

Developing movement experiences with refugees to the United States who have undergone trauma

Rebekka Dieterich-Hartwell, Craig Haen, Girija Kaimal, Sabine Koch, Augusta Villanueva and Sherry Goodill

Abstract

Purpose – *The purpose of this study is to investigate what resources recent refugees to the USA tap into and how collaborative expressive movements were experienced with regard to coping and resourcing, and to derive a theoretical model that would inform the use of dance/movement therapy and other holistic treatment modalities with refugees.*

Design/methodology/approach – *A total of 13 refugees overall participated in parts of this study. Ten of these refugees completed movement sessions and semi-structured in-person interviews. Constructivist grounded theory methods and descriptive statistics were used to analyze the data.*

Findings – *The findings suggest that refugees draw on a number of resources. The collaborative movement experiences seemed to have both a settling and mobilizing effect with the most important phenomenon of connection to the self or to another person. A grounded theory model, developed based on the findings, shows a dynamic interaction between the encountered categories.*

Research limitations/implications – *The findings are preliminary and not transferrable because of limited size and potential researcher bias.*

Practical implications – *The findings contribute to an understanding of the resettlement and acculturation phase of refugees with potential implications and suggestions for current clinical practices and health services.*

Originality/value – *This study was original in its focus on understanding the role and the potential of body and expressive movement among refugees who have experienced trauma. Adherence to transformative paradigm principles invited participants to become co-researchers.*

Keywords *Health services, Resources, Resettlement, Refugees, Body awareness, Expressive body movement*

Paper type *Research paper*

Rebekka Dieterich-Hartwell is based at the Department of Creative Arts Therapies, Drexel University, Philadelphia, Pennsylvania, USA. Craig Haen is based at the Department of Drama Therapy, New York University, New York, New York, USA. Girija Kaimal is based at the Department of Creative Arts Therapies, Drexel University, Philadelphia, Pennsylvania, USA. Sabine Koch is based at the Research Institute of Creative Arts Therapies, Alanus University, Alfter, Germany. Augusta Villanueva is based at the Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania, USA. Sherry Goodill is based at the Department of Creative Arts Therapies, Drexel University, Philadelphia, Pennsylvania, USA.

Introduction

The current number of forcibly displaced people, 70.8 million, is the highest on record (UNHCR, 2020). Among these, 25.9 million are refugees, 3.5 million are asylum seekers and 41.3 million are internally displaced persons (UNHCR, 2020). While historically the USA has resettled more refugees than any other country, there has been a sharp decline in numbers since the beginning of the Trump administration in 2017. For the fiscal year 2020, the amount of admissions has been cut to 18,000, the lowest since the enactment of the Refugee Act in 1980 (National Immigration Forum, 2019). Furthermore, current anti-refugee policies including family separation and a travel ban targeting mostly Muslim countries stir fears and compound already existing mental health issues that occur because of traumatic experiences (Miller *et al.*, 2018).

Compared to non-expatriated populations in the USA, refugees have a higher rate of mental health disorders, specifically post-traumatic stress disorder (PTSD), depression and anxiety

Received 21 April 2020
Revised 10 November 2020
Accepted 25 November 2020

(Blackmore *et al.*, 2020). The prevalence rate for PTSD in refugees settled in the USA ranges from 10–40% (RHTA, 2011), significantly higher than for individuals born and raised in the USA, which lies at 1–3% (Atwoli *et al.*, 2015). While the refugee experience is not monolithic and there is a wide cultural diversity in refugees, most undergo a three-stage migration process, which includes pre-migration, displacement and post-migration (Esses *et al.*, 2017). All three stages pose potential risk factors for psychological trauma and other psychopathologies (Bogic *et al.*, 2015). Moreover, the health of refugee children may be compromised as refugees' parenting behaviors can deteriorate as a result of their traumatic experiences (Bryant *et al.*, 2018).

According to Krausz and Choi (2017, p. 18), the refugee crisis presents “one of the biggest mental health challenges for our global community.” However, standard health service models that apply Western approaches are insufficient in engaging and assisting this marginalized population, particularly in light of complex physical and psychological health, social support needs and multicultural backgrounds (Silove *et al.*, 2017). Many refugees come from cultures which experience trauma symptoms somatically, e.g. through chronic pain, body pain, headaches and chest pain (Crosby, 2013; Rohloff *et al.*, 2014); therefore, the role of the body and movement in recovery, acculturation, identity restoration and coping seems particularly salient.

With its attention to both somatic and psychological issues, dance/movement therapy (DMT), which uses the psychotherapeutic use of creative movement to foster individuals' emotional, physical and cognitive health and integration (ADTA, 2016, para.1), appears to be a good fit for refugees who have experienced trauma (Callaghan, 1998; Gray, 2015; Harris, 2007). Indeed, there are a number of clinical examples of DMT with this population in the literature. Callaghan (1998), Harris (2007), Koch and Weidinger-von der Recke (2009), Gray (2015), Verreault (2017) and Rahapsari and Hill (2019) wrote about the use of DMT with survivors of torture and refugees in the form of case studies and a movement initiative description. Participants in these studies included refugees from a number of African and Asian countries to Europe and the USA. What is missing in the literature is a systematic analysis of both verbal and movement data that arrives at a better understanding of this population and the role that body and movement play, particularly in the resettlement and acculturation process. Resettlement can be defined as the selection and transfer of refugees to a state that will grant permanent residence status (UNHCR, 2020). Acculturation, a process that accompanies resettlement and can last for several years, refers to cultural and psychological changes that take place as a result of mixed cultural group encounters (Berry, 2005). Information gained from studying the effects of collaborative and expressive movement experiences for refugees could enhance current clinical practice paradigms and open new possibilities for treatment by pointing to holistic, culturally sensitive and accessible care options for this marginalized population.

The objective of this study was thus to explore how collaborative expressive movement could be experienced as a resource by refugees who have undergone trauma, and to derive a theoretical model that would inform the use of DMT and other holistic treatment modalities with refugees. The research questions were:

- RQ1. What theoretical assumptions underlie the existing DMT practices with refugees?
- RQ2. What general resources do refugees who have undergone trauma draw upon as they go through resettlement?
- RQ3. What role do their body and movement play in their lives and in this process?
- RQ4. How are co-created, collaborative expressive movements experienced?
- RQ5. What, if any, are the active factors that promote coping and a sense of having resources?

The term resource was defined as something that is either valued by an individual or that serves as a means to obtain one's valued ends (Hobfoll, 1989). Regarding trauma, the loss

of five specific resources, safety, calmness, attachment, hope and efficacy (Hobfoll, 2014), has been suggested.

Methods

Paradigmatic stance of the researchers

This study was based on a constructivist perspective, which postulates that individuals seek understanding and develop subjective varied meanings of their experiences as they construct their reality (Lincoln, 2005). The theoretical lens for this study was a transformative paradigm (Mertens, 2007), which attends to social injustice and inequality and uses an epistemology that recognizes power differences and the need to establish trust through culturally competent practices, thus promoting close collaboration with participants and involving them in the decision-making process.

Research design

The research design for this study was a grounded theory method with a constructivist outlook as outlined by Charmaz (2014) with an additional small quantitative component. Diverging from more traditional approaches, Charmaz (2014) presented a grounded theory method that is based on a constructivist perspective, underlined by a relativist ontology, and offers less rule-bound and more flexible processes. This approach is intuitive and fluid and calls for two loosely held coding stages, initial and focused coding, along with memo writing, theoretical sampling and theoretical saturation.

Participants and setting

A total of 13 individuals participated in the study over the course of 11 months. They were recruited from three locations in a large East Coast American city: two resettlement agencies and a church that offers English second language services. The study took place at one of the resettlement agencies, at a health clinic associated with a university and at a church.

Eligible participants were 18 years or older with a refugee or asylum-seeker status, a trauma history as gathered through self-report and had lived in the USA for five years or less. Exclusion criteria were cognitive impairment, current substance abuse, active psychosis and indication of current suicide or homicide risk. A university institutional review board approved this study and informed written consent was obtained from all participants. Consent forms were presented in the language of the prospective participant and an interpreter was at hand to answer any questions. Participants were given the choice to go through the study alone or in small groups. Seven individuals opted to be part of a group and five participated individually. Of the 13 participants, 10 completed the entire study and 3 dropped out after the first or second meeting because of health concerns or work conflicts. One participant was unable to complete the 4th meeting because of a work conflict; another participant attended five meetings rather than four as she was part of a changing group that continued to meet after her 4th session. Demographic characteristics are explicated in Table 1.

Procedures

The study consisted of four phases:

1. A theoretical phase prior to recruitment, which entailed the analysis of extant DMT literature about refugees and resulted in a preliminary guide for the following phases.
2. A first meeting where consent was obtained and participants completed a survey about existing general resources and their relationship to body and movement.

Table 1 Participants demographics

<i>ID</i>	<i>Sex</i>	<i>Age range</i>	<i>Years in USA</i>	<i>Region of origin</i>	<i>Religion</i>	<i>Marital status</i>	<i># and kind of movement meetings</i>
1	M	60–69	3	North Africa	Christian	Married	4 individuals
2	F	20–29	3	Middle East	Muslim	Married	4 individuals
3	M	60–69	4	Central Africa	Christian	Married	3 individual
4	F	20–29	2	Middle East	Muslim	Married	4 groups
5	F	30–39	3	Middle East	Muslim	Married	4 groups
6	F	40–49	3	Middle East	Muslim	Married	5 groups
7	F	50–59	2	Middle East	Muslim	Married	4 groups
8	F	60–69	4	Middle East	Muslim	Married	4 groups
9	F	30–39	3	Middle East	Muslim	Married	4 individuals
10	F	40–49	1	North Africa	Muslim	Single	4 individuals
11	M	20–29	2	West Africa	Christian	Single	0
12	F	40–49	2	Middle East	Muslim	Married	1 group
13	F	40–49	3	Middle East	Muslim	Married	1 group

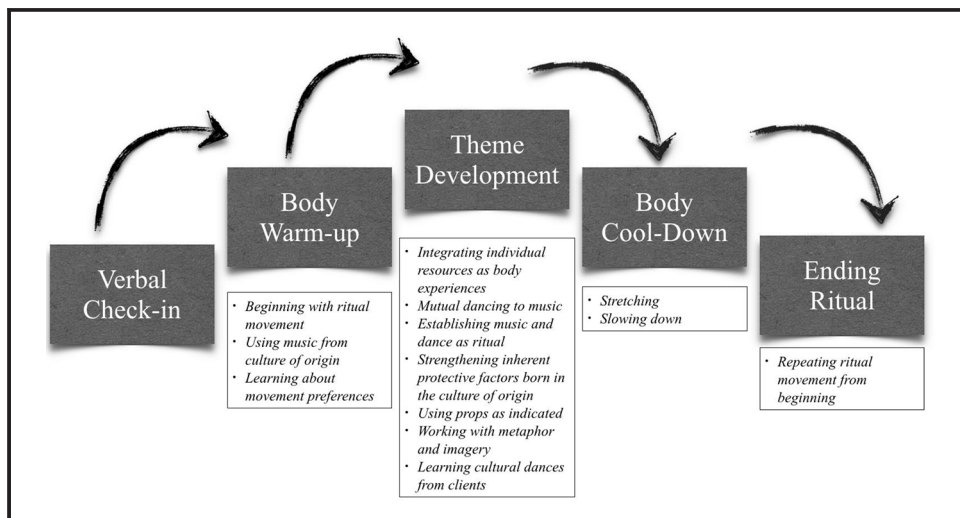
3. A total of 3–5 60-min movement meetings with the participants during which expressive movement phrases were developed and experienced.
4. A final meeting during which a second survey was completed and participants were interviewed individually about their movement experiences.

The survey was created by the first author and included both closed-ended and open-ended questions about existing resources, health, sleep, as well as relationship to body, movement and touch. An example of a closed-ended question was “Do you have trouble sleeping?” (check either every night, most nights, sometimes or never). An example of an open-ended question was “What gives you hope?” The surveys were translated from English into the participants’ native languages (either Arabic or French) and the answers were later translated back into English. During the first meeting, an interpreter was available to clarify questions and interpret or translate if necessary. The first author prepared for the movement meetings by studying the individualized questionnaire responses – answers about personal resources such as family, faith and art, and relationship to body and movement – and informal learning about the respective cultures of origin (including music and dance forms). During these sessions, which, depending on preference, occurred both individually and in small groups, the participants were integrally involved in the development of movement experiences. Only Google interpretation software was available throughout the movement meetings. This limited verbalization to essential exchanges and accentuated nonverbal communication and a focus on body and movement. The last phase involved a second, shorter survey that reassessed the participants’ relationship to body and movement and their appraisals of active factors, as well as a semi-structured individual interview with an interpreter present.

Movement meetings

Throughout the movement meetings, the preliminary movement guide (Figure 1) was used as a loosely held structure. This guide was developed as a result of a six-step thematic analysis that followed Braun and Clarke’s (2012) approach. Extant DMT studies with refugees by Callaghan (1998), Harris (2007), Koch and Weidinger-von der Recke (2009), Gray (2015), Verreault (2017), and Rahapsari and Hill (2019) were examined and synthesized into a model founded in general factors and mechanisms. The first author, a board-certified dance/movement therapist, facilitated all the movement meetings and, given the participants’ trauma history, established a safe space and consistently monitored their well-being.

Figure 1 Preliminary movement guide



In all the sessions, movements were co-created. As described in [Figure 1](#), the movement experiences included a body warm-up, a theme development phase with either mutual dancing, learning cultural dances from the participants or assisting the participants in integrating individual resources, etc., and a body cool-down with stretching and attention to breath. The individual movement meetings were tailored to each participant with a focus on collaboration and building on previous experiences. Participants were encouraged to bring and share music of their choice. They were invited to impart dances if they wanted and/or identify an encouraging phrase, verse or word that they would attempt to embody. The meetings occurred in a large movement space associated with a university health clinic, situated between the two resettlement agencies, or at a classroom in a church building, and took place weekly whenever possible. For the five participants who met in small groups, each meeting was unique, depending on the constellation of group members. Participants taught ethnic dances, used props including scarves and a body band, danced freely to music of their choice and embodied encouraging statements. The movement sessions extended from one to five group members and continued until all participants had attended at least four movement meetings. Each group also included a break for refreshments, as they took place after their English classes and during lunch time. Furthermore, a play/sleep area was set up with toys and blankets, as three of the participants brought their young children. In two instances, two older daughters also joined in as they were home from school. All the participants knew each other; three were related, and one was living with another participant's family.

Interview guide

The interview guide included questions about the participants' perceptions of the movement experiences. The interviews were conducted individually and face-to-face in the participants' choice of language (English, French or Arabic), with the first author and an interpreter present. They ranged in duration from 15 to 25 min.

Collected data

The interviews were audio-recorded and the English utterances were transcribed. In addition to the interview transcripts, session notes and open-ended questionnaire responses were gathered and used for qualitative data analysis. Session notes were recorded in writing, with a focus on what transpired, including verbatim responses,

movement descriptions and personal reflections. The data were consolidated for each participant separately and imported into Dedoose, a software program for data management and analysis. Procedural memos were further created to monitor developing ideas, concepts and connections (Glaser, 1992).

Theoretical saturation

Throughout the 11-month recruitment and execution period, the first author analyzed the collected data and developed questions, preliminary concepts and tentative ideas through the ongoing writing of memos. The memos in turn informed the next cycle of data collection, including a new focus on certain issues during the movement meetings and modifying interview questions to get more specific responses (Charmaz, 2014). This iterative process of moving back and forth between data gathering and analysis eventually led to theoretical saturation (Strauss and Corbin, 1998).

Analysis

Data analysis followed Charmaz's (2014) two-phase coding structure. Through initial and focused coding, the session notes, open-ended questionnaire responses and interview transcripts were analyzed. While systematic, this inductive method presupposes an openness and flexibility of approach. For the initial coding phase, the first author went through each of the documents line-by-line, creating gerund codes to describe and interact with the data (Glaser, 1992). This flexible and iterative process resulted in 125 preliminary codes. By studying and continuously comparing these initial codes as well as writing memos about their relationships, the first author arrived at the most salient, frequent and unifying ideas, those variables that were more significant than others and created categories that subsumed the common themes (Charmaz, 2014). During the second or focused-coding period, the first author re-examined all the data and tested whether the focused codes or categories fit the data. This phase included thorough and frequent memo writing whenever an idea occurred (Glaser, 1992) and constant questioning and wrestling with the data until core categories emerged. When saturation had occurred, a process of theoretical coding identified the relationships between the core categories and the other categories.

This study also had a small quantitative component. The two surveys, completed in the beginning and at the end of the study, contained both open- and closed-ended questions. Closed-ended responses and checklists were analyzed through descriptive statistics, whereas the data from the open-ended responses was used for the grounded theory analysis.

Trustworthiness of this study

As a first-generation immigrant to the USA and led by an existential philosophical framework that considers purpose and belonging, the first author was interested in learning how displacement may be managed and how somatic awareness and expressive movement could play a role. Aware of potential bias, multiple steps were taken to ensure trustworthiness of the findings. A process of critical reflexivity led to an initial memo, an epoché, and was repeated several more times to bracket personal biases and increase self-education and flexibility (Charmaz, 2014). Impressions and biases were further discussed regularly with the sixth author. An audit trail with ongoing memos provided detailed descriptions about the research path from the beginning of the study until the completion of data analysis 13 months later.

In regard to coding, peer debriefing was used on several occasions. A second coder coded multiple sections of text data. Her results were compared with the main author's

codes to check for inter-coding reliability. Any discrepancies were discussed and the resulting codes were agreed upon. The first author further obtained feedback on emerging codes from two co-authors and consulted with the sixth author during the process of conceptualization and interpretation.

Triangulation occurred on two levels. First, codes and themes were derived from a variety of qualitative data sources, including open-ended questionnaire responses, session notes, theoretical memos and interviews. Second, a quantitative component was used in the second survey, which provided additional credibility (Jonsen and Jehn, 2009).

Results

The qualitative findings are grouped in three theme clusters:

1. extant resources;
2. experience of expressive movements; and
3. active movement factors.

The survey responses are presented at the end of *active movement factors* and in *role of body and movement*. Of note is that the nature of responses from male (three) and female (ten) participants did not markedly differ and exemplars from all participants are included below.

Extant resources

In the first theme cluster, *extant resources*, four major categories were identified: *cultural elements*, *environmental support systems*, *family relationships* and *personal qualities*.

Cultural elements. Culture was a major category mentioned as a resource by all the participants in the study. They identified adapting to the new culture and customs in the USA. For example, several spoke about Halloween and showed pictures of their children in costumes, being astonished about the large amounts of candy they brought home. Another participant shared: "I like the American music, it makes me feel good[. . .] line dancing, the macarena!" The participants also retained connections to and a sense of pride for their culture of origin: "I come from one of the most beautiful countries, with many different cultures." "I love Sudan so much. My country is multicultural. It's a very vast country." "When I hear this song (a Coptic hymn) it makes me feel like I am holding the history on my shoulders and in my heart and it gives me inner peace." All the participants either identified as Muslim or Christian. For many, their religion appeared essential and they spoke about receiving strength through their faith: "I always have faith in God and my prophet. If I get sick, God would heal me, and if I get in trouble, God will be with me and help me." "When you follow the Lord Jesus you feel that everything is under control." Notably, while culture was considered a resource, the connection to the culture of origin was also often experienced as a burden, creating a sort of paradox. All participants mentioned either missing their home country or being worried about its current state and more than half expressed a desire to return if possible.

Environmental support systems. Another major category that emerged in relation to resources for the participants was external support: "People in America are kind and helpful." "My son has special needs. He was not receiving the help he needed. Now it's very good. The teachers, the school, very good." "I am happy about peace and human rights in the US [. . .] I am free. I live well. I eat well." Particularly those participants who were male, had no children or had grown children perceived work as a resource or the lack of work as a problem. When asked "what gives you hope?" he responded with "work." "When I work I do better. When I sit around I begin to think and that's not good." On the other hand, work

could also be experienced as frustrating, particularly when the position differed from or was inferior to the one held before leaving the country of origin.

Family relationships. Family was perceived as a resource for all the participants in the study. Several spoke about the value of taking care of their children or other family members: "What gives me strength is looking after my children." She said that all the money she makes she sends to her family in Syria, to her sister who still lives there. Some participants mentioned having been influenced by family members: "My mother always encourages me to be a better person and do what I love." "I was raised to do the best I can, whatever it is." Connecting with family seemed to create a sense of support and strength: "I feel as though my whole family is holding me." "My family gives me strength [. . .]. I live for them." However valuable the connections, the physical distance from family members was frequently experienced as sorrow. All but one participant (whose parents were in the USA) addressed missing loved ones and longing for reunification.

Personal qualities. Some of the participants addressed their dreams and aspirations during the sessions: "I want to study nursing here and maybe do something I love later." Motivation to learn English and/or develop oneself was also frequently noted: "I need to find out how to increase my English capabilities. Actually, I want to be an interpreter someday." "I want to improve my life conditions and pursue studies." A common notion among the participants was to keep going despite the circumstances. "Life must go on. I lost two sons and my husband. I could just stay home and cry the whole day and even die, but life has to keep going." "I try to be strong when I deal with pain." "The memories of my trauma I handle with self-control." On the other hand, several participants also voiced doubts about their capabilities and frustrations with their life situation. Three participants discontinued the study because of health concerns or conflicting work.

Experience of expressive movements

In this theme cluster, two core categories emerged: *settling* and *mobilizing*.

Settling. One of the inclusion criteria of this study was a self-reported trauma history. As a result, emotional and physical stress was a common occurrence. Throughout the sessions, a frequent response was that the movement sessions brought relief in the form of relaxation and comfort: "I relaxed and my emotions got better just by the movement and the laughter [. . .] I felt rested. My life is full of sadness so coming here is a change in environment." "Movement gives me rest in my soul, I feel rested." For two participants, the release of tension was particularly helpful: "I'm angry all the time, but I let it go out a little bit because I feel so tight and when I move I feel I will be ok and I feel like it's coming out." "The pressure [of life] is so big and I want it to come out and movement helps me do that." The benefits of using breath were mentioned by several participants: "You taught us to breathe deeply. Take a deep breath. It made me comfortable, feel like I'm resting." "The most helpful was the breathing. I felt like I went into meditation, but good meditation." When the emotions were regulated, the participants seemed to be able to go a step deeper and root within themselves: "I feel as if I am home and I remember myself." "I felt like I'm home. I was happy."

Mobilizing. Another core category based on the participants' responses was feeling activated, energized and mobilized through the movement sessions. A sense of joy through movement was frequently expressed: "The movement time makes me feel very good. I love it! We were happy!" "We were joyful together. We shared the joy of moving together." "I enjoyed it, it alleviated my depression." "When I come to you and we start that exercise, I am refreshing my body, refreshing my mind, and I come out with a happiness." Imagery and playfulness were common: she threw up the scarves and moved under them, then made a tribal sound, which turned out to be a wedding song. "The laughter, it was really coming from the heart. We were dancing and playing like real kids who didn't care! It was

sincere.” The movement sessions were also experienced as a sort of catalyst that gave a new perspective, motivation and hope: “I started thinking positively instead of negatively and I gained more ambitions and more hope than before. And I feel that I am progressing.” “Since I came and we started doing those movements, I felt some hope and I felt like I’m stronger.” “When I move I come out of the sadness and I feel like I’m moving towards something else so I’m focused on the movements and I forget the sadness.”

Active movement factors

Grounded in the data, the overarching phenomenon that emerged was *connection* with subcategories *connecting to the other* and *connecting to self*.

Connecting to the other. Whether it was in individual or group sessions, the unity between the individual and the other was consistently voiced: “You danced with us and we danced with you. It reminded me of my sisters, we always did that together. I loved dancing with them.” “I loved the way that you are a stranger yet I felt like you’re my sister, you’re always with us and making us feel welcome.” “The most important is that I got to express what I feel to another person.” “Even though I move at home, it’s not like the one we had together. I am happy with you, you understand me.” “It’s almost like we knew each other from the beginning.” The sessions included sharing of stories (in broken English), pictures, videos, food or traditional dances. Some participants likened it to a sense of belonging: “I felt like I belonged to this place and that they are my people and my family.” “It was helpful to be with people who speak my language and connect with them. The times spent together, it was like family.”

Connecting to self. Over time, participants also shared about the beneficial relationship to themselves: “Here I feel so good. I feel it’s a ‘me-time’ and it’s just for me.” They became aware of their own needs and limitations: “I do too much. I may fall over because I’m pulled.” “It’s good to realize that a person needs time for herself.” “I realized what was missing in my physical exercises is the music and dancing!” Breathing, as mentioned earlier, seemed to be a way to connect to the self. Some participants also had profound insights about the relationship between their feelings and movement: “Movement is a combination between body, soul, and spirit.” “Movement for me means that I’m able to translate my feelings into body actions.” She held her head up high and said that it felt different than looking down, “like trust in myself.” One participant in particular used movement to express difficult feelings: “When I move I feel that I have this negative energy inside and it can come out, I’m releasing it.”

Confirming the finding of this core category was a small quantitative measure at the end of the study (second survey) that asked the participants to check those areas that were effective in their opinion (Figure 4). Nine of ten participants checked “the sense of unity with the group/the facilitator.” Notably, the one participant who did not check this category only made one checkmark, namely, for “the sense of unity of body and mind.”

Another area that more than half of the participants (7/10) reported was that working with the body brought them joy and pleasure.

Role of body and movement

Based on the surveys, one clear finding was that all study participants reported pain, both physically and psychologically. They mentioned burning pain, headaches, teeth problems, chest pain, pain in their limbs, necks, shoulders and face and rheumatism. They further spoke about emotional distress and the effects of trauma: “I see scary things in my dreams and have emotional pain [...] When my children play I feel that they are going to be kidnapped.” “All we went through changed something inside of us[...]We are trying to heal the wounds we have in our soul.” “Sometimes my memory comes back to me and I just have a meltdown.” “Since the beginning of the war I have memories of my trauma. I will

never forget them.” Despite pain and traumatic experiences, no remarkably dysfunctional role of body and movement could be observed. On the other hand, initially they were also not experienced as obvious resources. Figures 2 and 3 reflect participants’ relationships to body and movement according to checklist results from the first survey.

About half of the participants felt content with their body and several reported their relationship to their body as “normal.” Regarding movement, five participants did mention walking as a helpful activity, some enjoyed sports and dancing, and more than half stated they felt better after moving and that they felt most comfortable moving the way they knew. Only two considered their movements beautiful.

In contrast, at the end of the study, participants spoke about conscientiously using movement and a greater awareness of their body and their needs (see below *connection to self*): “I have been moving at home, doing what we do here.” “The dances we did together, I do them with my kids now.” “I changed my routine at home. I put on my music and do anything in movement.” “I’ve been dancing with my granddaughter!”

Integration of categories. The relationship between all the categories was examined and resulted in a theoretical model that could inform the use of DMT and other holistic treatment modalities with refugees (Figure 5). This model can be explained as follows: By providing a safe and nurturing space, a holding environment, refugee clients can settle and regulate their heightened emotions through guided calm downward movement activities such as slowing down, grounding, rhythmic and repetitive movements, breathing and stretching. As they settle, they simultaneously connect to their bodies and their emotions, as well as their

Figure 2 What is your relationship to your body?

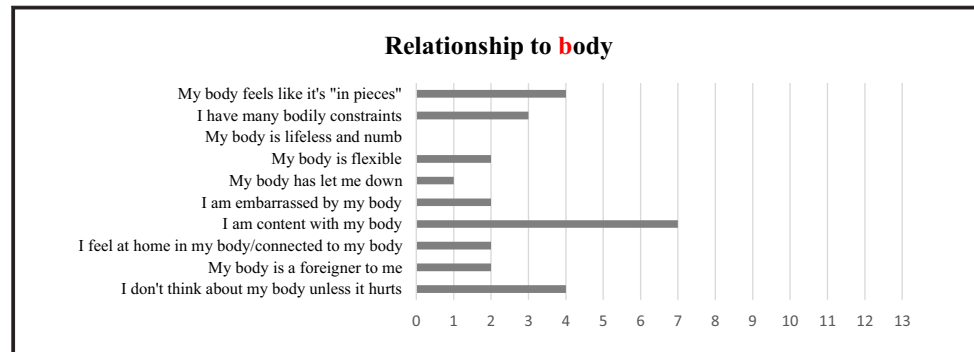


Figure 3 What is your relationship to movement?

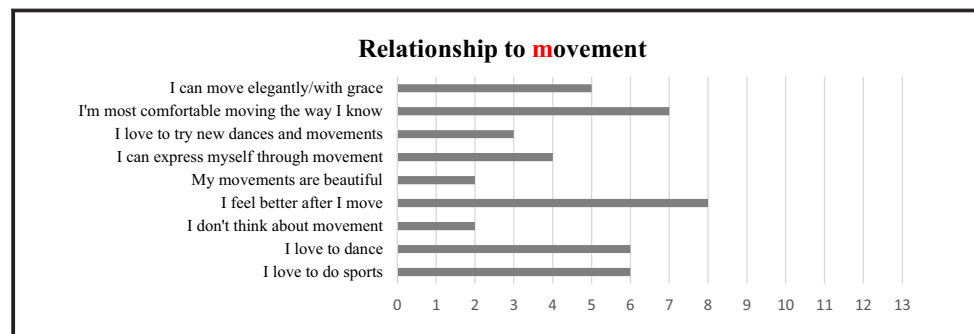


Figure 4 Active movement factors

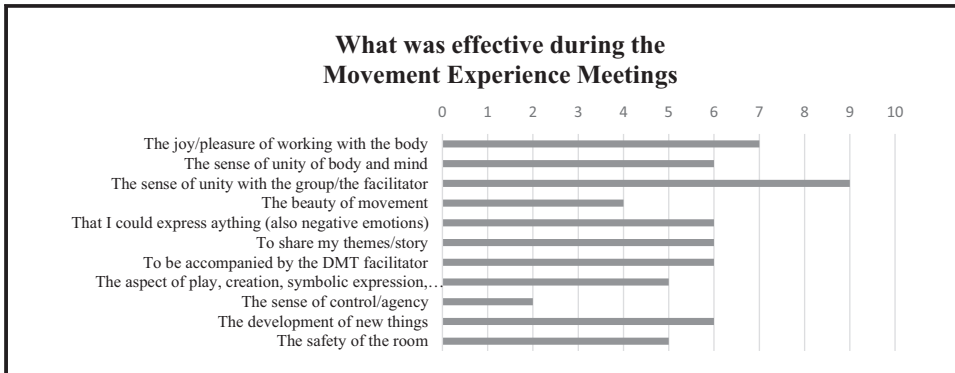
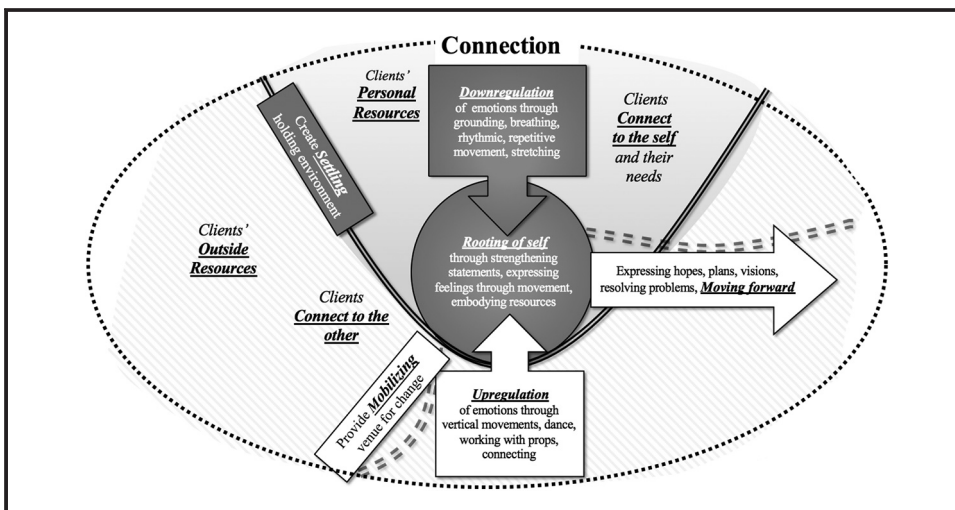


Figure 5 Theoretical integrated model



personal resources. This state can lead to a strengthening and rooting of their sense of self (top and middle part and darker shades of model).

Overarchingly, the connection to the therapist or facilitator provides helpful stimulation that can be up-regulating and mobilizing and serve as an external resource that also strengthens their identity, particularly as clients share their dances and individualized movements. Mobilization occurs through vertical, full body, movement activities and props such as scarves, stretch bands and balls. Clients thus use outside resources and connections to mobilize their bodies and minds and release any frustration and tension. They may then feel ready to move forward and literally as well as symbolically travel through space (bottom, outside and light shade of model). This forward movement opens up new perspectives and possibilities and allows clients to identify hopes and plans as well as prepare for what is ahead.

Discussion

This study attempted to understand how refugees experience their bodies and movement as a resource in the resettlement and acculturation phase. The findings showed that extant

resources were both external and internal. Body awareness and movement were not a major resource factor when participants were asked initially, but over the course of four movement sessions, the participants gained insights into how they could be valuable and began to implement them into their everyday life. The participants shared that they experienced the movement sessions both as settling and mobilizing and that the most important factor was the connection they developed to others (the facilitator and group members) and to themselves.

Except for one individual, the participants in this study all had relatively stable housing, food supply and health care. Thus, environmental resources were not a major issue. Had this study taken place in a refugee camp or an environment where those resources were not readily available, the results may have looked differently. Of the five resource groups responsible for trauma (i.e. safety, calmness, attachment, hope and efficacy) (Hobfoll, 2014), three were clearly mentioned. The participants spoke about feeling calm and rested; connection/attachment was one of the core categories; and several individuals identified feeling hopeful. Safety was an underlying constant. Efficacy did not come up specifically, possibly because of the fact that participants were told from the start that they would collaborate and co-decide the course of the sessions.

The categories *settling* and *mobilizing* are strongly connected to two of the Bartenieff Fundamentals principles, grounding and stabilizing/mobilizing (Hackney, 2003). The grounding element implies that a person has a stable sense of self. In turn, mobilizing can release held tension around joints and promote connections through the core of the body, leading to greater stability. Thus, both elements are in constant interaction. Further, the findings about emotional regulation are consistent with trauma-informed care in which regulation of hyperarousal plays an integral role (Payne *et al.*, 2015; van der Kolk, 2015). Perhaps because of the nature of their life stories, the participants were often dysregulated and necessitated a time of grounding. The notion of *holding environment* (Winnicott, 1965) or psychological container transpired based on the participants' responses about feeling comfortable and calm. Similarly, the commonly mentioned perception of "home" and belonging was reminiscent of Dieterich-Hartwell and Koch's (2017) proposition of creative arts therapies (including DMT) as temporary home and bridge for gradual integration. Likewise, the notion of rooting within oneself validated previous results where the physical experience of moving and using traditional cultural music pieces allowed their refugee participants to confirm their existence (Callaghan, 1998) and connect with their cultural identity (Koch *et al.*, 2009). When stimulated and strengthened, the participants appeared ready to move forward, a finding that reflected a sense of control leading to transformation and change (Zharinova-Sanderson, 2004).

Connection or unity was found to be the most important factor during the movement meetings. The focus on movement and their bodies allowed the participants to integrate physically and emotionally and connect to their own needs. Further, listening and moving to music from their home cultures appeared to allow them to return to a particular emotional state that promoted a connection to their personal resources, maintain a cultural and individual personality and yet be present in the new environment (Dieterich-Hartwell and Koch, 2017). Connecting to another person through creative dance seemed to instill a sense of belonging and community as well as help participants gain new perspectives. This finding was reminiscent of Gray's (2015) study in which she found that DMT could help individuals "restore our place in the world" (p. 183), find a home in the body and assist in meaning making. According to attachment theory (Bowlby, 1978), exploring together in safety promotes the development of secure attachment and positive self-image. An important consideration here is the first author's use of DMT skills including mirroring and reflecting of the participants' movement qualities which in turn promote togetherness and an increased degree of somatic and emotional understanding and empathy (McGarry and Russo, 2011). The movement meetings occurred without an interpreter, so nonverbal

communication played a major part in building and acquiring understanding between facilitator and participants and among participants.

Somewhat surprising was the relatively typical initial relationship to body and movement. With the refugees all having experienced trauma, it was assumed that the connection to the body would be negatively affected. However, according to the initial survey results, none of the participants were violated via touch, which left their physical relationship, established early in life, largely undisturbed. Different types of trauma may have led to different results. All the participants mentioned beginning to use movement in their lives and many said they included family members (children and grandchildren) in this process, highlighting the community and connection aspects of movement (see above). As in Koch *et al.*'s (2009) work, bodily and personal resources were found to be bolstered through the movement experience.

There were several limitations in this study. First, the first author conducted all the sessions, interviews and data analyses. Potential bias may therefore have influenced the findings. Second, the interviews were conducted with two different interpreters present, and so some of the nuances of the responses could have been lost or skewed because of the interpreters' preferences for wording. While theoretical saturation occurred, the sample can be considered small for a grounded theory study. Furthermore, most of the participants were from the Middle East, and of the 13 participants, only 3 were male, neither of which is representative of the refugee population at large. As the sessions were tailored to the individuals, they were unique. No strict protocol was followed besides the preliminary movement guide, which may have created a sense of inconsistency. The grounded theory model may or may not be applicable to all refugees. As with all qualitative studies, the findings are not generalizable and transferability cannot be proven (Korstjens and Moser, 2018).

Notwithstanding, there are some initial recommendations for clinical applications based on this study. Movement-based services in organizations that assist refugees and asylum seekers in the resettlement phase may be a valuable asset. Dance/movement therapists are trained to work through a trauma informed lens and are able to facilitate both the settling and mobilizing aspects mentioned in this study as well as foster connection making through nonverbal attunement. The preliminary movement guide could serve as a helpful structure for either group or individual sessions. If no DMT services are available, clients can be encouraged to seek movement in alternative venues, including going for walks and the Brazilian martial art capoeira which has been recognized as a beneficial support, particularly for refugee children (Capoeira4refugees, 2019). Other creative arts therapy modalities, such as music (Jones *et al.*, 2004), drama (Landis, 2014) and art (Kalmanowitz and Ho, 2016) therapy could also be valuable as they provide both stabilizing and stimulating aspects while connecting with the clients. Overall, for therapists engaging with this population, it is essential that they are trauma-informed, flexible, open minded, culturally humble and that they critically assess their own culture and identity on a regular basis.

Regarding future research, this study focused on the resettlement phase of refugees. It would be important to learn how to best aide refugees in previous phases, particularly the displacement phase. Qualitative research could examine the perspectives of refugees in camps or other holding area and gather what is needed most in this unstable phase. Another potential follow-up long-term study could investigate whether the learned movement practices are continued at home and whether they have an effect on family bonds over time. The focus of this study was broad, on the refugee population at large, and cultural, gender, racial, class and age differences were not highlighted. A future study could narrow down the focus and inquire about preferences and implications specific to these differences. Lastly, it would be interesting to conduct a mixed-methods study of a long-term DMT intervention with refugees and its effects on acculturation, trauma symptoms and/or identity, using interviews and different rating scales.

Conclusion

This study investigated how refugees to the USA experience their bodies and movement as a resource in the resettlement and acculturation phase using both constructivist grounded theory methods and descriptive statistics. The results showed that the movement sessions were experienced as both settling and mobilizing while the overarching phenomenon was the importance of connection, both to the self and to another person. The findings contribute to an understanding of the resettlement/acculturation phase of refugees. Most notably, clinical implications include the need for a trauma-informed stance of the therapist who cultivates cultural humility and retains a focus on connection making and resource building.

No external research funding was obtained.

References

American Dance Therapy Association (2016), available at: <https://adta.org/>

Atwoli, L., Stein, D.J., Koenen, K.C. and McLaughlin, K.A. (2015), "Epidemiology of posttraumatic stress disorder: prevalence, correlates and consequences", *Current Opinion in Psychiatry*, Vol. 28 No. 4, pp. 307-311.

Berry, J.W. (2005), "Acculturation: living successfully in two cultures", *International Journal of Intercultural Relations*, Vol. 29 No. 6, pp. 697-712.

Blackmore, R., Boyle, J.A., Fazel, M., Ranasinha, S., Gray, K.M., Fitzgerald, G., Misso, M. and Gibson-Helm, M. (2020), "The prevalence of mental illness in refugees and asylum seekers: a systematic review and meta-analysis", *PLoS Medicine*, Vol. 17 No. 9, p. e1003337.

Bogic, M., Njoku, A. and Priebe, S. (2015), "Long-term mental health of war-refugees: a systematic literature review", *BMC International Health and Human Rights*, Vol. 15 No. 1, pp. 1-4.

Bowlby, J. (1978), "Attachment theory and its therapeutic implications", *Adolescent Psychiatry*, Vol. 6, pp. 5-33.

Braun, V. and Clarke, V. (2012), "Thematic analysis", in Cooper, H. (Ed.), *APA Handbook of Research Methods in Psychology*, American Psychological Association, Vol. 2, pp. 57-71.

Bryant, R.A., Edwards, B., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K.L., Silove, D., Steel, Z., Nickerson, A., McFarlane, A.C. and Van Hooff, M. (2018), "The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: a cohort study", *The Lancet Public Health*, Vol. 3 No. 5, pp. e249-e258.

Callaghan, K. (1998), "In limbo: Movement psychotherapy with refugees and asylum seekers", in Dokter, D. (Ed.), *Arts Therapists, Refugees and Migrants: Reaching across Borders*, Jessica Kingsley, pp. 25-40.

Capoeira4refugees (2019), available at: <https://capoeira4refugees.org/>

Charmaz, K. (2014), *Constructing Grounded Theory*, Sage, Thousand Oaks, CA.

Crosby, S.S. (2013), "Primary care management of non-English-speaking refugees who have experienced trauma: a clinical review", *JAMA*, Vol. 310 No. 5, pp. 519-528.

Dieterich-Hartwell, R. and Koch, S. (2017), "Creative arts therapies as temporary home for refugees: insights from literature and practice", *Behavioral Sciences*, Vol. 7 No. 4, pp. 69-80.

Esses, V.M., Hamilton, L.K. and Gaucher, D. (2017), "The global refugee crisis: empirical evidence and policy implications for improving public attitudes and facilitating refugee resettlement", *Social Issues and Policy Review*, Vol. 11 No. 1, pp. 78-123.

Glaser, B. (1992), *Basics of Grounded Theory Analysis*, Sociology Press, Mill Valley, CA.

Gray, A. (2015), "Dance/movement therapy with refugee and survivor children: a healing pathway is a creative process", in Malchiodi, C.A. (Ed.), *Creative Interventions with Traumatized Children*, 2nd ed., Guilford Press, pp. 169-190.

Hackney, P. (2003), *Making Connections: Total Body Integration through Bartenieff Fundamentals*, Routledge, New York, NY.

- Harris, D.A. (2007), "Dance/movement therapy approaches to fostering resilience and recovery among African adolescent torture survivors", *Torture : Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, Vol. 17 No. 2, pp. 134-155.
- Hobfoll, S.E. (1989), "Conservation of resources. A new attempt at conceptualizing stress", *American Psychologist*, Vol. 44 No. 3, pp. 513-524.
- Hobfoll, S. (2014), "Resource caravans and resource caravan passageways: a new paradigm for trauma responding", *Intervention*, Vol. 12, pp. 21-32.
- Jonsen, K. and Jehn, K.A. (2009), "Using triangulation to validate themes in qualitative studies", *Qualitative Research in Organizations and Management: An International Journal*, Vol. 4 No. 2, pp. 123-150.
- Jones, C., Baker, F. and Day, T. (2004), "From healing rituals to music therapy: bridging the cultural divide between therapist and young Sudanese refugees", *The Arts in Psychotherapy*, Vol. 31 No. 2, pp. 89-100.
- Kalmanowitz, D. and Ho, R.T. (2016), "Out of our mind. Art therapy and mindfulness with refugees, political violence and trauma", *The Arts in Psychotherapy*, Vol. 49, pp. 57-65.
- Koch, S.C. and Weidinger-von der Recke, B. (2009), "Traumatized refugees: an integrated dance and verbal therapy approach", *The Arts in Psychotherapy*, Vol. 36 No. 5, pp. 289-296.
- Korstjens, I. and Moser, A. (2018), "Series: practical guidance to qualitative research. Part 4: trustworthiness and publishing", *European Journal of General Practice*, Vol. 24 No. 1, pp. 120-124.
- Krausz, R.M. and Choi, F. (2017), "Psychiatry's response to mass traumatization and the global refugee crisis", *The Lancet Psychiatry*, Vol. 4 No. 1, pp. 18-20.
- Landis, H. (2014), "Drama therapy with newly-arrived refugee women", in Sajjani, N. (Ed.), *Trauma Informed Drama Therapy: Transforming Clinics, Classrooms, and Communities*, Charles C. Thomas, Springfield, IN, pp. 287-305.
- Lincoln, Y.S. (2005), "Constructivism as a theoretical and interpretive stance", in Paul, J.L. (Ed.), *Introduction to the Philosophies of Research and Criticism in Education and the Social Sciences*, Pearson, pp. 60-64.
- McGarry, L.M. and Russo, F.A. (2011), "Mirroring in dance/movement therapy: potential mechanisms behind empathy enhancement", *The Arts in Psychotherapy*, Vol. 38 No. 3, pp. 178-184.
- Mertens, D.M. (2007), "Transformative paradigm: mixed methods and social justice", *Journal of Mixed Methods Research*, Vol. 1 No. 3, pp. 212-225.
- Miller, A., Hess, J.M., Bybee, D. and Goodkind, J.R. (2018), "Understanding the mental health consequences of family separation for refugees: implications for policy and practice", *American Journal of Orthopsychiatry*, Vol. 88 No. 1, p. 26.
- National Immigration Forum (2019), "Fact sheet: US refugee resettlement", retrieved January 26, available at: <https://immigrationforum.org/article/fact-sheet-u-s-refugee-resettlement/>
- Payne, P., Levine, P.A. and Crane-Godreau, M.A. (2015), "Somatic experiencing: using interoception and proprioception as core elements of trauma therapy", *Frontiers in Psychology*, Vol. 6, pp. 93-111.
- Rahapsari, S. and Hill, E.S. (2019), "The body against the tides: a pilot study of movement-based exploration for examining Burmese refugees' resilience", *International Journal of Migration, Health and Social Care*, Vol. 15 No. 1, pp. 61-75.
- Refugee Health Technical Assistance (2011), "Mental health", available at: <http://refugeehealthta.org/physical-mental-health/mental-health/>
- Rohloff, H.G., Knipscheer, J.W. and Kleber, R.J. (2014), "Somatization in refugees: a review", *Social Psychiatry and Psychiatric Epidemiology*, Vol. 49 No. 11, pp. 1793-1804.
- Silove, D., Ventevogel, P. and Rees, S. (2017), "The contemporary refugee crisis: an overview of mental health challenges", *World Psychiatry*, Vol. 16 No. 2, pp. 130-139.
- Strauss, A. and Corbin, J. (1998), *Basics of Qualitative Research Techniques*, Sage, Thousand Oaks, CA.
- UNHCR (2020), "Figures at a glance", retrieved January 26, 2020, available at: www.unhcr.org/figures-at-a-glance.html
- van der Kolk, B. (2015), *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Penguin, London.

Verreault, K. (2017), "Dance/movement therapy and resilience building with female asylum seekers and refugees: a phenomenological practice based research", *Intervention*, Vol. 15 No. 2, pp. 120-135.

Winnicott, D.W. (1965), "The maturational processes and the holding environment: studies in the theory of emotional development", *The International Psycho-Analytical Library*, Vol. 64, pp. 1-276.

Zharinova-Sanderson, O. (2004), "Promoting integration and sociocultural change: Community music therapy with traumatized refugees in Berlin", in Pavlicevic, M. and Ansdell, G. (Eds), *Community Music Therapy*, Jessica Kingsley, pp. 358-387.

Further reading

Kenny, M. and Fourie, R. (2015), "Contrasting classic, Straussian, and constructivist grounded theory: methodological and philosophical conflicts", *The Qualitative Report*, Vol. 20 No. 8, pp. 1270-1289.

About the authors

Rebekka Dieterich-Hartwell (PhD, BC-DMT, LPC) is a Dance/Movement Therapist in Philadelphia, USA. She has over 16 years of clinical experience with adults with acute and chronic mental illnesses, substance abuse issues, eating disorders and psychological trauma. Her research interests are threefold: in the area of psychological trauma with a specific focus on the neurobiological effects of PTSD; in the connection between music and movement and the selection process of music for DMT sessions with different populations; and in using dance and movement as an acculturation resource for refugees, asylees and immigrants. She is currently working as a Postdoctoral Research Fellow in the Creative Arts Therapy Department at Drexel University. Rebekka serves on the Board of the Pennsylvania Chapter of the ADTA in public relations. Rebekka Dieterich-Hartwell is the corresponding author and can be contacted at: rmd25@drexel.edu

Craig Haen (PhD, RDT, CGP, LCAT, FAGPA) is a Psychotherapist in private practice and an independent scholar. He is Co-founder of the Kint Institute, which offers a post-masters certificate program in the arts and trauma treatment. He serves as Adjunct Faculty in the Lesley University doctoral expressive therapies program and in the Department of Applied Psychology at New York University. Dr Haen is a Fellow of the American Group Psychotherapy Association, where he Co-chairs the Community Outreach Task Force, a group that responds to trauma events internationally and authors the organization's public statements on human rights issues.

Dr Girija Kaimal, (EdD, MA, ATR-BC) is an Associate Professor in the PhD Program in Creative Arts Therapies at the Drexel University College of Nursing and Health Professions and President-Elect of the American Art Therapy Association. In her Health, Arts, Learning and Evaluation (HALE) research lab, she examines physiological and psychological outcomes of creative visual self-expression. Girija currently leads studies examining arts-based approaches to health among cancer caregivers, active-duty military service members and veterans (funded by the U.S. Department of Defense and the National Endowment for the Arts) as well as creative expression in virtual reality (in collaboration with the International Arts+Mind Lab at John Hopkins University). In her scholarship, she works with traditional art media, indigenous art forms as well as digital technologies such as virtual reality. She has led longitudinal evaluation research studies examining arts-based approaches to school leadership development and teacher incentives, and won national awards for her research. She is a practicing visual artist. Her art explores the intersection of identity and representation of emotion.

Professor Dr Sabine Koch is a Psychologist and Dance Movement Therapist, BC-DMT, Director of the Research Institute for Creative Arts Therapies at Alanus University Alfter, Head of the DMT Master Program at SRH University Heidelberg, Germany, Editor of the *Journal of Arts Therapies (JAT) – Journal for Art-, Music-, Dance-, Drama-, and Poetry Therapy* and *German Medical Science*. Her research areas include embodiment, social psychology, evidence-based health research, dance movement therapy, Kestenberg Movement Profiling and therapeutic factors of creative arts therapies. Contact: sabine.koch@alanus.edu and skoch@srh.de.

Dr Augusta Villanueva serves as an Associate Professor Emerita at Drexel University's Dornsife School of Public Health. She earned her doctorate in medical sociology from The University of Texas at Austin, and completed postdoctoral training in health policy studies at the University of California, San Francisco. Her areas of interest include the health status of vulnerable populations, the role of race, ethnicity, culture and disparities on health and the use of qualitative methodologies in community-based research. She teaches courses on multicultural competence in community health and prevention, public health practice in and with Latino communities, intersectional perspectives, as well as in community-based participatory research. She is currently teaching several of the Dornsife School's online course offerings.

Sherry Goodill (PhD, BC-DMT, NCC, LPC) is a Clinical Professor and Chairperson of the Department of Creative Arts Therapies in the College of Nursing and Health Professions at Drexel University, and a past President of the American Dance Therapy Association. She holds a Master's of Creative Arts in Therapy and a PhD in Medical Psychology with a concentration in mind/body studies. Her 2005 volume, *An Introduction to Medical Dance/Movement Therapy: Health Care in Motion*, has supported the application of DMT for people living with medical conditions worldwide. Her academic interests concern psychosocial aspects of medical conditions and the development of evidence for the creative arts therapies in the broad spectrum of health care.

For instructions on how to order reprints of this article, please visit our website:
www.emeraldgrouppublishing.com/licensing/reprints.htm
Or contact us for further details: permissions@emeraldinsight.com