

The Power of Theater Expression and Communication: A Psychological Therapeutical Intervention in a Refugee Camp: An IPA Study Into the Narratives of Women Refugees' Experience With Drama Therapy*

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Forced displacement poses a major global crisis that must be tackled at all levels: political, socio-economic, and psychological. This paper describes the psychological impact of forced displacement on women and explains the significance of drama therapy intervention (DTI) in treating and empowering trauma impacted refugee women. Frequently used to treat immigrant and refugee adolescents and children in many host communities, DTI is seldom applied to women refugees who suffer from psychological disorders compounded by fleeing their home country and by difficulties faced in host communities. This makes our study the first on women refugees leaving a zone of war and residing in dire conditions in refugee camps. To best analyze the impact of DTI, this study (1) utilizes a qualitative approach to explain the effects of drama therapy intervention on Syrian and Palestinian-Syrian refugee women in Lebanon; (2) It applies a modified five-phase DTI program to fit the experiment setting and conducts post-DTI interviews; (3) It uses interpretative phenomenological analysis (IPA) method to identify emergent themes and to analyze the effectiveness of DTI; (4) Finally, the study concludes that drama therapy can both help refugee women deal with war-related/post-migration emotional trauma and can implement positive changes and help its participants form social bonds among each other.

Key words: refugees, trauma, drama therapy intervention, interpretative phenomenological analysis

Introduction

Harrowing violent conflicts and persecutions drive people to flee their homes seeking refuge in new places

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looking for security and basic needs. Since the 20th century, the Arab world has been witnessing continuous periods of violence, occupation, and persecution that led to an increase in number of displaced people who are highly prone to suffer from trauma. Whether internally displaced or refugees in foreign host countries, their move is usually shaped by physical, socio-economic hardships and psychological trauma.

The United Nations High Commissioner for Refugees (UNHCR), along many governmental and non-governmental, global, and local organizations has intensified their efforts to protect the displaced people's human rights, and to provide immediate relief and intermediate term solutions, whose impact in promoting a healthier, more productive, and peaceful communities need to be a priority. Our study focuses on long term benefits of mental health care for refugees, mainly women. According to the UNHCR women represent 50% of the over 25 million world wide refugees (2019). Gender equality has been the goal of many international organizations to include UN and World Bank strategies to reduce gender inequalities by the provision of physical, educational, and financial support to abused women suffering in the midst of conflict areas, human trafficking, and domestic violence (Marques & Walker, 2017). In line with the fact that women are the cornerstone of healthy society, our work emphasizes the significance of the mental health of vulnerable women living in camps in Lebanon. Our study (1) stresses the need to explain and treat the psychological impact of war, violence, and persecution on women refugees, (2) presents a case study where those vulnerable women refugees experience added stressors because of the situational socio-economic difficulties of the host community, (3) evaluates the impact of drama therapy in treating women refugees suffering from trauma related disorders, and (4) analyzes firsthand experience of the women who underwent drama therapy.

The paper consists of 7 sections: (1) Case Study: Refugee Crisis in Lebanon; (2) Literature Review on Mental Health; (3) Literature Review on Drama Therapy; (4) Methodology; (5) Drama Therapy Intervention Program; (6) Findings and Analysis; (7) Discussion and Conclusion.

Case Study: The Refugee Crisis in Lebanon

The civil war in Syria started in 2011, and has since displaced 5.6 million individuals out of Syria (Council on Foreign Relations, 2019). Lebanon is home to 1.1 million of those Syrian refugees (Union of Relief and Development Associations, 2017). It is a geographically small country, its area is about 6% of the landmass of Syria, and its population is fairly small, standing at 6.082 million in 2017 (World bank, 2019).

This influx of refugees in a country that is already economically and politically unstable (International Labour Organization, 2014) has created a dire humanitarian catastrophe. The Syrian refugees in Lebanon have to live through circumstances full of distress, with almost 70% living below the poverty line (United Nations High Commissioner for Refugees, 2018). Foreign aid in all forms has been a much needed and welcomed intervention to help the country handle the situation. As countless NGOs, governments, and charities scrambled to provide aid in the form of food, shelter, and education (Chemaly, 2018), a vital necessity is often overlooked. Refugees face intense challenges during the post-migration period. Besides the daily struggles for basic necessities like shelter, food, and medical care, displaced refugees are likely to be suffering from emotional and psychological anguish (Miller, 1999). This fact hinders their overall well-being, rendering any efforts for self-improvement excessively grueling.

Literature Review on Mental Health

Mental Health and Refugees

Psychological well-being is often given a back seat compared to other necessities refugees have, this comes in stark contrast to the reality of how common psychological distress is among war survivors. Being exposed to pre-migration and post-displacement experiences can take a large toll on the refugee population (Mental Health Foundation, 2018).

Countless factors play into the development of psychological distress among refugees. Losing their homes and living stability, being forced to undergo an extreme change in culture and environment might negatively affect their emotional well-being (World Health Organization, 2018). This complex tapestry of distress is complicated further when considering that many refugees lose a life's worth of hard work, social status, and financial security once they gain refugee status (Miller, 1999).

Refugees are more likely to suffer from psychological afflictions than the general population (Kirmayer, Narasiah, Munoz, Rashid, Ryder, Guzder, & Pottie, 2011). As many as one in four Syrian refugees suffers from anxiety and one in three suffers from depression, and posttraumatic stress disorder (Georgiadou, Zbidat, Schmitt, & Erim, 2018; L. Kreidie, M. Kreidie, & Atasi, 2016). Refugee women are especially more vulnerable, as they are more likely to suffer from emotional distress compared to refugee men and non-refugee women (Hollander, 2011). Cases in which people underwent extreme trauma like war and torture would cause them to lose their sense of self (Haliburn, 2018), causing them to become disassociated with their feelings. This makes women refugees at-risk population that requires special attention and greater levels of psychological aid. This fact is compounded when considering that one refugee woman is likely to be the caregiver of several children and the head of a household when men are more and more likely to be missing due to injury, death, or disappearances (United Nations High Commissioner for Refugees, 2014). The fact that one woman's depreciated mental health can likely affect an entire household, impacting her children's and family members' overall well-being (Arroyo-Borrell, Renart, Saurina, & Saez, 2017) underscores the significance of psychological counseling and intervention.

Obstacles to Accessing Mental Health Services

Providing psychological support to refugee women is a necessary first step in helping them rehabilitate and reintegrate into society (Langlois, Haines, Tomson, & Ghaffar, 2016). This goal is immediately met with internal and external obstacles. An example of an internal obstacle is the stigma associated with mental health care (Shannon, Wieling, Simmelink-McCleary, & Becher, 2014). A refugee seeking mental health care would entail multi-minority status, which would put them at a greater disadvantage. An individual with multi-minority status is a person who belongs to two or more minority groups at once and is therefore more likely to face social discrimination (Dentato, 2012).

A refugee who suffers from mental illness or emotional distress is therefore likely to face more stressors compared to a refugee who does not require psychological aid. The issue also permeates into the immediate social circle, with the possibility of facing discrimination from family, husbands, and co-workers. Acknowledging one's need for psychological help can be cause for ostracization and limitations in employment or aid access (Corrigan & Watson, 2002). Mental health stigma is one of the main reasons refugees do not seek mental health help (Shannon et al., 2014).

External obstacles include shortcoming from the governments, NGOs, and health care providers in the host country. Refugees will usually have less access to mental health care compared to the general population (Mental Health Foundation, 2018). Lebanon is lacking in many areas necessary to provide adequate care for the

refugee population within it. The country is tackling a large influx of refugees over a short period of time (Union of Relief and Development Associations, 2017), which has strained the country's resources. Furthermore, mental health care access is usually deprioritized by various agencies in the absence of more immediate necessities like shelter, education, and security (Bartolomei, Baeriswyl-Cottin, Framorando, Kasina, Premand, Eytan, & Khazaal, 2016). Despite efforts to reform psychological aid for refugees in Lebanon, there are still gaps in funding, awareness, and effort (Fleck, 2016). All these factors create a compounded situation in which refugee women in Lebanon who need help cannot receive it.

Literature Review on Drama Therapy

What Drama Therapy Is and How It Works

Drama therapy is a multifaceted approach to treatment. It entails the use of theater, props, and music to facilitate psychological growth and healing. Drama therapy can aid in the development of body awareness, improve communication skills, facilitate catharsis, and create a sense of community among its participants (Pennock, 2018). Its use can develop better emotional regulation and expression skills (Powell, 2012). The theater setting enables participants to express their feelings, tell their stories and emote by proxy of a fictional character (Landy, 1990).

Using characters and story development thereby gives participants a chance to express themselves while disassociating from their pain (Dieterich-Hartwell & Koch, 2017) this experience allows for sensitive and traumatic memories to be examined without reliving the pain. Drama therapy can help to recontextualize personal identity in vulnerable populations, these features facilitate therapeutic healing without the stigma or taboo associated with psychological services (Newman, 2017). Drama therapy can be used for refugees following resettlement to address an array of psychosocial issues, and can be an effective method when compared to more traditional approaches like CBT (Murray, Davidson, & Schweitzer, 2010). Drama therapy is consistent with recommendations for mental health care for refugees as it offers a culturally-based non-formal approach that is grounded in community rather than a sterile psychiatric atmosphere (Miller, 1999).

Drama Therapy and Refugees

Drama therapy has been used with the refugee population before with promising outcomes. The effects on the refugee population go from psychological well-being and into better social adjustment.

When drama therapy was used for a group of immigrant and refugee adolescents, research found it gave them an opportunity to grieve their losses and empowered them by focusing on the strength they gained because of their journeys as immigrants or refugees (Rousseau, Gauthier, Lacroix, Alain, & Bourassa, 2005). The state of limbo experienced by many refugees, where their past is done and their future are unclear, can be alleviated with the use of drama therapy to provide them with a conceptual "home", wherein their authenticity is maintained and explored (Dieterich-Hartwell & Koch, 2017).

Overall well-being, the ability to maintain better mood levels and feelings of fulfillment (Diener, Lucas, & Scollon, 2006) has been observed to increase in refugees following their participation in a drama therapy program (Gangl, 2014). The researcher believes this to be a result of the reassuring, creative, and rewarding experience that drama therapy offers (Gangl, 2014). Drama therapy, as a part of creative therapies, has also given refugees the ability to navigate homesickness and nostalgia while retaining their unique cultural identity (Dieterich-Hartwell & Koch, 2017).

Methodology

Research Question

This research sought to find out “Can drama therapy be an effective tool for helping refugees and war survivors overcome war trauma and the emotional and psychological residue of living through harrowing war circumstances?”.

Drama therapy can be used in a variety of ways with different populations. Its gentle and non-stigmatizing nature makes it an ideal approach to provide psychological care to the increasingly growing refugee population in the Middle East. As the war in Syria carries on through its 8th year, it is one of three active wars taking place in the Middle East currently, including Yemen and Iraq. With echoes of past wars from the Gulf war to the Lebanese civil war and countless other unrest situations across the Middle East, millions of Arabs have been affected directly or indirectly by war. The effects of war on the Middle Eastern population’s psychological state are immeasurable, however it is evident that there is a severe lack of effort in attempting to remedy this. Hence, this research looks into whether drama therapy can be used on war-affected populations to help them in overcoming some of the effects of war that they have been exposed to.

Approach

This paper offers a qualitative approach to explain the effects of drama therapy on a group of Syrian and Palestinian-Syrian refugee women in Lebanon. The program ran in the cultural center of Basmeh and Zeitooneh, a social center in Shatila refugee camp. Shatila refugee camp was established in 1949 by the United Nations Relief and Works Agency for Palestine Refugees for the influx of Palestinian refugees (United Nations Relief and Works Agency for Palestine Refugees, 2019) but has since become home to many Syrian refugees who fled to Lebanon after the civil war. The area is extremely impoverished; with over-crowded roads, lacking infrastructure, and dilapidated buildings (Brunetti, 2014). The camp is severely overpopulated, while the camp was originally designed to house 3,000 individuals, some estimates put the current population in Shatila between 10,000 and 22,000 (Macfarlane, 2014)

Sample

This unique setting allowed for the program to specifically target war survivors who have lived through severely difficult post-migration circumstances. This study started on October 11th, 2019 with a total of 16 women. Their ages varied between 16 and 45, all of them were Syrian except for two participants, one of which was Palestinian and the other a Palestinian-Syrian refugee. The drama therapy sessions were held between 9 am and 12 pm every Thursday.

The Drama Therapy Intervention Program

Description

The program consisted of 12 sessions over three months, with each session running for three hours. The sessions would start like any typical drama therapy session with a “Check-in” activity in which participants share their current feelings, providing important information to the drama therapist about leading the group for the rest of the session, exposing potential resistance and topics that are ready to be dealt with. The “Check-in” was always followed by one or more “Warm-up” activities, getting the group to focus on the “here and now”

and their presence among the group. The “Warm-up” also prepares the body and the voice to be used in later activities, to increase physical flexibility and to bring awareness to these tools. It also prepares the participants mentally for creative imagination work if needed. In each session, there would be at least one main drama therapy activity, or a set of activities with a similar theme or goal. All group members were invited to take part equally and fully in all activities, any resistance or refusal was considered as part of the process. While sometimes challenging, the therapist used different approaches depending on the participant to encourage and contain her, helping her reach the activity’s goal. Each session would end with a “Closure” game, usually a ritualistic game involving a song, a dance, a poem, or any repetitive action. This was followed by a reflection circle where the participants are invited to evaluate their own process during the session. In the reflection, the narrative goes from the personal to the collective, opening a door for sharing and expressing. Energizers were always used in the session to respond to physical or emotional needs.

Intervention Phases

The series of sessions was planned according to the Five Phase Model established by Renee Emunah (1994). The first phase was Dramatic Play in which the group gets to know each other and the therapist through playing together, developing group dynamics including trust, cohesion, and basic relationships. Then Scene Work, the second phase where the main focus was dramatic skills, from voice to body, imagination, writing, improvisation, and others; this phase allows playing to happen freely, opening the door for free expression, and breaking personal limitations. Phase Three focused on Role Play, tackling issues in more abstract and fictional means, using collective imagination, fairy tales, symbols, and archetypes. In Phase Four, Culminating Enactments, personal issues are addressed directly through autobiographical performance. This phase could not be completed due to the length of the program. The main focus of the program was put on the third phase, where socio drama was the bigger component, using personal issues to create empathy and solidarity among participants. The final phase, the Dramatic Ritual, offered closure to the group, where the participants shared a small public performance with a small audience, enacting personal stories, private rituals created by the group and staging highlights of the activities.

Post-experiment Interviews Method

This research was carried out using retrospective interviews with seven available participants who were interested in participating in the research following the final session of the program. They were selected based on their attendance rates, with those having attended less than nine sessions, or three-quarters of the program, excluded.

The interview schedule was developed around the idea of discovering the impacts of the program on the women, both positive and negative. It was intentionally designed to avoid swaying the participant’s opinions by providing the same questions on the positive and the negative impact. It consisted of 12 questions, three closed-ended questions, and nine open-ended questions with various prompts.

The interview questions were as follows:

Did you benefit from the program?

Did you enjoy the program?

Can you describe how the program affected you positively?

To what extent did these changes manifest in your daily life? (Prompts: Any changes with your husband, children or other family members? Do you feel your mood has changed outside the sessions? Any changes in

your home or professional work efficiency?)

Did the program harm you in any way? (Prompts: Recollections of negative memories? Social stigma regarding theater or participation in an arts related program? Any issues with your family members?)

If so, can you describe how the program affected you negatively?

To what extent did these changes manifest in your daily life? (Prompts: Changes in mood following the sessions? Re-experiencing trauma-related memories or flashbacks? Issues with your sleeping or eating habits?)

How would you describe your psychological state before taking part in the program?

How would you describe your psychological state after taking part in the program?

Would you partake in similar programs in the future?

If yes, why would you?

Any closing thoughts?

The interviews were recorded using a voice recording software, transcribed, and translated by the researcher. These transcripts and recordings are protected under ethical standards of psychological research. Only parts of them will be used in this report with strict adherence to identity protection through the use of pseudonyms.

Following the translation and transcription process, interpretative phenomenological analysis (IPA) method was used to identify emergent themes in each transcript following several readings of each one. Cross referencing thematic commonalities between the transcripts allowed for superordinate themes and subthemes to be identified. IPA was chosen for its quality of exploring lived experiences and ability to delve into ambiguous and elusive topics and themes (Smith, Flowers, & Larkin, 2013). The superordinate themes are as follows: “Reduction of Negative Effect”, “Improvement in Positive Effect”, and “Community and Friendship”.

Findings and Analysis

Superordinate themes	Subthemes
6.1 Reduction of Negative Effect	6.1.1 Catharsis 6.1.2 Anger Regulation
6.2 Improvement of Positive Effect	6.2.1 Improved Outlook on Life and Finding Happiness 6.2.2 Emotional Release With Physical Activity 6.2.3 Increased Self-confidence and Openness
6.3 Community and Friendship	6.3.1 Shared Experiences 6.3.2 Forming New Friendships 6.3.3 Sense of Community

Reduction of Negative Effect

This superordinate theme explores the changes in and reduction of low mood and other negative emotions. Previous research shows that refugees are highly susceptible to depression (Georgiadou, Zbidat, Schmitt, &

Erim, 2018) and feelings of guilt and stress (Hameed, Sadiq, & Din, 2019) due to their previous traumatic experiences and displacement. Drama therapy can help in regulating emotions (Powell, 2012) and overcoming past trauma.

Catharsis. Catharsis was a common theme among many of the participants who experienced coming to terms with their past lives. In many instances throughout the interviews, the interviewees would talk about how the program helped them deal with pent-emotions and unresolved memories as many of the sessions had war-themes and trauma-themed exercises that allowed the women to come to terms with the memories burdening them.

“I had memories and buried thoughts, when I attended the sessions they all came out. Despite remembering some very painful memories that I did not want to remember, and having my wounds open again, I’m glad they came out. I am feeling much better both mentally and physically.”—Arwa

In this quote, Arwa explains how experiencing catharsis during the Drama Therapy sessions helped her overcome her traumatic memories and consequently make peace with her past. She expresses feeling momentary pain as a part of her healing process, but consequently she felt relieved for having released her emotional burdens by disclosing them to the group or by making peace with them.

“I was fairly distressed, things were overwhelming and difficult in my life. When we started the workshop [Drama Therapy sessions] it felt like a heavy object was lifted off my chest, I would always say I wish we had two sessions weekly instead of one.”—Amani

Amani explains often feeling under equipped to deal with her daily stressors. Her ability to benefit from the sessions allowed her to release this emotional burden that she experienced often, possibly due to unresolved issues or the lack of personal space.

“I was always feeling heavy with depression, hopelessness, fear about my future and my children’s futures. It was a constant state. But when I come to the sessions, it is time for me, just for me to release my energy and forget about all my problems and be happy for a few hours a week. It is not a cure, but it definitely better my emotional state for the rest of the week.”—Samira

Although not explicitly stated, Samira’s statement on the emotional benefits of the sessions is indicative of a cathartic experience. Her sense of release and psychological amelioration following the sessions is evidence that Drama Therapy’s multifaceted approach can help in multiple ways when approaching different individuals within the group who will have different issues to address.

Anger Regulation. Anger regulation came up when discussing the effects of the program during the interviews. It appears that the subjective experience is one where a chance to relieve one’s heavy emotional and traumatic memory burdens allows them to reduce levels of anger which can be the result of having pent up negative effect. Anger can often be a result of post traumatic stress disorder (Gonzalez, Novaco, Reger, & Gahm, 2016) and unresolved depression (Busch, 2009). The Drama Therapy sessions offered a space for the participants to release and express all forms of emotions during various activities. The effect of this freedom to express oneself is visible in the below quotes from the interviews.

“I used to get upset over the smallest things. I felt like everything in the world was my responsibility. I did not have time for myself, I used to hit my young daughters and fight with my husband over the smallest issues. Before I used to lash out at my family always when I felt stressed out. I feel less angry now, my anger has subsided.”—Arwa

Arwa explains how small, daily stressors would cause her to lash out at her husband and daughters. Her elevated levels of irritability were, as she puts it, a result of lack of self-care and a highly negative view on life. She noticed a change in her demeanor wherein her anger levels reduced after taking part in the sessions.

“I’m learning how to express what is inside my heart, becoming more patient, and I see myself improving more and becoming better. So far my experience has been great, we are finally able to talk about things that bothered us without any restrictions or disapproval. My anger is receding.”—Mariam

Mariam attributes her ability to regulate her anger to several factors in the program, the unrestrictive and non-judgemental nature of the sessions allowed her to speak openly about what troubled her. She saw herself becoming more patient, or possibly less irritable, as a result of her newly gained skills of expression and communication. The program did facilitate emotional unburdening through catharsis, as explored in the previous subtheme, which could in many ways help the participants regulate their emotions following catharsis.

Improvement of Positive Effect

This superordinate theme explores the personal experiences of the interviewees where they speak about improvements in their mood and daily emotional experience. Improvement in positive effect can be the result of reducing negative stress, increasing healthy social interactions and personal space and time to explore and care for oneself.

Improved Outlook on Life and Finding Happiness. The interviewees expressed feeling less burdened with life’s prospects and gaining a more positive outlook on life. These changes could be because of the program’s ability to give the women space to deal with their trauma through various activities that explored traumatic memories and life events.

The program also offered a break from the daily stressors of the refugee camp and gave the participants a chance to focus on their personal well-being.

“I benefitted in ways I did not expect. Why should we always be sad? Why should the world always be a depressing and hopeless place? The world can be a beautiful place, it is up to us to bring happiness into our hearts.”—Amani

Amani’s experience with drama therapy gave her a different perspective on her life. What she deemed to be a bleak and hopeless existence was transformed into a more positive and happy world. She also mentions in her final sentence taking charge of her personal happiness, evidence of her becoming more aware of her emotional state and her control over it.

“Before I would describe my state as really bad, I had no hope for the future, not for my education, not for anything. I do not know, when I started coming here, life came back to me. Nothing can stop me now.”—Rafif

In the above quote, Rafif describes the changes she experienced because of drama therapy. This newly gained hope and confidence in her abilities were attributed directly to the drama therapy sessions. Her statement, “...life came back to me...” is a powerful way of describing the changes that occurred with her.

“It did not feel like the world had music and dancing in it. I used to feel like there was only sadness. I would only listen to sad music. Now I listen to gleeful music and I am grateful to the trainer for reminding me of them.”—Arwa

Arwa’s experience was discovered through her relationship with music, the transformation of her musical taste from sorrowful to more cheerful music was anecdotal of her changing perspective on life.

Emotional Release With Physical Activity. The chance to express psychological frustration through

physical activity is a rare opportunity for many of the refugee women in refugee camps across Lebanon. The daily stressors and lack of sports or wellness facilities and amenities in refugee camps make it difficult for the participants to integrate physical activities like aerobics, dancing, or even simple breathing exercises into their daily lives. As a part of the Drama Therapy curriculum, many forms of physical activities were used throughout the sessions to help relax and invigorate the participants. They also had a positive effect on their psychological states as the quotes below demonstrate.

“The sessions were a chance to release all my energy, I rarely have time for myself with my job and three children. When we come to the sessions and dance or exercise, I feel like my body is at ease and my mind is better.”—Samira

A chance to release energy, whether physical or emotional, allows a person to feel less burdened from their unique stress. Samira says her daily life is a hectic routine where she is left with little time to look after herself. The dancing and work-out parts of the sessions gave her the time to unload and focus on her personal wellness.

“I love the dancing and music, I love movement, it relieves the frustration of everyday life. Sometimes I do the exercises we learn at home. I always loved singing, dancing and sports when I was in school. But now that I’m older, people say I cannot do these things anymore. When I’m acting here or dancing, I’m getting things off my chest. There is a sense of relief after every session and I go home feeling great.”—Sondos

This quote demonstrates how inserting an amount of music, dancing, and physical activity into the sessions can be beneficial in terms of release. Sondos, who already has an affinity for sports and dancing, faced some forms of age-related discrimination as women of her age are expected to be more serious and leveled within her community. She found that the safety and freedom afforded by the Drama Therapy sessions allowed her to be expressive with her voice and body and this had a positive effect on her emotional state outside the sessions.

“When we first started, my body was stiff, I could not move easily. But when I let my mind wander with the music, it felt like I was flying.”—Faten

Faten likens the liberty and spontaneity of dancing and music to flying, a sense of freedom she felt during the sessions. She also expresses to become more limber as her body became more relaxed due to the physical activities within the sessions. Exercise is not a common activity among refugees who often live in small homes in crowded neighborhoods and cannot afford to spend money or time on physical activities. The sessions contained many activities that focused on exercise, dance, and breathing, which allowed the women to reconnect with their bodies.

Increased Self-confidence and Openness. Being objected to pre- and post-migration conditions which include violence, trauma, fear for one’s life and financial and social insecurities can often lead to a reduction in a sense of control over one’s life. These complex and compounded problems have various effects on one’s emotional and psychological well-being. One common theme among the interviewees was regaining their self-confidence as a result of the Drama Therapy sessions. While the experience differs for each one, a similar result can be observed as they feel more empowered and open.

“When I used to talk to people, I was hesitant and shy. But this timidity is disappearing now, I am definitely more confident and less shy.”—Samira

Shyness and timidity for Samira were an obstacle in her life, preventing her from expressing herself in

social situations. While she does not address the exact aspects of the Drama Therapy sessions that allowed her to become more confident, she is more comfortable with herself as is evident from her above statement.

“I changed in some ways before I was just sitting at home, there was nothing to do. I feel better about myself now, there is more confidence. I’m meeting people, I just feel better when I come here.”—Rafif

Community and Friendship

This superordinate theme explores the social aspect of the Drama Therapy program on the interviewees. Many of them seem to have benefitted in terms of building a small community based around their shared experiences and commonalities found throughout the sessions.

Shared Experiences. Throughout the sessions, many of the participants had encountered similar experiences and stories. Living through war can result in many similar experiences among its survivors, loss of loved ones, destruction of property, and traumatic memories of armed conflict. Drama therapy gave the women a safe space to explore their similar experiences and openly talk about them.

“I said it during one of the sessions, there are so many people in pain, and I am not alone in my pain of losing my brother. We felt each other’s pain, it was the same pain and that helped us speak and heal.”—Amani

This quote demonstrates the binding nature of shared personal storytelling among the women in the drama therapy program. While the experience of losing a loved one can be an isolating ordeal, Amani and the other women shared their painful memories and were consequently better able to live with them.

“We used to repress ourselves, we never talked about our past, we did not go out and spend time with friends. Now we talk and express ourselves openly, it has become a normal part of life. The fear is gone now.”—Khadijah

In this quote, Khadijah reflects on the changes that occurred to the entire group, using “we” instead of first person pronouns, to indicate that the group as a whole has experienced a change. She believes that their experiences in drama therapy have given them a chance to become more open in their daily lives.

Forming New Friendships. During the three months of the program, it is expected for the women within the group to form friendships and meet new people outside their social circles.

“All the women here are my friends, we are all very close.”—Khadijah

“I am very glad to have met and become friends with such kind hearted and friendly people in the group.”—Amani

Those two quotes show how intimate and strong relationships had formed during the sessions among the women. Friendships can help the women form a net of security, wherein they offer each other mutual support in light of their shared experience within the sessions. Friendships, and other forms of social bonds, might become strained or forgotten for refugee women who often live in treacherous conditions of poverty and insecurity.

The session’s activities may have allowed the women to bond over their common traits and experiences, and gave them space to think of their personal well-being by becoming more socially active within this circle.

Sense of Community. The program lasted over three months with weekly sessions and created a safe space for the participants to openly share their stories. This atmosphere of intimacy and closeness allowed for countless friendships to flourish and the group to form cohesion and a sense of trust. This theme explores this phenomenon in which the participants found a new sense of belonging within the group of strangers they worked with over the three months period.

“My family is back in Syria, my sister in-law and mother in-law make fun of me and get mad at me when I try to talk

to them if something is bothering me at home. But here I get support, the women here listen to me, they do not mock me or exploit me. They are all very loving and good people.”—Arwa

In this quote, Arwa explores the difference between the women she lives with, her in-laws, and the women in her drama therapy group. Her experience in the group shows a sense of solidarity among the women who were able to form a supportive community for each other.

“I was in a room crying with people who had the same experiences as I did. I am not the only person or the first person to have lost loved ones in the war. I left feeling better, knowing that if others have survived I can as well.”—Amani

Amani became empowered upon sharing her story with others, she found that others had encountered the same tragic experiences she suffered and this gave her hope to survive despite her past. The ability to share such intimate and painful memories with a group and finding a support system with peers can therefore help war survivors reconcile with their traumatic memories.

Discussion and Conclusion

This paper analyzes the effects of a three-month long, once weekly drama therapy program that took place in Shatila refugee camp. The main aim of this research was to investigate the firsthand experiences of refugee women with drama therapy. The interviews were conducted with seven women who attended more than three-quarters of the sessions and focused on the general impact of the program on them. The interviews were later transcribed and translated from Arabic to English, IPA method was used to analyze the interviews. The interviews and subsequent analysis revealed three superordinate themes, reduction in negative effect, improvement in positive effect and community and friendship.

The limitations of this research include: small number of participants, making it difficult to generalize the findings and applicability to similar projects. However, the smaller sample allowed the researcher to go in-depth and hold longer and more detailed interviews. The small sample size was also the result of the criteria mentioned above, which in turn ensured that only the women who benefitted from the most sessions were taken into consideration for the interviews. Another limitation was the fact that the interview transcriptions were translated, taking much of the rich subtext of the Arabic language out of the equation in the analysis process. Nonetheless, this issue was offset by the bilingual authors' attention to any subtle implications in the text of the translated transcripts.

The strengths of this article present in its being the first to explore the firsthand experiences of refugee women with drama therapy. Previous research has delved into the theoretical aspects of expressive therapies (Dieterich-Hartwell & Koch, 2017), how Drama Therapy in particular can be used to address trauma (Jones, 2015) and the therapist's insight on working with refugees (Landis, 2014). Other previous literature focused mainly on children (Powell, 2012) and adolescents (Rousseau et al., 2005; Rousseau, Benoit, Gauthier, Lacroix, Alain, Viger Rojas, Moran, & Bourassa, 2007) and has been scarce. To the best knowledge of the authors, no previous research has focused exclusively on the firsthand experience of refugee women with drama therapy. In particular, the importance of giving women a supportive community when their previous community has been lost due to exile is an important finding in the field of psychosocial support for refugees.

This research found that drama therapy can help refugee women deal with and overcome their war related and post-migration emotional trauma. It also found that drama therapy can implement positive changes and help its participants form social bonds among each other. The implication of these findings can be an addition

to the growing body of work in the field of psychosocial support for refugees. As the refugee crisis continues to worsen, it becomes a reality that must be dealt with instead of glossed over. Efforts in helping refugees rebuild and taking control over their lives are a necessary step towards bettering their conditions. Psychosocial support is a small but imperative part of these efforts being made by governments and the civil society sector. Drama therapy, as this research shows, can be an impactful tool in providing refugees with a nurturing and effective psychosocial intervention.

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