work with this population in polyvagal-informed dance/movement therapy. This theory which rests on Dr. Porges' polyvagal theory, interwove the neurological processes of the vagus nerve on our abilities to feel safe, mobilized, or immobilized with dance and movement's powerful impact on creating safety and trust within the body; this then supports the emotional, psychological, and physiological "state-shifts" that could lead to "restoration, healing, and reconnection" (Gray, 2017, p. 44).

Following their various interventions and research on dance/movement therapy with refugees in Europe and in the United States, dance/movement therapist Rebekka Dieterich-Hartwell and colleagues created a guideline and framework for DMT with resettled refugees (Dieterich-Hartwell, Goodill, & Koch, 2020). This guideline proposed a powerful argument for body-based support to this population. To arrive at this relative safety in the body, dance/movement therapists could use movement to settle and mobilize the body, offering new relationships with the body and new neural pathways to be built. The authors argued that settling movements, supported by breath, could offer relief, release, "relaxation and comfort", while mobilizing movements could promote activation, energy, and revitalization (Dieterich-Hartwell et al., 2021, p.82). These movement categories relied on patterns like rhythm and repetition, rocking and swaying, and walking and breathing, which offered a soothing and grounding effect that could support emotional regulation (Dieterich-Hartwell, Goodill, & Koch, 2020). Through attunement, kinesthetic empathy, and mirroring, the dance/movement therapist would also be

monitoring the space on a somatic level to maintain relative safety. The settling and mobilizing movements also constituted an opportunity for intercultural sharing and pulling from cultural practices that the individuals already engaged in: culturally meaningful songs, dances, and rhythms could be shared and taught, creating yet another transitional holding space (Dieterich-Hartwell et al., 2021; Dieterich-Hartwell, Goodill, & Koch, 2020). Building from the settling and mobilizing movements, this set the stage for connection to the other and connection to the self (Dieterich-Hartwell, Goodill, & Koch, 2020, p. 83). Engaging in collective movement, as a group or in a dyad between the individual and the dance/movement therapist, could foster a sense of belonging and the sharing in cultural movements allows for the individual to be seen and reflected in the foreign space. Finally, the capacity for emotional regulation brought on by the movements and the breath offered the opportunity for a new level of interoception, building awareness of sensations, emotions, and images that arise with each sequence, ultimately creating a new level of body-based resilience (Dieterich-Hartwell, Goodill, & Koch, 2020). Then, symbolic and expressive movements could support accessing and externalizing the implicit memories stored away by the traumatic journeys. Movement exploration via imagery, props, and even religious and spiritual symbols, allowed for the confrontation of these difficult and traumatic experiences (Koch & Weidinger-von der Recker, 2009; Verreault, 2017). The individual could share their stories through a “speaking body and a quiet mouth” (Aranda, Hills de Zárate, & Panhofer, 2020, p. 162) as the movement offered an external container for the memory to be transformed (Bareka, Panhofer, & Rodriguez Cigaran, 2019). Again, the dance/movement therapist’s responsibility would be to hold the boundaries of the space through their trauma-informed and kinesthetic attunement, supporting the individual to return to their previously established body-based coping skills in moments of need. Finally, integration could

begin to occur as the individual developed a present relationship with and through the body, grounded in the here and now, in their sense of Self, as they would be able to look forward into the future with more agency and self-assuredness (Aranda, Hills de Zárate, & Panhofer, 2020; Bareka, Panhofer, & Rodriguez Cigaran, 2019; Dieterich-Hartwell et al., 2021; Dieterich-Hartwell, Goodill, & Koch, 2020;).

Haitian Migration in the United States: Nap chache lavi lot bò dlo²

Demographic studies show that substantial Haitian migration to the United States began in the mid-twentieth centuries, and Haitians are noted to be the fourth largest immigrant group from the Caribbean in the United States (Dain & Batalova, 2023). The complex, multilayered, and complicated historical, political, and socio-economic motivations of Haitian migration to the United States will not be discussed within the scope of this paper. Nevertheless, these extensive and often contradictory ties are reflected in the United States immigration policies and public sentiments towards Haitian migrants. In the past fifteen years, unclear and sudden changes in immigration statuses have caused Haitians in Haiti to seek residence in the US via authorized statuses (such as the Temporary Protected Status offered post-2010 earthquake and the current Humanitarian Parolee Program, often called “Biden Program” by Haitians, launched in 2022) or Haitians in the US with irregular or authorized statuses to flee en masse towards the Canadian border in fear of being deported from the US (upon Trump’s election in 2016 and the sudden cancelation of the Temporary Protected Status) (Cénat, Charles, Kebedom, 2020). It is clear how changes in political administrations, public policies, and overall political environment are leading factors in the post-migration stressors of the Haitian migrant.

² Direct translation from Haitian Kreyol: We are looking for life across the waters. In other words, we are seeking a better life outside of Haiti (opportunities for economic growth, safety and stability, etc.)

In Massachusetts, the migration pattern from Haiti began in the late 1950s and 1960s as Haitian individuals fled the dictatorial regime of Duvalier and settled in the southern neighborhoods of Boston, specifically Mattapan, Dorchester, Hyde Park (Boston College, 2023; City of Boston, n.d.; City of Boston, 2009). Currently, most migrants arriving in Massachusetts have come through the Humanitarian Parolee Program (commonly referred by Haitians as the Biden Program) or have crossed the southern borders of the U.S. on foot and made their ways to this right to shelter state (Emmanuel, 2024).

Mental Health in Haitian Migrants in the United States

Despite this history and the large communities of Haitian immigrants in the United States, the number of research articles on the mental health of this specific population is still limited. For the purpose of this thesis, I have prioritized literature on Haitian mental health written primarily by Haitian or Haitian-American researchers – most of whom are living in Haiti or as immigrants or first or second-generation in the United States and in Canada, two countries with a large population of Haitian migrants. These researchers mostly hold doctorates in public health, psychology or psychiatry, work in large universities or medical centers, and have had access to native and immigrant Haitian populations to conduct large qualitative or quantitative studies on the topic. As this thesis seeks to understand the implementation of mental health and dance/movement therapy from a Haitian epistemological lens, it was important for me to focus in on the work by these authors who would bring the necessary understanding of the nuances of the Haitian experience as both members and researchers of these communities, like me. Additionally, as Black researchers and clinicians, some of these authors espoused a perspective rooted in Liberation Psychology and decolonization and carried their work through an intersectional feminist and an anti-oppressive lens. These theoretical orientations are crucial to

the conceptualization of this population. Finally, in limiting the sources of literature for this section, I wondered about my own biases to the subject matter and how they would influence my understanding as well as my offerings in the community engagement activities. I am aware of the confirmation bias that might occur in limiting my research, and I also want to highlight the important and nuanced lens and perspective that is brought by the researcher also being a member of the community of participants. In support of this exploration, I turned to the words of Dr. Jennifer Mullan (2023), “if you identify as Haitian, have your people’s histories been included [...] in your therapy or counseling services?” (p. 61) and often returned to this self-reflection by Dr. Charlene Désir (2011), a Haitian-American school psychologist and researcher:

...I consciously confronted the notion of being Haitian and reflected on my own epistemology. *How do I know what I know?* My knowledge stems from my cultural position, from the fact that I was raised in a Haitian family with cultural and spiritual beliefs that were specific and unique to the Haitian experience. (p.280)

My experiences as a migrant from Haiti, a student of dance/movement therapy, and as the author of this thesis have all been interwoven and reflected in the choice of topic, the literature review, the community engagement offerings, and the conceptualization of this work.

Pulling from the existing theories of migration-related trauma, these Haitian and Haitian-American researchers demonstrated how Haitian migrants faced significant and specific traumas in the pre-migration phase due to the socio-political context and the natural disasters experienced in their country; throughout the migration journey due to dangerous travels, “financial repercussions and fear of arrest and repatriation” (Fanfan et al., 2020, p.1796); and finally, in their post-migration phase, with experiences specifically linked to immigration policies, anti-Haitian sentiments, and their status as “triple minorities (predominantly Black, immigrant,

Creole/non-English speaker)” (Belizaire & Fuertes, 2011; Fanfan et al., 2020; Fanfan, Rodríguez, & Stacciarini, 2023, p.718; Nicolas & Smith, 2013).

Specific to the relationship between mental health and migration, Canada-based Haitian researchers, Cénat, et al., (2020) established a new concept: the “psychopathology of the crossing” (psychopathologie de la traversée – referring to The Road that these migrants walked to cross the borders into the US and later on into Canada) which includes the “traumas, as well as coping and resilience strategies” and “allows shedding light on the multiplicity, complexity, and consequences of such traumas” for Haitian migrants (Cénat, Charles, & Kebedom, 2020, p.421). This new terminology was important for case conceptualizations because some Haitian migrants in Canada were exhibiting symptoms that did not align with the full criteria categories established by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) or the International Statistical Classification of Diseases and Related Health Problems (ICD-10) (Cénat, personal communication, 2024). However, it was clear that the physical and mental symptoms as well as the behaviors manifested by these migrants were linked to their migration journeys (Cénat, personal communication, 2024).

Through their quantitative studies, Haitian-American researchers like Dr. Guerda Nicolas and Dr. Dany A. Fanfan also highlighted that depression-like symptoms were high among Haitian migrants, women specifically, as they demonstrated a “preponderance for somatization when in distress” (Fanfan, Rodríguez, & Stacciarini, 2023, p. 726; Nicolas et al., 2007; Nicolas & Smith, 2013). Moments of distress were often described with language referring to the body, with emphasis on the head, the heart, and the gut (Nicolas et al., 2007), showing up as specific and non-specific body pain, loss of sleep and feeling weak, loss of appetite and other digestive issues, as well as elevated heart rates (Auguste & Rasmussen, 2019; Derosiers & St. Fleurose,

2002; Kaiser, et al., 2014; Keys, et al., 2012; Nicolas et al., 2007; Nicolas, DeSilva, Gonzalez-Eastep, & Grey, 2006;) The somatization of symptoms is not specific to Haitian migrants, but it also reflects Haitian understanding and expression of mental health in general.

This understanding and expression of mental health sits in the Haitian epistemology and cosmology. Religious and spiritual belief systems rooted in Christianity and Vodou ground Haitian individuals in their understanding of self, of their communities, and of the trajectory of their life (Désir, 2011; Desrosiers & St. Fleurose, 2002; Hall, Bacheller, & Désir, 2019). For Haitians in general, and migrants in particular, these beliefs systems and practices act as a protective measure and supportive factor to their well-being, provide community gathering and cultural celebration, and they offer explanatory models of illnesses and a path towards healing, via traditional and spiritually practices and methods of healing (Auguste & Rasmussen, 2019; Desrosiers & St. Fleurose, 2002; Galvin et al., 2023; Hall, Bacheller, & Désir, 2019) As such, research indicated that Haitian migrants would often seek emotional support with family members and friends, consult spiritual or religious leaders, and lean on traditional and holistic medicine, and seek medical support for the physical and somatic symptoms before they sought mental health support (Bolton, Surkan, Gray, & Desmousseaux, 2012; Desrosiers & St. Fleurose, 2002; Hall, Bacheller, & Désir, 2019; Nicolas et al, 2007).

Finally, researchers on Haitian immigrants emphasized the lack of cultural adequacy of standard measurement and assessment tools, or even in language used by providers in clinical and therapeutic settings, which may have limited the accurate reporting of mental health symptoms in this specific population (Desrosiers & St. Fleurose, 2002; Nicolas & Smith, 2013). Dr. Guitele Rahill, a Haitian-American Licensed Clinical Social Worker, described her use of Haitian Kreyol metaphors and idioms to support a Haitian migrant's experience and

understanding of therapy and his mental health struggles (Rahill, Jean-Gilles, Thomlinson, & Pinto-Lopez, 2011). Pulling from the culturally significant oral storytelling tradition of *tire kont*³, the clinician was able to break the multiple barriers to mental health services for this client, establish rapport, and co-create a framework where the Haitian migrant felt empowered to share his story and his struggles, and be able to identify supportive coping skills while in treatment (Rahill, Jean-Gilles, Thomlinson, & Pinto-Lopez, 2011). Culturally competent and responsive mental health service provision for Haitian migrants demands that providers have an understanding beyond the standard traumatic presentations and that they can also identify positive culturally significant resources to support their clients.

Resilience Factors in Haitians

Haitian resilience has extensively been written about. After the January 2010 earthquake that took the lives of over 200,000 Haitians and displaced more than one million individuals (Mesidor & Sly, 2019), international news outlets wrote extensively about the resilience of this people who had lost so much. The turbulent colonial, political, socio-economic, cultural, and environmental history of the country has forged a spirit of survival among the Haitian population. Haitian idioms often refer to this survival spirit: *nou se wozo, nap pliye men nou pap kase* (we are bamboo stalks, we may bend but we will not break); *lespwa fè viv* (hope makes you live). Blanc et al., (2020) highlighted three tenets of Haitian resilience: hardiness, described as “a personality style [...] that helps cope, withstand, and actively engage in transformational coping” in the face of stress and trauma; creativity, which Haitians engage in regularly by creating and making “art from their suffering”; and, the belief in traditional and complementary healings, as “every event is interpreted through the lens of religious and spiritual beliefs” (p. 570). However,

³ *Tire kont* refers to traditional Haitian stories rooted in folklore.

Haitian researchers, journalists, and individuals at large have also long debated the extent of this phenomenon of resilience among the Haitian people. Derivois et al., (2018) conducted multiple research studies in Haiti after natural disasters and noted that “the resilience levels of survivors in Haiti were superior to those of other countries with experience of similar natural disasters” (p. 79). The authors also noted that there exists two survival factors when discussing Haitian resilience: first, “a paradoxical resilience”, where those faced with more adversity seemed to have the highest scores; second, “a pathological resilience”, where “paradoxical coping strategies” were used to cope with the traumatic event, but there was no rebound, positive development, or growth that is a key marker of resilience (Derivois et al., 2018, p.79). Nonetheless, the authors highlighted that, pathological, paradoxical, or not, Haitians have organized themselves into networks of “social supports and resources [...], community networks and personal resources” to cope with these traumatic events (p.80).

Like most migrants, interwoven with the community networks is the importance of the familial networks, for Haitians in their own countries and in foreign lands. Family structure is an important source of support for the Haitian individual, who tends to live in multigenerational households in their home country and abroad. The Haitian migrant relies on familial support both in Haiti and in the country of destination for financial support and emotional support along the journey (Cénat, Charles, & Kebedom, 2020; Nicolas et al., 2009). Once arrived, Haitian migrants, will reside with extended or immediate family members, and will try to continue to maintain supportive, somewhat regular, and celebratory relationships with them. This connection supports the integration and acculturation into the new cultural society but can also be the source of additional stress. Nicolas et al., (2009) examined the phenomenon of empathic family stress which the authors described as the “stress and worry that individuals experience in response to

their family members' problems" (p.137). Results from this study showed how empathic family stress relates significantly to depression and low self-esteem, as the migration transitions also impact familial relationships. However, the authors encouraged these strong connections to be included in mental health services as a way to "buffer against the onset" of migration related symptoms (p.148).

Central to the community support networks for Haitian migrants are churches, temples, and other religious and spiritual centers. An in-depth dive into Haitians' three major spiritual and religious cultural practices – Vodou, Catholicism, and Protestantism – are outside the scope of this paper. However, it is important to understand the role that they play in Haitians' understanding and experience of mental health as religious, spiritual, and cultural practices represent a well of "support, guidance, and methods of making meaning of success and challenge" (Hall, Bacheller, & Désir, 2019, p. 457). Mesidor & Sly's (2019) quantitative study in post-earthquake Haiti demonstrated that Haitians who used "religious coping" experienced more post-traumatic growth since those coping strategies "embody the possibility of growth and transformation", especially when access to other resources might be limited (p.136). Additionally, multiple studies have also demonstrated the key role that Haitian religious and spiritual leaders have played in the migrant communities in North American and European countries, creating their own community networks and coordinating with governmental and nongovernmental entities to welcome and provide support to recently arrived migrants (Hall, Bacheller & Désir, 2019; Mooney, 2013; Nicolas, DeSilva, Gonzalez-Eastep, & Grey, 2006; Nicolas & Smith, 2013).

The Role and Experience of the Dance/Movement Therapist with Haitian Migrants

Lacking in the literature are also articles combining the use of expressive therapies, specifically dance/movement therapy with Haitian migrants. Nancy Hérard-Marshall, a second generation Black Haitian-American, spoke of her journey with Vodou and folkloric-based movement in her Master's thesis, grounding the creative exploration of her identities within the DMT practice of Authentic Movement (Hérard-Marshall, 2016). Amber Gray, a white American dance/movement therapist who is also initiated into Haitian Vodou, shared her experience with vodou-based sequences with Haitian street children, which offered a structure for her DMT-based group offerings (Gray, 2008). Hérard-Marshall and her fellow Afro-Caribbean dance/movement therapist colleague Maria "Mara" E. Rivera have looked at the importance of Afro-Caribbean dance styles and beliefs systems as supportive elements reinforcing the self-body power, the collective power, the sociopolitical power, and the spiritual power essential to the journey of healing of African diasporic populations (Hérard-Marshall & Rivera, 2019). This historical and spiritual understanding of dance and movement is to be viewed as an essential element to support Haitian migrants in their treatment. However, there are no articles on dance/movement therapists working with Haitian migrants specifically. Given the high level of somatization among Haitian migrants, the use of culturally specific practices for resilience and healing, and the highly symbolic and creative nature of their epistemology, dance/movement therapy can provide a rich and multilayered resource for this group. This thesis hopes to provide an introduction of how this modality can offer support.

Methods

The methodology behind this community engagement project followed this thesis' three main questions: 1) how does a Haitian migrant experience voluntary, joyful, soothing body-based movement after/during a journey of constant and forced motion towards an unstable and

unknown destination? 2) what does the application of dance/movement therapy principles look like from a Haitian epistemological lens? 3) how then can movement impact, influence, or support the coping practices of Haitian migrants?

Accessing the Community

The most important component of this community engagement project was to be able to establish a connection to and within this vulnerable migrant population in a way that would minimize any harm or mismatched expectations. Within the scope of this academic thesis, the community engagement project is limited in terms of time, what could be offered, and how it was offered. Additionally, when engaging with this population, careful considerations were made around avoiding any additional stressor to the potential participants' schedules. Based on location, ease of access, and familiarity within the community of Haitian migrants, a connection was established with Immigrant Family Services Institute (IFSI) to facilitate the connection to a group of migrants as well as provide the access to a space for the gatherings to occur. This organization based has been providing crucial wraparound services to Haitian migrants since 2015 and has been a fierce advocate in this recent migrant and shelter crisis. The project was presented to the organization's relevant staff members, and IFSI's Adult Education Program Director was designated as the link for this project.

Following feedback and support from the Program Director, I organized three in-person sessions on Friday afternoons in February and March 2024 at a classroom space in a church, frequently used by IFSI and its participants, and easily accessible by MTBA bus and train lines, a must for the targeted population. Each session was scheduled to last an hour and a half. At the request of the Program Director, the researcher created a flyer with a QR Code to support awareness and registration to the gatherings (flyer is included in the appendix 2). The flyer was

then shared by the Program Director during the Adult English classes offered by IFSI. The QR Code was linked to a Google registration form which collected contact information as well as key information about the potential participants' demographics (sex, age, children or not) and their migration stories (length of time since their arrival in Boston, method of arrival, living situation) (the registration form is included in appendix 3). All outreach documentation created for this project was written in Haitian Kreyol. A member of the IFSI outreach team provided technological support to the individuals who were interested in these gatherings. This initial data collected from the registration form was saved in an Excel sheet to help begin to contextualize and categorize the participants. I sent email and text reminders to the individuals who signed up for the event.

Data Collection and Reflection

Data and information aggregated from the gatherings was collected in my journal. After each session, I would dedicate 30 minutes to free-write all that was experienced during the scheduled time, and this "brain-dump" exercise would serve multiple purposes. First, immediate note-taking allowed me to compile all my thoughts and memories of the gatherings, including what was observed both in the participants' as well as in my own body. Second, and most importantly, as a bilingual facilitator, I held the sessions in Haitian Kreyol; yet as a student, my thesis would be written in English. The brain-dumping exercise would allow me to prevent some of the loss of information that would occur once the content from the sessions would be translated – and thus transformed - into English. Any visual or written art created during the sessions or in-between sessions would be added to the journal; any movement-based art would be recorded and compiled in an electronic folder along with research for this thesis. The

recording of the experiences would allow me to return to the data, reflect on the offerings, establish main themes, and support the reduction of around potential biases.

Structuring the Sessions

To structure the sessions, as researcher and facilitator, I pulled from my knowledge of dance/movement therapy and counseling group theories as well as my previous experience as a trainer for community human rights advocates in Haiti. This allowed me to structure a group that reflected an embodied, trauma-informed, and culturally appropriate lens.

Although I had planned three sessions, the gatherings were not obligatory – the first step in avoiding another forced and mandatory movement in their journey. Additionally, given the unpredictability of winter weather conditions in Boston, accessibility and functioning of the Massachusetts Bay Transportation Authority (MBTA), and any additional obstacles from the personal lives and schedules of the participants, I planned for gatherings that would be drop-in offerings. With that in mind, I planned for each hour and a half session to be complete with a termination process, in case there would not be any repeat participants. Given the time at which the gatherings would occur (late afternoon) and their length, I followed Haitian protocol, which is to offer a kolasyon, a light snack, to participants. Beverages (water and coffee), crackers and cookies, as well as hard candies and mints would be displayed and available to the participants. The sessions would be held entirely in Haitian Kreyol. I also curated a playlist of Haitian music to be played throughout the sessions to support the convivial atmosphere and offer a cultural anchor to the space (Dieterich-Hartwell & Koch, 2017).

As facilitator, I followed the DMT five-part intervention model to craft the structure of these gatherings: a check-in and opening; a body warm-up; theme development; verbal or nonverbal discussion and processing; and a closing and ending (Verreault, 2017, p.123). Each

gathering was planned to start with a round of introductions. In order to establish my role, and to allow the participants to place me – and therefore, establish trust – I would have to engage in self-disclosure of my various identities and define how I was part of the in-group (natif natal Haitian who grew up in and recently migrated from the metropolitan area; Kreyol speaker) and how I was not (graduate student, socio-economic privileges in the US and in Haiti, multilingual, US passport holder). This round of introductions would be followed with a review of the thesis project, concepts of dance/movement therapy, and the objectives of the session itself.

After the framework and verbal informed consent was established, I would lead the participants in their opening activity: *Kiyès ou Ye?*⁴, an art-based activity where participants are invited to introduce themselves once more by drawing their names and any elements that represent their identity and the essence of who they are. The body warm-up would be an introduction to breath and quick body activation through release of tension in the upper body, face, and in the hands. Both the opening and the warm-up activity would offer a slow and accessible introduction to the use of art, creativity, imagination, and most importantly, movement.

The main parts of the session – the intervention and the theme development – would be loosely planned, allowing for improvisation based on the topics and energy that would be brought up by the participants. I would also be prepared to offer the exploration of some themes, such as identities as Haitian and migrant, body/mind connection, finding joyful moments in the day, and using music and movement to self-soothe. The closure and termination of the sessions would recapitulate what was explored in terms of movement and body/mind connection and create a space for participants to share their thoughts and takeaways.

⁴ Haitian Kreyol for Who Are You?

Although the five-part structure of the entire session would remain the same throughout these offerings, therefore providing a sense of predictability and safety, there was enough fluidity to invite direct input and co-creation from the participants themselves (Dieterich-Hartwell, Goodill, & Koch, 2020; Verreault, 2017). This intentional decision was centered around the importance of creating space for the participants' needs: they would have the agency and control to decide the themes, images, and movements to be explored or kept away from the shared space, and it would be my responsibility as facilitator to attune and respond to those needs (Serlin, 2020). This would allow for a more authentic movement relationship between myself as the facilitator and the participants, creating additional safety and supporting group cohesion. This is in line with the definition of the therapeutic movement relationship, a core tenet of dance/movement therapy, which is defined as the “shared presence of body, mind, and spirit between the dance/movement therapist and client where healing occurs within the safe containment of a creative collaboration, and results in a resonance” (Young, 2017, p. 104). Furthermore, this loose structure would allow me to integrate the observations and reflections from the previous session into the next, to provide a more supportive space. Finally, to further reduce some of the power dynamics in the space, I also decided to act as both facilitator and co-participant in the sessions (Dieterich-Hartwell, Goodill, & Koch 2020). Rova, Burrell, and Cohen (2020) reflected on their “alongside position” as co-creators and participants in their creative offerings to asylum-seeking women in the UK as a way to advocate for a “non-judgmental and inclusive frame for the group process” (p.212). My active presence and participation in and alongside the group was essential as it reflected and honored my multiple identities as student/writer/facilitator/migrant.

Results

Respondents Profiles

Forty-eight migrants signed up to participate in the offerings, thirty-two women and sixteen men between the ages of 21 and 54. A little more than half of them stated that they traveled directly from Haiti to Boston under the Biden administration's Humanitarian Parolee Program, while others crossed the southern border of the US from their previous destinations in Mexico, Chile and Brazil. Most of them had been in the greater Boston area for less than 6 months.

Summary

Although there was a high number of respondents and despite the reminders via emails and text messages, only two participants attended the first session. This was expected. The organization's Program Director had mentioned challenges due to logistics and motivation. The literature also supported this: resettlement stressors impact the attendance rates (Dieterich-Hartwell, et al., 2020). Despite the low attendance rate, since each session was designed to be a standalone intervention, the session was rich in observations. I will describe the session in full in the following section to provide context and understanding.

Unfortunately, out of the three sessions, only one session was attended by participants. The second session was canceled at the last minute by the organization, following a logistical conflict. This threw off most of the planning, as I had already received confirmation from some participants and had tweaked some elements to reflect their requests. Although the participants were understanding, I expected the sudden cancellation to impact the budding relationship as well as the following and last session, scheduled for two weeks later. Despite my multiple emails and text messages, no one attended the third session. A few participants texted me back to inform me that they would not be able to join because they would be at work. After waiting for an hour

and a long discussion with the support staff present, who also shared their own difficulties in convening migrants for activities not related to employment or legal paperwork, I left the premises and decided to reach out to the Program Director to discuss other possibilities of gathering with the migrants. It is important to mention that the third session occurred at the end of a particularly violent week in Port-au-Prince, Haiti where heavily armed gangs stormed two of the capital's major prisons, seized control of the port and the airport, and torched many police stations in the hopes to overthrow the country's de facto Prime Minister Ariel Henry (Phillips & Bland, 2024). That week affected me personally, and I can only imagine that participants also felt the weight of this ongoing crisis as they navigated the empathic family stress of worrying and caring for their families still living in the neighborhoods of Port-au-Prince and its surroundings (Nicolas et al., 2007). Although I cannot make assumptions without data from the participants, engaging in work with migrants in the country of resettlement cannot ignore the political and systemic issues in their countries of origins and their impact on migrants' availability for participation and engagement.

Overall, the experiences reflected what Dieterich-Hartwell et al, (2020) stated: "the setbacks actually promoted increased empathy for the refugee experience of waiting, powerlessness, and rejection" (p. 8). The time limits for this thesis process as well as additional personal constraints impeded the opportunity to reschedule the cancelled session.

Description of Session 1

Two participants attended the first session: two women in their mid-twenties and mid-fifties who had been in the greater Boston area, less than eleven months. Both women were already sitting in the designated space upon my arrival: I noticed how they sat on opposite ends of the room, close to the walls, still in their coats, looking at their phones. After the initial

exchange of greetings, the room returned to quiet as I began to set up my supplies. We exchanged some brief pleasantries about Haitians being late, and I announced that I would wait an additional 10 minutes to allow for any late arrivals. In the meantime, I went up to each participant to thank them for being present and to exchange names. I offered them some water and some sweets, and I also asked them to share their favorite song of the moment to add to the session's playlist. Both shared popular Haitian Christian songs.

We collectively decided to start once it was clear that no one else would join us. I once again introduced myself and presented the project. The first question asked by one of the participants was "Ki kote w soti Ayiti?" ["Where exactly in Haiti are you from?"]. The question was asked abruptly and interrupted my presentation of the project. I was expecting this questioning around my identities, but I noticed a tightening in my body as I prepared to self-disclose. After I shared more about my identity and my social location in Haiti, this seemed to establish some legitimacy and I noticed that participants looked at me more directly. I offered a first movement break: I invited participants to loosen their jaws, relax their eyebrows, roll their shoulders, and take a deep breath to release any discomfort. We repeated this sequence a few times until I saw some released tension in their shoulders and faces. We shared about our motivations to migrate to the United States and the family and loved ones we've left behind in our hometowns.

Once this had been shared, I offered the participants to engage in the first arts-based activity, *Kiyès ou Ye*. I drew my example on the whiteboard in the room and gave them about 5 minutes to engage in their drawing. I played their selected songs in the background. Once they indicated being done with the drawings, I invited them to bring their chairs in a closer circle in the center of the room. In our tighter circle, participants expressed shyness and lack of "artistic

skills” but were eager to share about the symbolic representation of their names and of their essence. I noticed some smiles and laughter exchanged between the three of us as they commented about their identities. I reflected on how many aspects of our identities tied us to our home country and how, as migrants, we may experience some shocks as we navigate the new environments of this country. This opened the conversation towards more verbal sharing about the Haiti that was left behind and the stress that they experienced since moving to Boston. Each participant shared about their families in Port-au-Prince and their daily worries, the displacement and destruction in their neighborhoods’ due to violent gang activity, their difficulties or inability to work and make a living in the US, not finding the ingredients to make and eat food that made them feel good, and the feeling of not being fully welcomed by “moun parey nou yo” [people like us/our community]. In this moment of sharing and releasing, I noticed that both participants’ bodies took on a quality of heavy sinking: bodies were curved inwards, tense shoulders, head down, hands in pockets or supporting the head, there was no more eye contact between us. I noticed in my own posture that I had also closed off my body: my arms were crossed across my chest, and my legs were crossed pointed away from our circle; I was in a twisted S shape.

After a heavy silent pause, I acknowledged the trauma, stress, pain, and worries that accompanied our experiences as Haitians, and as Haitian migrants specifically. I reminded participants that these sessions were not meant to solve anything, but to offer a moment of relaxation and release that they could replicate at home. I inquired if participants were willing to release some of this heaviness that they carried through movement and offered the option to sit or stand. Both participants asked to stay seated. I led them through some gentle movements supported by inhales and exhales, beginning with circular movements in the upper body (head, shoulders, arms, wrists, and fingers), followed by some energizing movements with some

tapping all over the body. I noticed some hesitation in the beginning of the sequence that was slowly replaced by a yielding: participants closed their eyes, breathed more deeply and loudly. I also noticed how I relaxed more into the role of facilitator and co-creator. I invited the participants to get up and walk around the room, offering them to try to take up more space as we continued to wake the body. Participants followed me almost in a single file and we explored larger circles with our arms, bigger strides with our feet, and bigger and louder breaths. I invited participants to use this walking motion as a reflection on the journeys that they have taken to lead them where they are now, and since both participants had expressed their Christian faith at the beginning of the session, I invited them to take a moment to say a prayer of gratitude for themselves and to God for having accompanied them. The older participant started praying loudly and we continued to walk around the room until she concluded her prayer.

We ended up in a circle, facing each other, and I invited the participants to introduce themselves once more but through movement. I began the sequence, offering the gesture of a wave with my arms. Without my prompting, the participants mirrored my name gesture. The younger participant took up space with her body, positioning herself into a deep lunge, opening her chest and arms upward and outward. The older participant closed her eyes and took a deep inhale and exhale accompanied by a gesture with her arms. We went around the circle allowing the participants to introduce themselves a few times in this mirroring sequence. Reflecting on their poses weeks after our session, I realized that this pose reminded me of the statue of the Nèg Mawon⁵, a bronze statue in the middle of Champs-de-Mars Plaza in Port-au-Prince, which represents the rallying cry that sparked the Haitian revolution and led to the liberation and abolishment of slavery.

⁵ Nèg Mawon, when referencing this statue is often translated to The Unknown Maroon.

Once this sequence felt complete, I asked the participants if there was anything else that they wanted to do, to which they responded “Nou vinn la pou danse, ou pap montre nou!” [We came here to dance! Show us!]. I chose one of the participants’ selected songs, Mwen S’on Chanpyon⁶ by Haitian Christian artist Delly Benson, and invited the participants to take the lead in offering movements and we would mirror them. In this third movement experiential, I noticed how we all joined in a swaying movement, feet shuffling in a rhythm as we moved our hands in gesture resembling praise. Soon after, I noticed more movement in the hips as we continued our swaying rhythms. The older participant was more restricted in her movements, having an internal experience with her eyes closed. The younger participant shared symbolic movements, interpreting the lyrics in the song: strength with her arms, crossed in front of her chest, raising her finger in the air, all while continuing the sequence with her feet. Soon after, the older participant joined in and followed the lead of the younger participants. They both smiled as they sang and gestured to the lyrics, and laughed as we combined the gestures into sequences along with the song.

Once the song ended, we shared a few breaths together, and I invited the participants to share comments and make requests for future sessions: they asked specifically for more dance, tips to understand and deal with elevated heart rates and anxiety (*kè ki ap bat fò, angwas*), and tips to eat better. The closing activity extended beyond closing breaths and verbal takeaways. It continued as we closed the space together: cleaning up the art supplies, rearranging the chairs back in their original positions or transporting them back to other rooms, all while exchanging pleasantries about our experience in Boston. The participants and I all walked back together to the nearest MBTA station, talking about recent political happenings in Haiti. The final closure

⁶ Mwen s’on chanpyon translates to I am a champion.

finally occurred when we shared our goodbyes as we each headed towards the buses and subway lines that would transport us back to our residences.

Discussion

This community engagement project seeks to offer an initial exploration of a culturally-centered dance/movement therapy response to the current wave of Haitian migration to the United States. Specifically, as a Haitian migrant and a student of dance/movement therapy and clinical mental health counseling, I designed three sessions of movement exploration for a group of recently arrived Haitian migrants to explore the following three questions: 1) how does a Haitian migrant experience voluntary, joyful, soothing body-based movement after/during a journey of constant and forced motion towards an unstable and unknown destination?; 2) what does the application of dance/movement therapy principles look like from a Haitian epistemological lens?; 3) how then can movement impact, influence, or support the coping practices of Haitian migrants?

Despite the expected low attendance and logistical challenges, the results of the movement session highlighted the need for culturally informed and culturally centered movement and conversation for the Haitian migrants in the greater Boston area. First, my identity as a Haitian and my role as facilitator, cultural broker, and co-creator/co-participant was important in breaking down some of the barriers that may occur with this population: barriers of language and cultural nuances; barriers related to the nuanced context of the traumas experienced in the home country, in the receiving country, and on their migration journeys; and finally, barriers related to the Haitian understanding of and attitude towards mental health services. Second, following the established DMT research with this population, the five-part structure of the session, the use of intermodal interventions (art, movement, and music), as well as the focus

on settling and mobilizing movements through circles, tapping, walking, and mirroring, created an atmosphere where the migrants could engage with creativity, verbally externalize some of their stressors, and find temporary relief and relaxation through joyful movement supported by their faith and existing religious practices. Finally, the challenges and setbacks of this project also indicate the realities of offering movement-based therapeutic services to this population. For example, the priorities, as stated by the literature and the organization's staff, revolve around addressing a major post-migration stressor: access to financial and economic opportunities (Miller et al., 2022). To that end, sessions must be offered at a time and place that is more accessible and less disruptive to the migrants' schedules (Dieterich-Hartwell, Goodill, & Koch, 2020).

Given the non-verbal, trauma-informed, and culturally-responsive nature of dance/movement therapy, researchers and practitioners in this field have significantly contributed to the existing literature by noting the importance of settling, mobilizing, and using the body as a resource to the migration-related traumas of this population. Dance/movement therapy can pull from culturally specific and ancestral healing practices which then open the space to creative body-based explorations that remind and continue to tie migrants to their idea of home. However, despite this capacity for culturally informed and culturally centered work, the identity of the facilitator can also create a barrier. Most of the existing literature and work with this population has been facilitated by predominantly White dance/movement therapists with migrants of the global majority. When a racial, ethnic, and cultural mirror was present in the space, the role was solely as a mediator and a translator: the cultural broker (Miller et al., 2022). The literature is limited when it comes to the dance/movement therapist playing the role of facilitator, cultural mirror, and cultural broker, as I did in this project.

Finally, despite the large communities of Haitian migrants and Haitian descendants in the United States, research on the mental health of this population is still growing. Cities like Miami, Montreal, New York, and Boston are hubs for Haitian migrants and can thus (and already do) act as hubs of research on this group. However, personal communications with Haitian-American and Haitian-Canadian researchers and mental health providers indicate that the most important barrier to these studies, specifically longitudinal studies, is access to long-term funding (Cénat, personal communication, 2024; Fanfan, personal communication, 2024).

Recommendations for Further Work

The time constraints of this thesis project have created some limits to working with the population of recently arrived Haitian migrants. First, offering dance/movement therapy-based or therapeutic movement-based work needs to align with the busy and often irregular schedules of the migrants. As they work towards accessing stable employment, housing, and most importantly the legalization of their immigration status, these types of offering may fall at the bottom of the list of priorities. However, given the Haitian population's reliance on religious and spiritual practices for coping and community building, dance/movement therapists should work with these community leaders to incorporate their services within these established structures and schedules. There are opportunities to use religious and spiritual movement and music as an entry to this DMT work.

Second, relationship building with this population is necessary before even offering dance/movement therapy-based work. The building of trust and legitimacy between the participants and the dance/movement therapist takes time. Again, these offerings should seamlessly integrate the already busy and stressful lives of the recently arrived migrants. Although the sessions were offered over a short period of time, this work requires a longer

timeline to allow the therapeutic movement relationship to build between facilitator and participants, and more importantly, for the work to reflect and evolve with the participants' wants and needs. The DMT five-part model offers a framework with enough structure and fluidity wherein the participants themselves can also determine how and what needs to be moved. The dance/movement therapist's responsibility is to maintain the safe container and attune and adjust to the themes and symbols that emerge from the center.

Finally, in Massachusetts and in the greater Boston area specifically, there are several community-based and State-funded initiatives which provide support services to the recently arrived migrants. These constitute other wonderful opportunities for dance/movement therapists to advocate for this modality to be included in the medium and long-term support services offered. Additionally, Haitian social workers, mental health clinicians, and other therapeutic service providers can benefit from understanding the importance and the relevance of somatic and body-based methods when working with Haitian migrants. Dance/movement therapists can hold educational and informational workshops for these service providers.

Conclusion

When conceptualizing mental health support for Haitian migrants, I return to the three tenets of Haitian resilience as defined by Blanc et al. (2020): "hardiness", "creativity", and "the belief in traditional and complementary healing" (p.570). With this population, dance/movement therapy offers multiple opportunities. DMT can expand the Haitian migrants' creativity and savviness as they craft a new life for themselves and their families in a new country. DMT can find space to move with and within Haitians' well-rooted traditional and complementary healing practices – dancing, singing, and praising in Vodou temples and Christian churches, creating and

maintaining community in the figurative and literal lakou⁷, and dancing and reveling in annual cultural festivities. Finally, DMT can extend softness, exploration, and settling against the hardness of the long journeys experienced by those Haitian migrants, transforming their suffering into art.

⁷ Lakou is the traditional multi-generational, communal, familial, and spiritual compound in Haiti and in Haitian communities (Désir, 2011).

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Appendices

Appendix 1 – Differences between Types of Migrants, as defined by the IINE (International Institute of New England, 2023)

Refugees	Refugees leave their home countries and are unable or unwilling to return because of a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion. Those who obtain the legal status of “refugee,” are given protections under international laws and conventions. In the U.S., refugees can join the workforce and have pathways to become lawful permanent residents and eventually citizens.
Asylum-Seekers	Asylum-seekers leave their home countries with the hope of obtaining the same protections given to refugees once they arrive at their country of destination. Upon reaching or crossing the border, they must apply for “Asylum,” and prove to authorities that they have suffered persecution, or fear that they will suffer persecution, based upon race, religion, nationality, membership in a particular social group, or political opinion. Those whose claims are successful—and who are granted protections within their new countries—are called “Asylees.” Asylum-seekers can apply to work in the U.S. while their cases are pending and like refugees, asylees have a path to a green card, and eventually, citizenship.
Temporary Protected Status (TPS)	Temporary Protected Status allows designated foreign-born individuals to temporarily remain in the U.S. and apply for work authorization in the U.S. while it is deemed unsafe to return to their country of origin. When a war breaks out, or a natural disaster strikes a foreign country, people from that country who are currently in the U.S. may be granted TPS by the U.S. government. TPS is sometimes renewed over several years—and sometimes the renewal decision becomes politically contentious. The status does not inherently provide a pathway to citizenship, or the same rights and protections afforded to refugees and asylees, but TPS recipients can apply for asylum, or other humanitarian legal statuses.
Humanitarian Parolees	Parolees, also known as “ <i>Humanitarian Parolees</i> ,” are granted entrance to the U.S. temporarily for urgent humanitarian reasons—usually for one year at a time. Like TPS recipients, they do not inherently have a pathway to citizenship, but can apply for authorization to work while in the U.S., for asylum, or for other humanitarian legal statuses.
Cuban/Haitian/ Nicaragua/ Venezuelan (CHNV) Parolees	CHNV Parolees, under a new legal status, can enter the U.S. for two years if they have sponsors in the U.S. who commit to providing housing and financial support for this period. This mirrors the Unite for Ukraine (U4U) program launched earlier for Ukrainians fleeing the Russian invasion of their country.

Appendix 2 – Flyer for Creative Movement Sessions

VINN PATISIPE NAN ATELYE

ANNOU BOUJE POU BYENNET NOU

Vendredi 16 Fevriye
Vendredi 23 Fevriye
Vendredi 8 Mas
3h30pm–5h00pm
Legliz Bethel
86 Wachusett St, Boston, MA



Itilize QR code sa pou ou ka enskri w

Animatris: Sahita Pierre–Antoine | spierrea@lesley.edu

Sahita se yon etidyan nan Mental Health Counseling. Seyans sa yo se yon aktivite ki pral fèt nan kad travay memwa li. Li envite fanm ak gason Ayisyen ki migre Boston nan ane 2023 pou yo vinn eksplòre kijan dans, mouvman, ak atizay ka ede yo nan moman stress ak enkyetid.

Seyans sa yo gratis e yo konfidansyel.

Si ou gen kestyon, tanpri kontakte Sahita pou li ka bay ou plis enfòmasyon.

Appendix 3 – Annou Bouje Pou Byennet Nou Registration Form

4/8/24, 6:48 PM

Annou Bouje Pou Byennet Nou

Annou Bouje Pou Byennet Nou

Tanpri ranpli fòmilè sa si ou pral patisipe nan seyans "Annou Bouje pou Byennet Nou".
Seyans sa yo se yon etidyant ki rele Sahita Pierre-Antoine ki pral anime yo pou travay memwa li.

Please fill out this form if you will be participating in the "Annou Bouje pou Byennet Nou" sessions. These sessions will be led by Sahita Pierre-Antoine, a student who is working on her thesis.

* Indicates required question

1. Kijan ou rele? *

What is your name?

2. Ki nimewo telefòn ou? *

What is your phone number?

3. Ki adres imel ou? *

What is your email address?

4/8/24, 6:48 PM

Annou Bouje Pou Byennet Nou

4. Eske ou se yon fanm oubyen yon gason? *

Are you a man or a woman?

Check all that apply.

Mwen se yon fanm

Mwen se yon gason

Other: _____

5. Ki laj ou? *

How old are you?

6. Depi konbyen tan wap viv nan zòn Boston? *

How long have you been living in the Boston area?

7. Nan ki zòn wap rete? *

In which area are you staying?

8. Eske ou gen timoun? *

Do you have children?

Check all that apply.

- Wi
 Non

9. Ki kote wap rete? *

Where are you living?

Check all that apply.

- Nan yon shelter
 Nan yon apatman/kay
 Yon lot kote
 Other: _____

10. Nan ki peyi ou tap viv anvan ou rive Boston? *

In which country were you living before arriving to Boston?

11. Kijan ou rive Boston? *

How did you arrive to Boston?

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Merci à ma famille, à mes parents et à ma soeur, qui m'ont appuyé tout au long de cette aventure et qui n'ont jamais cessé de me rappeler que j'ai ma place sous le soleil. Merci à mon pays qui m'a appris: depi gen lavi gen lespwa, même lors des moments les plus difficiles.

Kenbe la pa lage!

--

Mwen bare soley la k ap benyen
 Yon kanaval koulè melanje!
 Mwen di mèsì pou 2 grenn jè m
 Pou kè m ki nan mitan kò m
 Ki pap janm bouke renmen!
 Mèsì pou men m ki karese
 Tout moun lanmou menmen nan vi m!
 Mèsì pou sè m manman m zanmi m
 Ki la ki kanpe kote m pou kore m lè m pral tonbe.
 Yon jou mwen ri
 Yon jou m kriye
 Se konsa lavi m ap deploje
 Genyen rezon pou m ta plenyen
 Men m pito konte tout sa m genyen
 Defwa m bite m degrengole
 Men lè m tonbe m toujou leve
 Sou 2 pye mwen ki pote mwen
 Kote tout sou dlo yo ap koule!
 [...]
 Mèsì mèsì
 Mèsì Lavi!

- Mèsì Lavi, Emeline Michel (2013)

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA**

Student's Name: Sahita Pierre-Antoine

Type of Project: Thesis

Title: Nou rive la ak 2 pye nou: Exploring Creative and Expressive Movements with Recently Arrived Haitian Migrants through a Community Engagement Project

Date of Graduation: 18 May 2024

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

Thesis Advisor: Wendy Allen, PhD., LPC, BC-DMT