Fleeing Towards Healing: How CAM Can Heal Refugee Communities

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Fleeing Towards Healing:

How CAM Can Heal Refugee Communities

By Sarah Shaalan
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Abstract

Alternative methods of healing can be found across the globe and are used by all kinds of people including refugees. This thesis will explore the potential benefits of Complementary and Alternative Medicine otherwise known as “CAM” as a supplementary strategy for helping refugees to deal with stress, Post Traumatic Stress Disorder (PTSD) and other harmful effects sustained on their journey and lives as displaced peoples. I will do so by first situating my project in the literature on Eurocentrism in healing practices and the emergence of CAM as an alternative. Then, using extensive primary and secondary sources, supplemented by an expert interview, I will show that techniques like movement therapy, theater healing, and yoga, have been used with considerable benefits including: reduced Post Traumatic Stress Disorder, better integration into one’s community, and the increased ability to tell one’s story as giving power to the refugee, i.e., agency in the representation of their own experiences. From Vietnam to Syria refugees can and have incorporated and benefitted from these methods.
This thesis asks how alternative healing methods beyond Western approaches can help to support refugee communities. Addressing the challenge of Eurocentrism in healing methods, it canvasses a wide range of Complementary and Alternative Medicine approaches (CAM\textsuperscript{1}) as an alternative to Western healing methodologies with their problematic baggage for indigenous, colonized, and displaced peoples. After discussing the impact of Eurocentrism and colonialism on healing, the thesis turns to alternative methods being employed in camps around the world—practices about which research to date is quite \textit{ad hoc}. By seeking to map such practices across a wide range of sites via open access primary and secondary sources, I tease out patterns regarding alternative methods. These include painting, drawing, mural making, poetry, writing, and performance arts like dance, theater and film; non-Western medical approaches like yoga, acupuncture, meditation and tai chi are also considered. I argue that the considerable benefits mentioned in the abstract include but are not limited to: better management of PTSD symptoms, ability to tell one’s story in a therapeutic manner, and taking part in one’s community. Finally, it is important to acknowledge the purpose of offering CAM is not to force it upon vulnerable populations but to offer it as a part of a comprehensive and holistic treatment plan. For those excited to offer CAM to refugees, the process may require a great deal of humility and resourcefulness to learn and find other methods that best suit the client in need. It is towards this exploration that this thesis now turns via a review of the extent literature.

\textbf{Literature Review:}

\textsuperscript{1} Another term which is frequently used Complementary and Alternative Healing Methodologies.
The convergence of complementary and alternative healing modalities for refugees is an area that has not yet been heavily researched. The literature on these three areas of study: (1) availability of resources for refugees in refugee camps and resettlement countries, (2) efficacy of alternative healing modalities, and lastly (3) cultural competency and trauma-informed care, tend to be distinct at times, and others not. These works can converge and overlap at points, even as all remain underexplored by researchers, inhibiting our understanding of these questions due to a lack of data. It is towards helping to fill this gap that this thesis is also addressed.

To begin with, it is important to define concepts like complementary, alternative, traditional and conventional methods since terms like “traditional” “conventional,” or “alternative” and “complementary” are often used interchangeably. This ambivalence may be related to the subjective element of health: the way one identifies the type of healing or medicine is relative and subjective. What one is discussing or referring to depends on the context and even their environment. Conventional medicine is often the standard used in the West for healing, and may refer to therapies such as psychotherapy. By way of contrast, John Hopkins University breaks down CAM into several categories including senses (guided imagery and visualization, art, dance, and music), mind (meditation, biofeedback, and hypnosis), external energy (reiki, Qigong, electromagnetic therapy), diet and herbs (diet, herbal medicine, dietary supplements), body (massage, body movement therapies, tai chi, yoga, chiropractic and osteopathic medicine), and lastly the more accepted or popular practices (Ayurveda, acupuncture, Chinese medicine, naturopathy, and homeopathy). The terms “traditional” or
“conventional” “western” or “Eurocentric” will be used to describe anything outside these parameters outlined by John Hopkins.

---Availability of Alternative Healing in Refugee Populations---

First and foremost, the availability of supportive services for refugees is probably the most pertinent and well-documented area of the three fields of alternative medicine probed in this project. Research finds that, generally, services in refugee camps, especially when it comes to education, are readily available for children and adults (Women’s Commission, 3, 2008). The problem tends to come in when these individuals find their new homes in resettlement countries as they are presented with an entire new set of challenges where the services are not as straightforward as in the camps; and they find themselves navigating a new world to some degree on their own. (Women’s Commission, 3, 2008). In this context, refugees face a litany of changes in a new country including, language and communication barriers (Women’s Commission, 3, 2008). Post Traumatic Stress Disorder and trauma from experiencing and witnessing violent events is also something that could create a disability hard to navigate in camps and homes in resettled countries (Human Rights Watch, Greece: Refugees with Disabilities Overlooked, Underserved, 2017). Navigating these conditions is particularly challenging when support is dependent on local charities and initiatives in camps or resettlement countries. Whereas traditionally acceptable forms of service such as psychotherapy are readily available through such agencies with government assistance, it is not always the case with alternative modalities that tend to be supplemental.
One important method of CAM is yoga. According to Torture Magazine’s Longacre et al., there currently is not much research in CAM when applied to refugee trauma: “there are few publications in the English scientific literature specifically addressing the utilization.” (38, 2012). How much these methods are used by refugees is also uncertain (Longacre, 39, 2012). The cultural differences between Western medicine and Eastern medicine need also to be acknowledged both in research and implementation, as methods that may be alternative in the West may be traditional elsewhere (Longacre, 41, 2012).

There is a lot of research in the area of yoga for the general refugee population, however. There are proven healing benefits of yoga for the trauma refugees have experienced including postures and meditation that help them better handle stress on and off the mat (CGTN, 2019). One example is the yoga classes taught by a refugee himself, Augustine Ondera from South Sudan (CGTN, 2019). He and his students felt this type of exercise helped them with relaxation more than other forms they had previously tried and that it helped them reclaim their own bodies and kick bad stress-relieving habits like smoking after undergoing trauma (CGTN, 2019).

Another refugee from Bhutan who was forced to live in a refugee camp for 18 years said that his mental health was impacted not just from fleeing the violence in his homeland but also during the almost two decades in the camp because of its poor living conditions (The Yoga Impact Charity, N.d.). He and other refugees in a yoga center in Australia created by the Refugee Yoga Project in 2015, stated their mental health drastically improved once starting
yoga regularly. They stated, moreover, that yoga also provided them a sense of community which, after being displaced, they would not otherwise have experienced (The Yoga Impact Charity. N.d.). According to their main page, this organization was created as a “year-long research program into the benefits of yoga for refugees who have experienced torture and trauma.” (Vasudhara, N.d.). The yoga helped with depression and PTSD, stress, anxiety, and physical pain (Vasudhara, N.d.). It started from a yoga center and currently collaborates with the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, which provides translators and counselors (Vadsuhara, N.d.).

In Akkar Lebanon, in the Tall Abba Refugee Camp, one yoga instructor teaching yoga to Syrian refugee children states “Our aim is to is to teach yoga beyond postures to help the kids overcome their traumas and live their childhood.” (Koun, 2019). Another group named the Hackney Yoga Project also works with refugees in the United Kingdom and receives referrals from the Poppy Project, Freedom from Torture Organization and the British Red Cross (Our Mala, N.d.). Food and English classes are offered at the center which refunds travel costs, in addition to the yoga itself (Our Mala, N.d.).

Another refugee-led yoga program was created in a Kenyan refugee camp (UNHCR, 2020). Rita Brown, a refugee from Uganda had her own personal issues as a refugee. After she found relief with the use of yoga, she began to help others with similar backgrounds in this camp (UNHCR, 2020). She had learned the practice from a local organization a year before teaching in Kakuma (UNHCR, 2020). She stated (like other refugees from other sources) that being in a camp alone was a form of trauma for her in addition to the problems she experienced in Uganda and that yoga helped (UNHCR, 2020). She even adjusted to the
pandemic and taught online classes at this camp serving 200,000 refugees and stated, “Mental
health doesn’t begin at the organizations. It begins at home. It begins with how we even look
at ourselves.” (UNHCR, 2020).

Another method which will be generally referred to as “art therapy” is a useful
complimentary healing modality for refugee children and adults. As published in 2017, many
displaced people fled to the Greek Islands for refuge from war in the Middle East (Kouri).
Lesbos, the Greek island, has three main refugee camps. One coordinator said, “It’s like young
animals in the jungle, it’s very difficult to touch or to even speak to these children. And the
psychology overall goes very very badly.” (Kouri, N.d.). There are luckily art therapy programs
in some of the camps that are run by volunteers like ART Angels Relief Team that teaches music
therapy (Kouri, N.d.). “The best way to think of art therapy, is to think of the creative arts as
being a way of actually developing something that is not very accessible in a cognitive way,
helping something that is unconscious or something that has caused trauma in some way in
someone’s life to emerge in a pictorial or in a creative way” (Kouri, N.d.). One Iraqi refugee
mother in the program stated her kids were happy once they started playing violin and before
they had been sad and idle (Kouri). One volunteer teacher at the site said they do a lot of their
art therapy through play such as drawing and painting (Kouri, N.d.).

Children will draw pictures of their traumas, homes, themselves holding their musical
instruments, camps and their dreams such as what they want to be when they grow up (Kouri,
N.d.). At the Mosaik Support Center one art therapist volunteer even recounted that as the
children came to play more and more the colors with which they chose to create their pieces
with became brighter and brighter and they became more social in the process (Kouri, N.d.).
Another art center sponsored by the United Nations, in Amman Jordan named Kaynouna Art Therapy Center aides children in processing the various horrible events they have witnessed through drawings and paintings as well, with a trauma informed approach (Kaynouna, N.d.).

Yet another alternative healing modality used with refugee populations is dance and movement therapy. Participants include young girls in the Khanke IDP Camp in Iraq, who after fleeing ISIS\(^2\), receive free dance therapy classes with the funding of humanitarian and nonprofit charities (AP Archive, 2017). In this camp one volunteer funded by Samaritan’s Purse, was studying dance abroad and took her skills to help displaced persons, “dance is this really amazing vessel from which healing can take place because it involves physicality and connecting with yourself and your body, that’s kind of a missing piece (AP Archive, 2017). There’s a lot of focus on your mind and your thoughts and your emotions and sometimes the body is left out (Great Big Story, 2017).”

Another such example can be found in Germany where adolescent and teenage refugees have been given the opportunity to participate in a musical to help heal from their past trauma with the project “Welcome Voices” (UNHCR, 2017). Dance has also been used as a healing method in the Congo for victims of rape who could not go back to their home communities because of the stigma attached to what was done to them (Panzi Foundation, N.d.). According to Torture Magazine, dance and movement therapy can work at a physical and sensorimotor level to address and process pain that typical therapy would not (Longacre, 44, 2017).

\(^2\) ISIS (Islamic State of Iraq and the Levant) was a terrorist organization that started after the invasion of Iraq, between 2006-2007. It revived Muslim extremist ideas of bringing the caliphate back and established itself in lawless parts of Iraq and Syria. It succeeded in controlling large parts of northern Iraq and Syria until it was eventually militarily defeated by a coalition of allies including United States and other Western Nations in 2017-2018.
It should only be used when physically capable and has been used to help youth from Sudan, children who had once been soldiers in Sierra Leone (Longacre, 44-45, 2012). Like the dance therapists aforementioned, Sabine Koch PhD states, “Dance movement therapy allows for the treatment of complex psychological trauma (torture, rape, war experiences) and contributes to the healing process directly on a body level. The complex trauma in the life of refugees require creative therapeutic interventions on different levels.” (Koch, 289, 2009). Koch’s article examines refugees in Germany as well and states it is not just homeopathic but clinically effective (289, 2009). They draw the difference between adults and children when expressing and processing such trauma, children are more apt to quickly express themselves through creative mediums than adults who tend to take time to learn their bodies hold onto the trauma and will not go away until addressed (Koch, 289, 2009). It even helps any person, especially an adult or child refugee from acting out or participating in deviant activities that make it antithetical to their adaptation in a resettlement country (Koch, 289-290, 2009). Koch mainly studies REFUGIO, the center for refugees and torture survivors, where refugees from 30 countries are treated by movement therapy, art therapy, dance therapy and music therapy (291, 2009). They go on to say that:

“Non-verbal approaches including drawing, sculpting, music, theater, movement, and dance are often less threatening than verbal therapies because these media are often more culturally familiar. Before verbal processing is possible for the refugee, symbols representing their secret may be externalized-put into artwork, music, dance, or drama, or as told as the story of another person.” (Koch, 291, 2009).
Although there are many other forms of CAM, the three covered, yoga, art and dance are all thoroughly researched and both clinically efficacious and personally fulfilling to the refugee per various testimonials.

---Cultural Competence & Trauma Informed Care for Refugee Populations---

According to NCBI, trauma-informed care helps children who have undergone trauma by not allowing it to affect their development, and it is described as such:

“It is often considered a lens through which to view and interpret child health and outcomes, rather than a specific set of directives. Principles of TIC include promoting physical and psychological safety for patients, building trusting relationships with patients and families, providing peer support, collaborating with patients and families, supporting and fostering agency, and promoting intersectionality. Both the American Academy of Pediatrics and the Budapest Declaration on the Rights, Health, and Well-Being of Children and Youth on the Move have identified TIC as a best practice in the care of immigrant and refugee youth” (Miller, 2019).

Essam Doad, a child psychiatrist working with refugee children featured in Freethink online news stated that not enough attention is paid to the mental health of these children and more emphasis is put on basic needs like shelter and food (2019). The trauma Syrian refugee children experience from the war has been so dire that experts coined a new term for their type of Post-Traumatic Stress Disorder, “human devastation syndrome.” (Freethink, 2019). Dr. Doad expresses that early intervention is key in preventing this disorder. This is because while the children have already undergone trauma, changing the narrative in their young malleable mind can drastically help them developmentally (Freethink, 2019). One major issue with this
type of service however is as mentioned before, funding, and as a result not all refugee children receive the kind of help Dr. Doad provides with his mental health charity “Humanity Crew.” (Freethink, 2019). Financial support is thus crucial he states, not just for the child but the future of the host country in which they end up resettling and their home if they ever return (Freethink, 2019).

Another common and important theme in most trauma-informed care resources is to not pry into the experience of children and let them express what they have undergone at their own pace (Ten Sigma, 2017). PRMHC defines trauma as having three parts, the event such as a war, the personal experience of this event, and lastly how this experience affects their everyday life like their feelings of safety and how they interact socially (N.d.). It is crucial to let the individual guide the recounting of their experiences and to follow any cues they may give off such as if they are uncomfortable sharing (PRMHC, N.d.). It is better to ask torture-specific questions after establishing a report with a refugee who may have experienced torture (PRMHC, N.d.). There is in fact a specific type of empirically supported 2-part questioning used to elicit proper healthy interactions called the Eisenman Screening question (PRMHC, N.d.). Using the Eisenman method, you would start by asking if the individual or anyone they know was ever harmed by their government or rebel fighters, one would thereafter state that some people who have been harmed have also been tortured and ask if this has happened to them (PRMHC, N.d.). This way the process comes off as more normal to the refugee and they do not feel singled out or further traumatized (PRMHC, N.d.). This is also where again the alternative healing methods cross into this method. The stress many have undergone fleeing their homelands ends up creating physical ailments and education of how impactful this can be is
crucial in helping the patient understand these effects and work on them in therapy (PRMHC, N.d.).

Another crucial aspect to consider is that there is no universal treatment for any refugee who has undergone trauma, one must consider several factors such as where and how they currently reside, cultural background, patient history, and ingrained beliefs about healing (PRMHC, N.d.). The distinction between western pathology and indigenous philosophies is crucial in addressing the trauma. It is also important to understand the law different people come from for example, the “First Peoples” of Turtle Island of Canada (Learning Network, 2018). In the Indigenous Peoples Webinar they explain that children in particular are subject to PTSD and that their baseline state of agitation is much lower than it normally would be had they not experienced trauma (Learning Network, 2018). This means that children could act out and become fearful or extremely scared from small situations that trigger them, “the increased reactivity in response to a perceived threat, play a major role in the behavior and cognitive problems exhibited by traumatized children.” (Learning Network, 2018). It is then helpful to remember that these responses are tools of survival by their brains and to not label the children acting out as maladaptive as it can appear to be hurtful (Learning Network, 2018).

Cultural Competence is the ability to look at a refugee as an individual within the context of their culture, and therefore better help them take part in programs and services (Physiopedia, N.d.). According to Carlos Sluski’s model of migration there are four stages: the preparatory stage before displacement, act of migration stage, period of overcompensation, period of decompensation of crisis, and transgenerational impact (Physiopedia, N.d.). Each of these stages can create more opportunities for trauma to occur, that will later make an
appearance when looking for and receiving services (Physiopedia, N.d.). Another diagnosis that is common in refugees after reaching new countries is Chronic and Multiple Stress Syndrome or Ulysses Syndrome which derives from the hard travel they experienced (Physiopedia, N.d.). Again, PTSD is cited as the most common mental health disorder in refugee and asylum seeker populations which can make it difficult for these individuals to trust outsiders or engage socially (Physiopedia, N.d.).

PTSD also makes refugees more susceptible to illness because as discussed earlier, the stress they experience affects the body and this is all that much more applicable to individuals with preexisting conditions, disabilities and special needs (Physiopedia, N.d.). Even the idea of being labeled a refugee is cited in many sources including Physiopedia, as being one that asylees dislike and gives them a sense of being less-than or othered in a negative context. All this goes into consideration when aiding a refugee, especially one with disabilities. There is much to consider including cultural differences and competency, what method will work for the person, their past trauma, and knowledge of what services are readily available or are lacking.

---Decolonialism and Indigenous Healing---

A third component of the literature warranting engagement regards the political aspect of why CAM is useful in the healing process of refugees, we must explore the concepts of Eurocentrism and decolonization. In the book “Sharing Breath: Embodied Learning and Decolonization” by Sheila Batacharya and Yuk-Lin Renita Wong the idea of alternative methods of healing is explored in relation to decolonization and indigenous empowerment (2018). Although this book does not center on refugees it does center on those who have been
historically disenfranchised and colonized. The first example they cover is that of TCM or
Traditional Chinese Medicine and qigong (Batacharya, 7, 2018). Qigong is defined as “a mind
body exercise form that uses meditation, breathing and movement to increase energy and
enable the body to heal itself. The exercise and healing techniques used were developed in
ancient China and Tibet.” (qigong.com, N.d.). It is a perfect example of how useful CAM can be
and makes us question if it is CAM at all but rather a primary method of healing that is looked
at as alternative simply due to history, eurocentrism and colonization.

The author explains this phenomena by referring to another anti-racist author named
Roxana Ng (6-7). She states, “Western medicine held a privileged status over Indigenous
healing systems. Practicing TCM and qigong significantly improved her health, and she became
increasingly conscious of ‘the colonizing effects of Eurocentric, male-stream thoughts,’ as well
as the extent to which these thoughts had contributed to the bifurcation of her own
consciousness…’ although we have learned to think critically, dominant ways of being are so
normalized that we are ‘programmed’ to act in ways that reproduce and sustain oppression.”
(Batacharya, 8-9, 2018). Ng further explains that the concept of mind over body was an
important aspect of TCM that Western medicine overlooked (Batacharya, 8, 2018). She goes on
to state that the mind body connection is at the root of this type of healing and its ability to
combat the bifurcation she mentioned earlier (Batacharya, 8, 2018).

These authors primarily focus on two main areas, that which is in the title of their work:
embodied learning and decolonization. Embodied learning is a pedological approach in which
the whole mind as well as body is used (embodiedlearning.com, 2024). It focuses on people’s
innate autonomous competence-physical, emotional, and cognitive knowledge
It’s not just “thinking about a solution... [its] living the solution. It’s not just an intellectual experience, its embodied (theo-dawon.medium.com). In this book, one of the authors, Sheila Batacharya, describes her experience with leading twelve yoga workshops in Toronto for South Asian women in 2004 (Batacharya, 161, 2018). She also conducted individual interviews with fifteen of the participants and three of the yoga teachers (Batacharya, 161, 2018).

Batacharya states that through these interviews she found the following, “The workshop participants and yoga teachers offered insightful considerations and recommendations for using yoga as a counterhegemonic healing strategy grounded in ‘ethical cultural connections.’” (162, 2018). This means that the yoga strayed from new age interpretations of the practice and made sure to discuss “social relations of power” and identity (Batacharya, 162, 2018). It also did not present the yoga under nationalistic, orthodox religious, or “other hegemonic tropes.” (Batacharya, 162, 2018). This shows the power of yoga is not just a physical healing journey but also a mental one in which the participant can push against years of oppression. Furthermore, the author states that “…the counterhegemonic healing strategies used by participants disrupt dominant healing and embodiment discourses such as New Age romanticism and ‘somatophobia’ in critical theory...participants illustrate how sentient-social embodied learning is an important form of resistance to violence and oppression.” (Batacharya, 162, 2018).

Batacharya further explains:

“The young women indicate that it is not sufficient to frame yoga as authentic and therefore a culturally appropriate resource if it is presented using orthodox religious,
nationalistic, patriarchal, colonial, or other hegemonic tropes. Similarly, the yoga teachers discussed how they meet the challenge of supporting students who have experienced violence and oppression. They also highlighted the importance of addressing identity and social relations of power.” (Batacharya, 162, 2018).

In the book, “Reimagining Science Education in the Anthropocene” there is a chapter titled “Decolonializing Healing Through Indigenous Ways of Knowing” in which, Miranda Field covers the topic of psychology in a context of indigenous cultures and how traditional methods of healing has harmed people it’s been forced upon (123, 2022). Field discusses the need to be connected to the land and makes an important point on what exactly decolonization means; she states that it does not mean an outright rejection of all things Western but rather a refocus and centering of Indigenous values, theories, and research (123, 2022).

“Indigenous healing includes the physical, spiritual, emotional, and mental aspects of one’s being which includes the use of ceremony and traditional medicines. Western medical practices have incorporated physical modalities. From an indigenous perspective physical, emotional, mental, and spiritual healing exists through relationships which occur alongside the healing journey (Field, 123, 2022). She further states that indigenous knowledge and learning is closely related to land (Field, 124, 2022). In order to have proper healing occur this must be recognized in any therapies offered to indigenous peoples.

The extent to which this Eurocentric point of view is embedded in psychology is vast and further exacerbates colonial structures and means of control (Field, 124, 2022). This type of structure and misinformation that has been historically disseminated onto the peoples of
indigenous cultures does not include a close connection to the land at all (Field, 124, 2022). Field, for example, cites the work of Karl Jung in which he stated that indigenous peoples do not distinguish themselves from the land, but rather acknowledge that whatever is taking place outside themselves in their environment is also taking place within themselves (Field, 124, 2022). In essence, the land relationship they each hold also and quite centrally, carries a metaphysical and spiritual meaning (Field, 125, 2022). Only with these qualities as well as mental and emotional ties can healing occur according to the indigenous belief system (Field, 125, 2022). Lastly, Field stresses this interconnectedness must be acknowledged not just by those receiving healing by those administering it as well (125, 2022). Therapy given must also be client centered and utilizing a strengths-based approach to encourage the client to move forward (Field, 125, 2022). Although much of Field’s work was based on her experiences with indigenous populations in Saskatchewan Canada (126, 2022), the principles she describes ring true to many cultures around the world that have had Western therapeutic approaches hoisted upon them. Field also mentions the importance of community in indigenous healing and the convergence of mainstream and indigenous healing (127, 2022).

Field later dives into the process of equine therapy and an idea of what is referred to as a “transitional space” (128, 2022). She describes the process a human experiences with a Curly Horse which is native to North America and used in certain types of Indigenous healing practices (128, 2022). This includes a very integral aspect of belief that many indigenous peoples hold throughout the world, that of spirit (128, 2022). She specifically cites the belief system of the Samoans and their idea of the “‘space between’, which maintains respect to sacred space, harmony, balance, and the importance of relationships between our physical,
spiritual, emotional and mental dimensions.” (128, 2022). Field elaborates that modern day psychology should consider this when administering therapy to patients (129, 2022).

In the book “Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland” by Linda Archibald we can further explore the topic of decolonialism related to healing practices (Iii, 2006). Archibald starts off by noting that sexual abuse was carried out by government-run churches amongst Aboriginal children in Canada in the span of 77 years from 1892 to 1969 (Iii, 2006). She states that some of the healing techniques and history used to combat these generational wounds have more than likely been lost as it is often told orally in native communities (Archibald, iii, 2006). This generational trauma means that people can be negatively affected by events that occurred before they were even born (Archibald, iv, 2006).

Due to this interconnectedness between history and personal health it makes sense that healing practices that incorporate indigenous ways of healing (Archibald, iv, 2006). She goes on to state that although aboriginal healing is important in the decolonization process, it is also important to know “there is a danger in assuming that healing programs working well in one context can be successfully transported to an entirely different social, cultural or political milieu. In fact, no single approach is applicable across all nations and communities.” (Vi, 2006). The importance of including all aspects of a person and their environment and individualizing therapy is emphasized in the following quote: “People who are marginalized and oppressed have sometimes reacted to their objectification and inferiorization by deconstructing discourses that relegate them to the “body” side of the mind/body divide, together with its various permutations such as rational/irrational, modern/primitive, cultural/natural, and
social/biological” (Batacharya, 10, 2018). In essence, what this is saying is that all parts of the healing process need to be considered.

**Research Methods**

The main research method of this paper is qualitative engagement of open access primary and secondary sources which was then processed using textual analysis. Websites,
video resources, academic articles and various literature were all used. The main books utilized in this paper are *Sharing Breath: Embodied Learning and Decolonization* by Sheila Batacharya (2018) and Narayan Gopalkrishnan’s thesis entitled “Yoga Therapy and the Health of Refugees” (2012).

It is important to note that the majority of, if not all, authors and organizations that utilized CAM have mainly positive reports regarding the impact it has on refugees. The wording they used to describe the effects often contained phrases such as “therapeutic” “healing” “relaxation” and “breath.” The message from these sources were unanimous, CAM whether it be yoga, dance, tai chi or qigong all bring refugees closer to inner peace mentally, physically, and spiritually. In my research I also explored how the different organizations offering CAM to refugees operate. I did this to better understand how CAM is implemented throughout the world. “Good Chance Theater” is quoted on their website as saying by giving to their organization one is “helping their voices to be heard and their story to be told” (N.d.). They also founded their organization on the idea that expression is a human right, thereby saying it is not just a luxury but something refugees need. This is a common theme in all the organizations covered in this paper as well: these therapies are a necessity not a luxury. On the website for Acupuncturists without Borders they also have an active social media presence on Instagram and sell trainings for volunteers to become acupuncturists (Acupuncturists without Borders, N.d.). A YouTube channel for the organization appears to be crucial as well with a relatively minor following of a little over 700 followers ([https://www.youtube.com/@AWBAIbumsMain](https://www.youtube.com/@AWBAIbumsMain)).

Trauma is also a common theme mentioned on these various websites. On the *acuwithoutborders* website they mention that trauma affects generations and thus highlights
the importance of addressing it (N.d.). It is even in their mission statement. Mission statements are a crucial place to compare and contrast these organizations as well. On the other hand, the mission statement for Yoga and Sports with Refugees is quite simple and does not directly mention trauma at all, but rather is a bit vague and simply states they want a space where people can work on their goals together (2024). Collateral Repair Project for example is located in Amman, Jordan (Collateral Repair Project, N.d.). This organization made another program specifically for yoga with refugees called the Yoga Mandala Project (Collateral Repair Project, N.d.). Most of these organizations also have videos on the first page of their website to increase accessibility for donors to quickly learn about their organization. The locations of these organizations are from all over the world but with very similar missions. This paper also implements qualitative interviews and a global transdisciplinary framework.

**In-Field Interview regarding Refugee Minors**

I work at a group home in Southern California for refugees and unaccompanied youth. At my job, I was able to interview the Assistant Director Mike Saavedra. In this interview it was concluded that Saavedra did see positive affects in yoga and breathwork that was provided to the children. He did state however that the URM or unaccompanied refugee minor program did not show much interest in yoga. It could be offered as a cost-reimbursement but it has not been implemented in the company due to the lack of interest. The children were 8 to 16 years for the category of unaccompanied minors and the URM’s ranged from 8 to 20. Clients were from all around the world including countries like Eritrea, Burma, Afghanistan and throughout Central America. Saavedra did state however that once they become familiar with deep breathing techniques for crisis intervention, they became very receptive to it. This helped them
with emotional regulation and stress management as well as steered them away from harmful behaviors like drugs or violence. He also noted the temperature and music in the room helped implement the breathing techniques in a more efficacious way.

**CAM in Practice**

**Eurocentrism and Traditional Methodologies**

On the basis of this literature review and engagement of primary sources, we will now explore the main argument of this paper: that CAM can be helpful to refugees. A refugee is defined as a person who has fled their country under the protection of the 1951 Refugee Convention (UNHCR, 1998). These individuals have fled due to dangers of war, race, religion, their political opinion or being part of a political group. (UNHCR, 1998). It is important to recognize who is under the protection of this international law and not to confuse refugees with migrants or IDP’s (internally displaced people). These demographics could also benefit from these types of alternative methodologies as can any population if spoken of in very general and loose terms. This paper, however, concentrates on people with the specific title and recognition of refugee. It is important to differentiate and make such designations clear in order for potential public policy to be affected and if lucky changed.

Traditional methods have an important place in this argument. It is crucial to note that traditional healing methods including psychotherapy and medication can be very helpful for those who have suffered trauma. However, sometimes it is not sufficient for the patient or can be contradictory to their cultural norms. Because of all this it is sometimes necessary to stray from Eurocentric diagnoses like Post Traumatic Stress Syndrome (Ozen, 5, 2018).
“The peril of the entire spectrum of human needs falls under the refugee experience: food, shelter and safety are in jeopardy as well as the need to belong, to have love, status, self-actualization and self-esteem. Refugee trauma can lead to psychological trauma, but it’s not a given. However, the risk of psychological trauma is present given the likelihood of traumatic experiences encountered pre-, during- and post-migration” (Ozen, 5, 2018).

The diagnosis of PTSD alone can be an issue as its symptoms may carry different worth and interpretations in different cultures (Ozen, 5, 2018). We thusly see a possible issue with not just the treatment but also the diagnosis in the first place (Ozen, 5, 2018).

Evidence shows that there is a gap between what traditional biomedicine can offer refugees and what Complementary and Alternative healing Modalities can offer. A large part of this gap is that there are different cultures in a refugee and healthcare provider relationship.

In order to transcend this gap CAM utilizes techniques that do not heavily rely on language, such as yoga and tai chi (Gopalkrishnan, 17, 2012). A second important health aspect of using these modalities is that refugees are in a position of power and autonomy over their own bodies and minds with such practices (Gopalkrishnan, 17, 2012). Because it looks at the refugee within cultural and social aspects, CAM also faces the reality of cultural diversity (Gopalkrishnan, 18, 2012).

The unfortunate part of this story is that there is not much funding for CAM in Australia for example (Gopalkrishnan, 18, 2012).
According to another paper titled “Challenging the Hegemony of Eurocentric Psychology” the science of psychology is largely derived from a white middle-class system (Naidoo, 2, 1996). This ethnocentric and Eurocentric approach leaves behind the needs of those who are not white and belong to other racial groups (Naidoo, 2, 1996). Naidoo’s paper does not focus on refugees but it is still largely applicable in the context of this thesis and to the needs of refugee healing. This is because since psychology alone may not address refugees’ mental health concerns, this is where alternative methods, such as the ones written of in this thesis come into play. One problem with psychology being Eurocentric is that many practitioners act on the basis that their methods work for everyone the same way, which may not be true for non-white non-westerners (Naidoo, 4, 1996). In fact, not only would these western methods not be helpful, but they could further harm the patient undergoing the treatment by imposing western values that are incongruent with their own (Naidoo, 4, 1996).

To make the situation even worse the psychology is also male-centered, leaving out women (Naidoo, 5, 1996). Another facet of this problem that Naidoo mentions is that psychology reduces humans to an animal level to a certain degree (5, 1996). Aside from the obvious moral dilemma of this, it also exacerbates ingrained social and ethnic hierarchies that claim some ethnicities are more animal-like than others (5, 1996). Naidoo’s research concentrates on the dichotomy between Black and White people in South Africa (1996). Naidoo states that there are three components that play a role in this social structure including, the inferiority model, the genetic deficiency model and the culturally deprived model (6, 1996). While all three of these components are different, they all basically state that Blacks are inferior to Whites (Naidoo, 6, 1996). Within the definition of cultural deprivation psychologists
supporting this state that Blacks are inferior because they have not been exposed to White middle-class culture enough (Naidoo, 6, 1996). Then there is a rather false solution for this that includes was it referred to as “multicultural psychology” (Naidoo, 7, 1996). This is problematic because it creates two distinct types of psychology when it reality patients come from different backgrounds and thus makes the field naturally multicultural (Naidoo, 7, 1996). This outlook is actually a great way to combat the status quo (Naidoo, 7, 1996). Naidoo then poses the question, “So what can be done to challenge Eurocentric domination in psychology?” (9, 1996). Naidoo’s paper focuses on South Africa as mentioned earlier and points out that even with specific changes there needs to be change to psychology training programs (9, 1996). These programs are usually white, middle-class and male dominated both in teachers and students and have training objectives that tailor to them (Naidoo, 9, 1996). There needs to be cross-cultural competence as well as similar goals toward gender equality in the field in order to combat the status quo, and it should not be considered as a side goal but rather a main one (Naidoo, 9. 1996). This issue goes beyond just psychology too, it demands change from research methods and ideas of science (Naidoo, 10, 1996). “As we face the transforming psychology and helping our nation to heal and grow healthy, mental health professionals have the imperative to recognize the biases of their training and their own ethnocentrism and have both a professional and moral obligation to learn how to...take up the challenges facing our society and profession.” (Naidoo, 11, 1996).

Traditional Chinese Healing

Acupuncture and refugees are two words that may not be perceived as connected. It is however for the workers of Acupuncturists Without Borders who served the Afghani and Syrian
refugees in Greece at the Oinoftya camp (Acupuncturists Without Borders, 2024). Many of the people who live in these camps have anxiety, depression and Post Traumatic Stress Disorder and as the MSF Greece General Director states they are sometimes even being pushed to the brink of abusing alcohol, drugs and others (Acupuncturists Without Borders, 2024). She also stated that stress and depression rose 150%, PTSD tripled, increase in suicide attempts and self-harm, and even psychosis (Acupuncturists Without Borders, 2024). These symptoms are caused by “memories of war and its escape, as well as poor living conditions and the risk of being shipped back to Turkey...” (Acupuncturists Without Borders). This treatment goes beyond just one person and one therapist, “Trying to treat the trauma...they say it’s not just about treating the individual, trauma can filter down into entire communities, nations and future generations.” This shows why such alternative and complimentary healing methods are so important, they can help society as a whole once a refugee is on the healing path, they will better be able to help the community in which they resettle. The acupuncture can be used for pain relief, sleep and PTSD healing and was used on children and adults (Acupuncturists Without Borders, 2024). It is also used specifically for victims of torture as mentioned in several articles including Boston University, “Psychotherapy I found not only didn’t help people, but it also made them worse. Talk was not helpful. Because they have chronic pain, we decided to try to use acupuncture.

Another study has found the usefulness of traditional Chinese healing such as Qigong and T’ai Chi. This study focuses on the usefulness of such treatment for post-traumatic stress disorder (Grodin et al, 2008). This case study concentrates on four refugee trauma survivors (Grodin et al, 2008). It also highlights the stress that many of these survivors endure on top of
what they went through in their home country; this includes economic worries and attempting to gain asylum (Grodin et al, 2008). In this study qigong and T’ai chi are used as complementary therapies in addition to traditional psychological therapies (Grodin et al, 2008). Holistic health is essential in this approach with the use of complementary therapies,

“A holistic model seeks to restore overall balance within the mind-body system and views health as an ongoing process encompassing interdependent physical, psychologic, and social factors with disease and trauma representing a disruption in the balance of the whole system. Importantly, the mind and body are seen as interconnected, with changes to one affecting the other.” (Grodin et al, 2008).

There was also a paper written on “Indigenous Healers in Southeast Asian Refugee Communities” by Janey Egawa Nathaniel Tashima (1982). This research dates back to 1982 but is still very relevant today. This study conducted ethnographic data San Francisco and included one Buddhist Vietnamese monk, a retired Cambodian monk, a Hong Shamaness and two Mien healer families (Tashima, 6, 1982). They explain that the intersection of Western and Eastern medicine has long been a tenuous one (Tashima, iv, 1982). During the 70’s and 80’s many refugees entered the United States from Cambodia, Vietnam and Laos (Tashima, iv, 1982). Two studies conducted both in San Francisco and Seattle showed that these refugees suffered extreme mental health issues especially when compared to their American counterparts (Tashima, iv, 1982). The Indigenous Healers Study was prompted by Pacific Asian Mental Health Research Project which discovered that refugees were using traditional healers even though there was medicine within the United States healthcare system available (Tashima, 2, 1982). Even the way that patients identify with their diagnoses are different, with folk
medicine the patients often claim there are supernatural forces behind the illness and may even be a form of retribution from a higher power; while in Western medicine there are scientific reasonings behind such diagnoses (Tashima, 3, 1982). This type of approach and way of thinking is found throughout the world, such as in India and Guatemala (Tashima, 3, 1982).

In a study done in 1966 in Guatemala it was discovered that patients sought healing from both an indigenous healer and a physician and that each care provider served a different purpose, the physician for abating symptoms and the healer for addressing the root cause of the sickness (Tashima, 3, 1982). Something as simple and basic as the approach of the physician can cause problems when delivering care to the patient, i.e. the way in which western medicine tends to care for patients does not often land well with patients from other diverse cultures (Tashima, 3-4, 1982). More specifically, the indigenous perspective towards written prescriptions, privacy and individualism is not a warm one and is not natural for them to accept (Tashima, 4, 1982).

One example that may at first seem not to apply is that of exorcisms in Burma (Tashima, 4, 1982). The reason why it does in fact apply here is that it perfectly showcases the differences between the western and eastern approaches; in the case of Burmese medicine privacy is not valued in the same way western medicine values it (Tashima, 4, 1982). Burmese consider it essential to include their family and community in their healing process, not to keep it to themselves (Tashima, 4, 1982). They expect those close to them to create a sense of shared belief in the diagnosis and the capability of the tools at hand that are expected to heal them (Tashima, 4, 1982). This includes providing food and ritual objects and giving advice to the sufferer (Tashima, 4, 1982). This example tends to veer to the side of physical ailment, not mental, however an important thing to note is that often in indigenous healing there is not a
distinction made between physical and mental health diagnoses and treatments, rather they are treated as one and the same (Tashima, 5, 1982).

In Southeastern culture, including China and Vietnam, mental health is not typically recognized as it is in Western culture, rather it is a normal part of life that is meant to be endured (Tashima, 6, 1982).

The Hmong views and beliefs on illness causes and treatments are very different from Western views, as the Hmong believe in supernatural elements and ancestor interference (Tashima, 11, 1982). The Hmong believe in several souls deriving from one individual, the reason why this is important is because “soul separation” or “soul loss” as well as evil spirits are considered to be the root of many illnesses (Tashima, 12, 1982). There is usually a shaman, priest and exorcist in the majority of Hmong villages all of which can address the local needs of villagers illnesses (Tashima, 12, 1982). Each healer plays a different role depending on the specific culture, for example, the Hmong of Thailand believe the shaman to be a doctor (Tashima, 12, 1982). At the time this research was conducted it was stated that out of the 50,000 Hmong refugees that resettled in America, 300 moved to the Bay Area of California (Tashima, 13, 1982).

Another interesting aspect of traditional healers in Hmong culture is that for shamans to be chosen they have to get approval from spirit guides as well as fellow shamans, something a western medicine practicing physician would not do (Tashima, 13, 1982). The shamaness is believed to be able to communicate with the spirit world in order to diagnose the origin of a patient’s ailment (Tashima, 14, 1982). The cause of the illness is discovered through special supernatural ceremonies to determine which illness (each illness being caused by a different
spirit) is at play (Tashima, 14, 1982). Instead of possible medicines offered in Western medicine
the shaman or shamaness will bargain with the spirit to heal the patient and the patient once
well, will do whatever the spirit asked of them (Tashima, 15, 1982). The types of illnesses as
well as ages and gender the shamaness addressed was all encompassing (Tashima, 16, 1982).
From children’s illnesses, to female reproductive issues, to psychological issues the shamaness
is considered capable of healing all (Tashima, 16, 1982). The Mien believe in a similar type of
system where evil spirits cause disease (Tashima, 20, 1982). Both the Hmong and the Mien
written of in this paper continued their healing practices once they moved to the Bay Area
(Tashima, 21, 1982).

The exclusivity of these practices is evident here, as the texts that help the sai kung or
ritual expert learn his trade is in an archaic form of Chinese and is passed down from
generation to generation (Tashima, 25, 1982). In this type of medicine there is a belief of “life
force” or “hwen” that can impact a patient’s mental and physical health if it leaves their body
(Tashima, 26, 1982). To address this there are two supernatural approaches used, “bridge
ceremonies” and “binding ceremonies,” each connecting the patient to the spirit world and
reconnecting them back with their life force respectively (Tashima, 25, 1982). In addition to
being used curatively they can also be used preventively (Tashima, 27, 1982). There are also
herbalists or “dia sai” that learn the use of herbs for curative methods from their parents which
was brought from Laos to San Francisco (Tashima, 27, 1982). The herbs are used both on a
rather scientific/holistic level as well as a supernatural, meaning that the herbs could be
prescribed on their own for personal use or administered by a specialist who knows
incantations to make the herbs supposedly more effective (Tashima, 29, 1982). However, some
Mien do rely on pharmaceuticals as well and it was found that 53% used medicine on its own and 35% used healing ceremonies and medication combined (Tashima, 29, 1982). This however was not necessarily due to a strong belief in medicine however, this was because many of the villagers who used medicine believed they had benevolent ancestors and spirits surrounding them and did not require the use of such ceremonies, while those who did use the ceremonies believed they had angered ancestors (Tashima, 29, 1982). It was found that once in the United States, many of these refugees used both types of medicine, both Eastern and Western, concurrently or alternatively when one failed them (Tashima, 30, 1982). Also, many of the herbs used in Eastern medicine like Laos is not available in the United States and thus many refugees cease to use those remedies simply because they no longer have access to it (Tashima, 30, 1982).

In terms of attitude towards western medical practitioners, many of the Mien resettled populations in the United States, especially older generations did not want to visit a western doctor due to fear but this was often due to language barriers and misunderstandings (Tashima, 31, 1982). Another important aspect where these medicinal methods clash is that Mien use techniques that may leave bruises and scars on the body, such as cupping, charring, pinching, and scratching (Tashima, 31, 1982). Because of this, western practitioners have in the past reported these marks as abuse and even local courts have gotten involved (Tashima, 31, 1982). It is because of this that many Mien stray from seeing a western doctor until their marks have healed and are no longer visible (Tashima, 31, 1982). However, the use of both Western and Eastern medicine in Mien American culture is not so clear cut and dry as demonstrated by the factors of fear, availability of herbs, ancestry, and even what specialty the patient is looking for.
The patient may in fact even be referred to a western doctor if they know they are incapable of treating that person (Tashima, 31, 1982).

In Cambodia, Western medicine was introduced in 1860 but indigenous practices continued to be preferred by residents (Tashima, 34-35, 1982). In Cambodia, similar techniques were used including cupping, coining, and moxibustion (the burning of mugwort leaves on the skin after acupuncture) (Tashima, 35, 1982). Similar to the Mien and Hmong cultures, some Cambodians also believe malevolent spirits to be behind certain illnesses (Tashima, 36, 1982) and they resort to their own local shamans that are also similar in their professional capacities to the Mien and Hmong healers. At the time of this particular study one man who was interviewed was a Cambodian healer and Buddhist monk who believed there could be three types of supernatural reasons for illnesses including black magic, attacks by spirits and humoral imbalances (Tashima, 37, 1982). Similar to that of Catholic practices, holy water is sprinkled on certain patients when ill to exorcise spirits (Tashima, 41, 1982). For moxibustion it can be used for a variety of physical and mental ailments and is applied on the body depending on where the pain is reported (Tashima, 41, 1982). Herbal and animal part medicine was also used for various illnesses (Tashima, 41, 1982). The Cambodian Buddhist monk mentioned earlier did however say that he encouraged his patients to accept Western practices in addition to his healing services (Tashima, 42, 1982).

In Vietnam, many different types of medicine were used alongside each other from Ong lang or traditional Chinese medicine, Western medicine, religious and supernatural ceremonies, and folk medicine (Tashima, 44, 1982). There are three disease treatment subtypes when it comes to mental disorders according to Vietnamese at the time (Tashima, 45, 1982). These
three treatment services are called the Am Duong Model (also known as yin and yang), the Organic Model, and supernatural model (Tashima, 45, 1982). The supernatural aspect includes a mixture of Buddhism, Confucianism, Taoism and folk religions (Tashima, 45, 1982). When it comes to the yin and yang model ch’i or energy flow can also be involved or obstructed for mental health issues (Tashima, 45, 1982). To heal this herbs can be used, or acupuncture applied to restore balance (Tashima, 45, 1982).

The one Vietnamese Buddhist monk who was interviewed in San Francisco said he helps those who attend his temple but was also intrigued if modern Western psychology could help him improve his services, so he enrolled to learn more (Tashima, 49, 1982). It also seems like community and perhaps even a sense of belonging to one’s homeland can be incredibly helpful, as in the case of one alcoholic young Vietnamese male (Tashima, 53, 1982). The local Vietnamese priest approached him and offered him guidance, which indeed showed some efficacy for the young man (Tashima, 53, 1982). The patient in this case cut down his drinking and smoking significantly in response to the priest taking him on walks, getting him a job, and posting reminders of his recovery goals on his bedroom walls (Tashima, 53, 1982).

In a Ted Talk titled “How we can bring mental health support to refugees” the speaker Essam Daod explains how he provided child psychiatry in refugee camps in the Mediterranean Sea and Greece (Ted Talk, 2018). He describes in detail how he met a Syrian refugee boy on the island of Lesbos who was scared and crying and how he was able to provide brief psychological intervention by telling him that the helicopter flying above them was there to take photos of him because he was a hero (Ted Talk, 2018). This potentially changed the narrative in the young boys head that he would repeat to himself for years to come and possibly even combat
PTSD (Ted Talk, 2018). Since the boy named Omar was so young the psychiatrist was able
to help store good memories in the amygdala portion of his brain (Ted Talk, 2018). This way
whenever painful memories come up for the boy the benevolent ones can combat them (Ted
Talk, 2018).

Daod states however meaningful this intervention may be, it still only addresses one
child’s mental health, while in the year he was speaking, 2018, there were 350,000 children in
need of mental health services (Ted Talk, 2018). To help address this gap Daod founded an
organization with his wife called “Humanity Crew” which now offers counseling and mental
health aid to refugees (Ted Talk, 2018). He created a four-step strategy that incorporates
psychosocial techniques, this starts with their trip on a boat, their arrival and stay at a refugee
camp, online services and finally aid once they have arrived in their resettlement country (Ted
Talk, 2018). His work has been far reaching and his teams have counseled over 10,000 refugees
since 2015 to 2018 (Ted Talk, 2018). He also makes a point that others do in other
organizations, that these individuals need help beyond just physical aid but that they also need
help that addresses their mental health and even their very soul (Ted Talk, 2018).

Doctors Without Borders is a very well-known organization around the world and one
that helps many refugees with health issues every day (Doctors Without Borders, 2017). In a
published video of theirs titled “Refugee Crisis | Inside a Mental Health Consultation” they
interview a woman from Mosul named Reem who described her story of being captured as a
sex slave by the Islamic State to a psychiatrist on the Doctors Without Borders mental health
team (Doctors Without Borders, 2017). She describes that she was luckily saved by her
husband returning home and her psychiatrist gave her pills in combination with talk therapy
that make it easier for her to sleep at night (Doctors Without Borders, 2017). According to Cochrane Mental Health, depression, PTSD and anxiety are common among refugees. They explain that cognitive behavioral therapy and narrative exposure therapy as well as other integrative therapies were used on a study of refugees (Cochrane Mental Health, 2017).

**Yoga Healing**

Traditional Medicine is but one means of healing refugees, there is also the ancient tradition of yoga. There even is a special type of yoga healing called “Trauma Centered” or “Trauma Sensitive Yoga” in which the use of the principle “ahimsa” or non-harm is used. This is helpful for both the trauma and the intercultural nature of refugee trauma therapies (Ozen, 4, 2018). There are several different types of organizations that have implemented yoga healing with refugee populations in various countries.

In a thesis on yoga for refugees resettled in Australia, the author, Narayan Gopalkrishnan uses a Critical Inquiry Approach “critical approaches seek to create research that challenges the way the world is organized, and that emancipatory interest seeks to change these relations of superordination and subordination.” (Gopalkrishnan, 30, 2012). According to Gopalkrishnan a hallmark of the Critical Inquiry Approach is that of it not being a part of a colonial structure (31, 2012). As Gopalkrishnan noted about Australia, some of the areas I will be writing about do not have the best histories or current political climate in regard to the treatment and welcoming of refugees. More specifically, refugees have not always been welcomed in Australia both on a governmental and societal level.
Gopalkrishnan realized through his research and interactions with other human service workers that there was not enough funding for CAM services in Australia (21, 2012). He also found out that when the services were offered, they were in fact run by volunteers, and they were facilitated in an informal manner (21, 2012). Another very important aspect of this is that many people around him told him that CAM did not have sufficient evidence to support such funding, and this is what fueled a lot of his research (21, 2012). Furthermore, and perhaps most importantly, he also notes that research in the area of CAM for refugees is hard to find and not much is developed in this arena (22, 2012). I too had this predicament when researching this topic as I could not find many sources to support this work. This makes the significance of my paper and Gopalkrishnan’s all that much more impactful. The main difference is that Gopalkrishnan’s study was concentrated in yoga in Australia and mine looks at several different types of CAM in several places around the world (2012).

One such example is “Yoga and Sport with Refugees” where the organization works in the island of Lesbos helping migrants with movement therapy, which started in 2017 (2024). One great aspect of their project is that some of their classes are led by the migrants themselves, such as one instructor who taught Zumba in the Grecian camp of Moria. She explained how ten of the students went on to obtain their yoga teaching certificates so they could go on to have jobs as yoga instructors (Yoga and Sport with Refugees, 2024). Another such example is a group of Iraqi and Syrian refugees who practice yoga in Jordan (Vadsuhara, N.d.). This was started by a non-governmental organization called “Collateral Repair Project” which created “The Yoga Mandala Project” (Vadsuhara, N.d.). They hold yoga classes at no cost to the participants on a weekly basis. A third agency is “The Refugee Yoga Project” founded in
2015 and helps with depression and Post-Traumatic Stress Disorder (Vadsuhara, N.d.). They quote a statistic that says people who practice yoga are 20% more likely to be positive about their mental and physical states (Vadsuhara, N.d.). They have taught over 200 classes (Vadsuhara, N.d.). One participant stated, “It was not easy to cope with all the situation. When I started yoga, everything changed for me. It helped me a lot with my depression and anxiety. Another student stated, “Yeah, it’s like a painkiller. I feel very good because my body is very light now. When I do yoga, I feel relaxed and less stressed. It not only helps to bring you health, I feel it bringing the people all together, get along with other communities and make a community a harmonious community.”

In Akkar Lebanon there is a refugee camp that teaches yoga to children from Syria (Koun, 2019). One instructor stated, “Our aim is to teach yoga beyond the postures to help the kids overcome their traumas and live their childhood. We teach them postures, breathing techniques, relaxation and concentration practices that they could all use in their daily lives. It’s a way for them to express themselves and release any tension and anger. Some people really need yoga, but they don’t know what it is or they can’t access it. The goal of Koun is to make yoga accessible to those who need it. (Koun).

Another is the Yoga Impact Charity “It’s a way for me to forget the past. Before I’m thinking too much, too much going on, now it’s less thinking and then everything is ok for me.” (The Yoga Impact Charity, 2024). “Life transformation has come to me in a way like if I don’t do yoga every day I feel like I’m missing my main part, as if I miss my food.” “I started yoga back in
the camps. I believe it helps internal organs, and spiritually, mentally and physically. I had to flee from Bhutan with my family to escape the torture and all the imprisonment. We stayed about 18 years in the refugee camps, and the camps life was very horrible. No good sanitation, no good drinking water, no good food. I suffered a lot about my health. In my case we also had mental torture, we were having trauma, torture...that stress, depression. Now after coming here we are recovering a slight, but still I think we have not completely overcome it.”

Another practitioner stated, “When I was 29 years old, we have to flee the country. We became refugees. The situation at that time was horrible. There was no nutritious food for our health. We were living in the camp. Many a times the sky was my roof. It was not sufficient to protect ourselves and our families. The journey from Bhutan to the refugee camp in Nepal, and finally when I arrived in Australia has changed my life tremendously.” In reference to yoga creating community one woman who had experienced two wars and left her home country for five years said that it “is very very good because it filled a gap because I don’t have any family here or friends...” “And this community, yeah making the friends and then each other sharing other’s experiences.”

Another group that has offered yoga healing for refugees is Indy Community Yoga (Wishtv.com, 2022). They have helped refugees that came from Afghanistan (Wishtv.com, 2022). For one mother and her daughter from Afghanistan they were able to partake in these services once they arrived to Fort Bliss military base in El Paso Texas (Wishtv.com, 2022). They remained there for a little over 2 months (Wishtv.com, 2022). This yoga group did not work alone however they worked in tandem with Exodus Refugee, a different agency that helps refugees and immigrants (Wishtv.com, 2022). The Indy Community Yoga founder states, “Yoga
and meditation practice is about coming to terms with the world as it is right now and when you do that how do you take right action?” (Wishtv.com, 2022). Yet another example has taken place in Bhutan by the Yoga Group of Beldangi-II (Wishtv.com, 2022). Their yoga center was created by donations from community members and volunteers in the camps (Wishtv.com, 2022).

Yoga Health Mandala is yet another example of yoga addressing the needs of refugees (2024). In their podcast they cover the benefit of yoga from the point of view of an Afghani refugee who landed on the Greek island of Lesbos (Yoga Health Mandala, 2024). This affected not only her but her family and other women in the camp where she ended up (Yoga Health Mandala, 2024). This woman spoke of the benefits she received from yoga practice offered by this organization, and she was in turn able to teach other women from Iran, Afghanistan and other places and even became a yoga teacher herself (Yoga Health Mandala, 2024). She spoke of how crucial this practice was for women specifically because of the stress and responsibilities they carry (Yoga Health Mandala, 2024). She speaks of the benefit of stretching and meditating because it allows the women to access certain parts of themselves that they usually are not able to because it may be too painful to do so (Yoga Health Mandala, 2024).

Collateral Repair Project is another organization that came to help refugees in Jordan. “There was very little being done to address psycho-social and physical issues beyond the very basic emergency healthcare and there was a huge demand, you could see it everywhere you go…” and because of this she was motivated to come back to the camp and teach yoga and “mind body awareness.” (N.d.). One refugee mentioned that many Iraqi refugees are in pain because of witnessing explosions, kidnappings, and other war-related events and many of them
have PTSD (Collateral Repair Project, N.d.). One Iraqi woman said she has nightmares that wake her up from the war but that when she practices yoga, she feels like she is in clouds floating and relaxed, “I feel like I am traveling, I relax when I do yoga.” (Collateral Repair Project, N.d.). Another man explains his experience, “For us our free time is full of nothing to do. We relax when we come to these sessions. We have fun, strengthen our bodies, we breathe deeply. We get a lot out of these sessions.” “I am ill, I have asthma. The first session I couldn’t handle it. But slowly, they trained us gently and I started to breathe properly. And thankfully day by day I became better. My body has strength and I breathe correctly.” “I felt my stress go down, we’re in a foreign country and I feel like I haven’t adapted yet. When I came and did these exercises, I felt my stress decrease a little.” (Collateral Repair Project, N.d.).

The two teachers went to Jordan for only two weeks and the participants gained an immense amount of benefit in that short amount of time. The men were previously having trouble breathing and were unable to perform some of the stretches due to physical inflexibility and even became dizzy. “The last section, the relaxation segment my mind relaxed and my depression lifted. The depression and anxiety of a person who lives here in an uncertain situation, you see? I relax to the point I forget all my worries.” “After we finish our session, we sit in our house and we do the exercises because our wives did not come here and learn. That way we can continue.” One of the teachers commented that the impact they made in the short two weeks was so helpful and deep that one could only imagine how much of an impact it would have long term. Another interesting aspect of this is that the teacher who went to Amman to teach these Syrian and Iraqi refugees also went to teach dance to women and children. This shows that often the healing power of movement can come in multiple forms,
not just yoga. It also highlights the importance of demographics as the teacher specifically chose women and children for dance and not men. This could be because it would not be a service the men would want (Collateral Repair Project, N.d.)

An academic article outlines the usefulness of yoga, meditation and creative expression for refugees from Bhutan. We see again the connection of Eurocentric versus other views on health. In the study conducted by Routledge it was found that Bhutanese refugees found a connection between mind and body and had a more holistic outlook (Krause, 319, 2021). These researchers discuss the cultural gaps that exist once Bhutan refugees resettle and how “many of their needs remain unmet.” (Krause, 319, 2021). It also addresses several of the same issues that Gopalkrishnan addresses in his work, such as the importance of yoga helping to overcome language and cultural barriers. This research relied on methods set out by CTTS or Center for Torture and Trauma Survivors. This study found that there was a significant connection between the mind and body and that traditional health care that was offered in hospitals was not enough to address mental strain (Krause, 324, 2021). One of the Bhutanese participants said:

“It [yoga] is beneficial to us in terms of healing, sickness...I am vulnerable person and have benefitted a lot from this yoga practice class, which even the medical treatment failed to cure my sickness. I was hospitalized for 22 days, but not cured. When I joined the yoga class, it did help a lot to heal my sickness [Bhutanese 6AB Focus Group]. (Krause, 325, 2021)

There was a general understanding among a lot of the Bhutanese participants that their health conditions were psychologically driven and that therefore traditional western medicine
was not the cure all (Krause, 325, 2021). They also saw that the yoga and mindfulness practices carried out in the support groups aided the refugees physical health (Krause, 325, 2021). We saw similar results in the stories written of earlier in this section on yoga where practitioners from Iraq slept better and their asthma improved. In the case of the Bhutanese refugee support groups they reported improved sleep, their stress being lessened, and less body and headache pain and even general mobility such as in the example of one gentleman who was now able to get out of a chair independently whereas before he required help to do so (Krause, 325-326, 2021). When it came to mental health the researchers found that this code was very much intertwined with other codes just mentioned of physical health and yoga and mindfulness (Krause, 326, 2021).

This all, however, also shows how important it is to consider the refugees backgrounds and cultural contexts and their prior exposure or lack thereof to such activities. Bhutan is geographically very close to India, the birthplace of yoga therefore the Bhutanese in this study are likely to have been exposed and more open minded to yoga as medicine and mind body connection. There are groups researched in this paper that do not have the same cultural context and may look at yoga in a different way. Creative expression was a topic explored by Krause et al (328, 2021). The exercise that is described by them in detail is that of a writing activity in which the refugee participants were given the opportunity by a local ESL teacher to write a creative story (Krause, 328, 2021). “Although yoga and mindfulness activities were the main focus of the Bhutanese groups, creative expression was also an interest of the members that served as both an enjoyable and cathartic activity. (Krause, 328, 2021).
This type of yoga healing has also been exhibited with Syrian refugees. It actually proved to be so beneficial that they suggest that this type of program be used in other countries with other refugees. The countries they wished to have this program spread to is Turkey, Rwanda, Yemen and the United States in El Paso Texas (Goodman, 368, 2019). They describe a program that covers 2 generations, the parents and their children. They implemented TSY or Trauma Sensitive Yoga for the adults and then storytelling for the children (Goodman, 367, 2019). Such yoga intervention is found to help transcend traditional psychotherapy,

“The overwhelming experience of trauma can lodge in the body in a way that may be unreachable by traditional methods such as psychotherapy and this same trauma can interfere with an individual's ability to know, sense and trust their own bodies. In this way the trauma is re-lived repeatedly. Yoga, yogic breathing, and meditation have been shown to lower blood pressure, increase heart rate variability, and lower the amount of stress hormones circulating in the blood thus making it a potential intervention for trauma survivors.” (Goodman, 368, 2019).

The idea here is that yoga would help reduce stress in the parent and reduce the possibility of trauma being transferred to their children. This is proposed to occur specifically in Istanbul, where the largest Syrian refugee population lives. A crucial aspect of this study is that they touch upon the idea I am trying to make in this paper, that this information would be useful to policymakers as well as others in the refugee field (Goodman, 369, 2019). “This study is also significant from both a scholarly perspective and a humanistic one and may be of value to local community members, policymakers, educators, philanthropists, and others who are
interested in supporting the at-risk community.” (Goodman, 369, 2019). They claim that there is a gap in literature and research on the effects of such trauma and school skills (Goodman, 369, 2019). Therefore, their proposal is that STSA or Storytelling/story-acting be used for a period of six months. For the yoga portion of this program the researchers called it “Mindful Movement” and is trauma-informed (Goodman, 370, 2019). The way this type of yoga differs from typical or traditional yoga is that the participants are offered support in case they need to leave the class and physical adjustments by the instructor is not offered (Goodman, 370, 2019). They were also offered to rest in whatever position they wished at the end of the sessions to maximize control in their minds “over their bodies and space.” (Goodman, 371, 2019).

For the children portion the program or STSA consists of two parts, a story telling phase and then a story-acting phase (Goodman, 371, 2019). For the second portion or the story-acting phase the children go up on a stage or even a makeshift stage and act out what they dictated in the first phase of storytelling (Goodman, 371, 2019). This STSA program showed in previous studies that it helps with school readiness skills (Goodman, 371, 2019). This however will only occur in combination with the parents receiving the trauma sensitive yoga (Goodman, 372, 2019). As the researchers themselves state, “We truly believe that those impacted by the crisis in Syria must not be forgotten and that those of us that are fortunate enough to be free of torture, tyranny, and forced migration should devote time and effort to improving what is an unimaginable situation for these caregivers and children.” (Goodman, 372, 2019).

Art Healing
Just as important as yoga and traditional medicine, there is the field of art that can significantly improve the lives of refugees. The book *Art-Making with Refugees and Survivors* by Sally Adnams is centered on this subject (2018). Adams discusses the efficacy of various types of art in the healing process with refugees. She specifically talks about how art can help refugees process trauma from their past (Adnams, 18, 2018). In her book, she references several case studies and examples of art created by refugees as well as other historically disenfranchised populations (Adnams, 2018). An interesting aspect of this study is that she even has examples from the United Nations UNESCO,

“Three different United Nations Educational, Scientific and Cultural Organization (UNESCO) studies concluded that non-formal education, such as an art project in a refugee camp, is critical to stimulate community-based learning that takes place outside formal primary, secondary and tertiary education. This is increasingly recognized as a crucial means of addressing 21-st century social, economic and environmental challenges (UNESCO, 2011, 2012, 2016). The arts can act as a catalyzing force or framework for discussing problems, including marginalization, discrimination, racism and conflict.” (Adnams, 156, 2018).

There is an example of this in the Moira refugee camp where children participated in art. The island of Lesbos had three refugee camps where some families lived for almost a year (Kouri, Maro, N.d.). The director of one Kara Tepe Village, Stavros Mirogiannis stated that the children were very traumatized and quiet when first arriving “we try to bring these kids in a normal life with all these activities.” All three of the camps Mosaik, Pikpa, and Kara Tepe have art therapy
for children in each respective camp. These programs are there in part to help them heal from trauma they have undergone on their journey from home country (Kouri, Maro, N.d.).

So it is clear that art can help heal but how can it specifically help refugees?

Syrian refugees have benefitted from “Artolution,” a nonprofit co-founded by Max Fielder that works with kids to create art. “When basic needs are provided for how do you begin the healing process?” (N.d.) The drawings that a lot of the children were creating showed violent images of things they had witnessed (Artolution, N.d.). This included dead people, bombings and torn apart limbs (Artolution, N.d.). The way they approached this situation is to encourage the children to draw things that were the opposite and help build towards the future (Artolution, N.d.). These drawings and paintings included planting seeds for flowers to grow and nails to build houses back in Syria (Artolution, N.d.). They ended up using multiple pieces of paintings from various children to create one grand mural (Artolution, N.d.). They distinguish that they go beyond a simple program, that they actually partner with local artists to continue the work in the future (Artolution, N.d.).

Art therapy has also helped Ukrainian refugees in very recent years. It was found that this type of therapy was essential in helping their mental health (Kim SY, 1, 2023). The ethnic group called “Koryo-Saram” is a group of ethnic Koreans living in southern Ukraine (Kim SY, 1, 2023). Many of them ended up escaping Ukraine during the recent war and ended up in the Republic of Korea for refuge (Kim SY, 1, 2023). Just one session of art therapy even made a difference for a group of 54 Koryo-Saram refugees who participated in the session (Kim SY, 1, 2023). A very interesting aspect of this study is that it included a wide range of ages, all the way
from 13 years old to 68 years old (Kim SY, 1, 2023). It’s also fascinating to note that just the one session aided in their anxiety and distress (Kim SY, 1, 2023). Almost 1,000 Koryo-Saram refugees from Ukraine fled to Korea in February 2022 seeking safety from the Russian invasion (Kim SY, 1, 2023). This ethnic group 1860’s immigrated in the 1860’s from the Soviet Union to escape Japanese colonization (Kim SY, 1, 2023). The Republic of Korea has been very welcoming towards these refugees and even granted them visas until the end of the war with Ukraine and Russia (Kim SY, 1, 2023).

There is however a disparity in who has fled to Korea, as adult men have not been able to do so due to obligatory enrollment in the military back home in Ukraine (Kim SY, 1, 2023). In early 2022 The Republic of Korea allowed almost 4,000 Koryo-Saram to extend their stay in the country with the help of aid (Kim SY, 1, 2023). The type of trauma, in this case, namely cited anxiety and depression can also be vicarious trauma from watching news of ones homeland from afar (Kim SY, 2, 2023). This is all the much worse for females who use social media and affects them all because they have been separated from their families and homes (Kim SY, 2, 2023).

The idea of providing specialized mental healthcare is not just something on the far edges of international standards, however. The World Health Organization has even recognized the importance of mental health for these Ukrainian refugees and met to discuss these needs in March of 2022 (Kim SY, 2, 2023). According to the WHO, mental health issues affect many around the world, however refugees are at increased risk because the trauma they undergo either creates a mental illness or exacerbates mental illness that an individual might already have (Kim SY, 2, 2023). The WHO also stresses that in addition to mental health symptoms that
occur after or during these traumatic events and processes, there are also somatic or physical symptoms that arise (Kim SY, 1, 2023). In terms of physical symptoms alone, headaches, body pains, tiredness and even cognitive difficulties are included in what can occur (Kim SY, 1, 2023). Although these problems are common among refugees and of dire importance, they are seldom studied and addressed through mental health rehabilitation programs or psychotherapy programs (Kim SY, 2023).

This paper cites that types of art that are non-verbal therapy can reach refugees in a way that typical therapy cannot (Kim SY, 2, 2023). They also state that it can help patients who have difficulty communicating verbally and have a high number of psychological stressors (Kim SY, 3, 2023). Many people are aware of the phrase “a picture is worth a thousand words,” in the realm of art therapy this rings true as the practitioner can express themselves through imagery rather than words (Kim SY, 3, 2023). This is particularly beneficial for refugees because it transcends cultural boundaries when translating languages might fail (Kim SY, 3, 2023). Everyone can also usually decipher meaning from an image no matter where you are from or what language you speak or what culture you identify with (Kim SY, 3, 2023). In a way this is very similar to yoga and meditation in that it helps the person making the art be in the moment and temporarily break free from their trauma (Kim SY, 3, 2023). Trauma is often stored in the brain and an individual’s memory in ways that do not involve verbal communication, such as images and feelings, so painting or drawing could help express and decode these feelings (Kim SY, 3, 2023). When making art that requires both hands, it reduces anxiety and tension and instead in its place provides relaxation (Kim SY, 3, 2023).
In the case of the paper written by Choi et al, there were not any available studies that concentrated on the recent war in Ukraine, they relied on data from other papers to refer to how war affected refugees in other conflicts (Kim SY, 3, 2023). There was, however, a study done on the Koryo-Saram immigrants and how art therapy was useful to processing their trauma and even providing them “emotional stability” (Kim SY, 3, 2023). The requirements to be a part of the Kim SY et al study included but were not limited to the fact that the participants could not have been accessing psychotherapy in the Republic of Korea or have utilized art therapy during their stay in the country of Korea (Kim SY, 3, 2023). The large majority, 70% of the participants, stay in Korea was between one to five months (Kim SY, 3, 2023). They even collected data on the language proficiency of these Koryo-Saram refugees which majority scored at a basic level of Korean language understanding (Kim SY, 3, 2023). This is rather important to note because this touches upon the fact mentioned earlier that art helps transcend language barriers and difficulty expressing oneself with words. This study did not rely on just pure verbal feedback to record the efficacy of the art therapy, it utilized commonly accepted surveys to assess the anxiety and distress of the participants (Kim SY, 4-5, 2023). The two assessments were the GAD or Generalized Anxiety Disorder-7 survey and the SUD or Subjective Unit of Distress Scale (Kim SY, 4-5, 2023). Finally, an Art Therapy Satisfaction Scale was also administered to evaluate the level to which the participants were pleased with the art therapy (Kim SY, 4-5, 2023).

In this experiment, the refugees were given a safe space to create clay art and then write about their experience with the medium as well as verbally shared their pieces with the group once comfortable (Kim SY, 5-6, 2023). In fact, the participants were encouraged to
create a literal “safe space” with the clay and then once finished they all placed their creations on one giant shared common canvas as a sort of shared therapeutic ritual (Kim SY, 6, 2023). To make this even more unifying and effective they were given battery powered candles which they all turned on at the same time to come together as a group in this shared safe space artistically and literally (Kim SY, 6, 2023).

At the conclusion of these interventions, several factors were assessed including levels of anxiety, inability to stop worrying, restlessness, excessive worry, becoming easily irritable, difficulty relaxing and fear of something terrible occurring; all factors showed data-driven improvement (Kim SY, 7, 2023). A staggering almost 87% of the refugees reported that the art-making made them feel safe as well as expressed that an hour and a half of the intervention was sufficient to help them on their journey of wellness (Kim SY, 7, 2023). Slightly less said they would like to create such an art project again at a result of 77.7% of participants (Kim SY, 7, 2023). Through all this work the common theme of “anxiety relief through positive emotion reinforcement” was explored and incorporated into every step of the art-making process (Kim SY, 8, 2023).

There has even been therapy tailored to the needs of refugees during the coronavirus pandemic in recent years. According to Feen-Calligan et al, virtual art therapy has helped refugee youth resettled in different countries (1, 2023). Over 27 million refugees fled their homes during the pandemic, with the highest numbers coming from Syria and Democratic Republic of the Congo (Feen-Calligan, 1, 2023). Just like all the other articles and studies cited in this paper, the authors in this paper state that refugees experience a high amount of stress and trauma that supersedes that of the general population because of their unique and dire
experiences in war-torn countries (Feen-Calligan, 1, 2023). Since art therapy in person was not feasible for quite some time during the pandemic, they implemented a new method that was not used before (Feen-Calligan, 1, 2023). They cite that art therapy has worked in the past for refugees both in camps and in resettlement communities abroad (Feen-Calligan, 1, 2023). This can also be very important because the skills gained by youth in resettlement communities from this art therapy intervention help them better integrate and give back and take part in their communities (Feen-Calligan, 1, 2023). They gain the power of emotional regulation and a sense of community with other refugees, all while lessening stress and processing extreme trauma (Feen-Calligan, 2, 2023).

The way in which this study was conducted was an 8-week therapy program delivered via zoom for 32 resettled refugees from the Democratic Republic of Congo and Syria (Feen-Calligan, 2, 2023). The two separate studies both took place during 2021 when several lockdowns were still in place around the world (Feen-Calligan, 2, 2023). The program was family centered and including adolescents and their parents, having a wide array of ages (Feen-Calligan, 2, 2023). The art therapy was very professional in nature and was led by therapists holding a master’s degree in art therapy as well as interns and interpreters to bridge the verbal gap between participants and administrators (Feen-Calligan, 2, 2023). There was even a neuroscientist on the team for this project, case managers, psychiatrists familiar with the culture, and volunteers to assist in the process (Feen-Calligan, 2, 2023). The art therapists worked hand in hand with the resettlement agencies and learned more about the refugees cultures and common phrases to better work with them (Feen-Calligan, 2, 2023).
Trauma-informed care was important in this study as it is in all the other studies and organizations in this paper. Trauma-informed healing was utilized in Feen-Calligan’s work so they could feel safe while they made their art (3, 2023). A variety of art forms were used, including drawing, watercolor, collage and clay sculptures that they could even make use of after the program ended (Feen-Calligan, 3, 2023). The art supplies were given to the participants by the interpreters and specific techniques were utilized such as drawing strokes in accordance with one’s breath (Feen Calligan et al, 3, 2023). They also painted and drew while listening to different types of music (Feen-Calligan, 3, 2023). All kinds of artistic mediums were used, they even made puppets out of sticks to tell their stories through the dolls (Feen-Calligan, 3, 2023). A great aspect of a lot of these mediums like yarn, clay and watercolor is that it provides a sensory experience for the participant which helps them alleviate stress (Feen-Calligan, 3, 2023). Movement therapy or kinesthetic activity was used as well when encouraging the patients to stomp on paper and trace their feet while given the prompt “where will your feet take you to next?” (Feen-Calligan, 3, 2023).

Art therapy can even include writing. In the book “While the Earth sleeps we travel” Ben Stiller writes in the foreword “How can you empathize and help others connect to our true commonality as humans on this planet? One way is through art and the personal expression of refugee artists who can move us in a way that no one else can.” (Badr, x, 2020).
Another option some companies have explored is theater art to cope with trauma. There was an informal refugee camp in the north of France in Calais. A play was made called “The Jungle” This camp began in 2015 where migrants and others went to wait while trying to enter England (PBS Newshour, 2019). Another similar program took place in Glasgow in 2019 for Syrian refugees (PBS Newshour, 2019). The play was adapted from another play to fit the stories of refugees, none of whom have ever acted before (PBS Newshour, 2019). The play was about Trojan women who were enslaved “The Trojan Women” which is 2 ½ thousand years old and “Speaks about eternal truths of war…anything that happens to any innocent people in war” (PBS Newshour, 2019). The producer named Charlotte Eager began therapeutic plays in Jordanian refugee camps in 2013 (PBS Newshour, 2019). Eager states, “The way therapeutic drama works, from a psychological point of view is if the participants can identify with the characters they are playing, they work their own stories into the text of the play. So, for them, it helps them get over the trauma they have undergone, but also it means that creatively they put on a very very powerful performance.” The lady who translated the play is a psychotherapist who underwent serious trauma as she was a teacher and saw children being killed in Daraa (PBS Newshour, 2019).

One Syrian refugee named Mohammed states “For me what’s important, for me today, is I’m sending a message that there are innocent folks that get killed in wars who have no affiliation with the regime or the opposition (PBS Newshour, 2019). People get wasted in war and their main concern is to just feed their kids and take care of their household.” (PBS Newshour, 2019). The majority of the Syrians that were a part of the project were flown into Scotland under the United Nations resettlement program (PBS Newshour, 2019). A rather
interesting aspect of this play is that it involved refugees who were in support of Assad and those who were against it, and they learned to be a part of the same cast despite this major difference in opinion (PBS Newshour, 2019). The play only lasted two days and lasted nine months prior in drama workshops and cost six figures (PBS Newshour, 2019). A significant portion of the six figures came from Glasgow City Council (PBS Newshour, 2019).

A different organization that does this same work is called Phosphoros Theatre where refugees act out their stories to try to alter people’s points of view on refugees.

“We are seen in the media as victims all the time but this is one of the other things we show on stage, we are not victims, yes we’ve been through these things because we were forced to go through this, but now you know this is the chance for us, this is who we are. Being on stage we are the boss of our story and we say it and we tell it in the way we want to. And we tell the bits that we want to share and we don’t share the bits we don’t want to. By doing this play we’re going to different places and we meet people we talk to people and then they get to meet a refugee or an asylum seeker and then they understand, oh hold on, this person is just like me…we’re just humans like everybody else you know and we just want you to treat us in the way you treat everyone else.” (PBS Newshour, 2019).

In addition to their play The Jungle, “Good Chance Theater” also created a walking art movement in which a little girl as a giant puppet was walked across several borders (goodchance.org.uk, N.d.). They also have a poetry and creative writing program called “Change the Word” in which writers and poets from across the United Kingdom are connected through their works (goodchance.org.uk, N.d.). “In a world increasingly divided we believe it is
time for theater and art to rediscover its ancient power, to connect, unite and reclaim our
dividual and collective narratives. Good Chance has come a long way since 2015 but the
founding principle that ‘expression is a human right’ underpins everything we do.”
(goodchance.org.uk, N.d.). One example of drawing volunteers and donors in is a quote from
one of their workshop leaders on their donate page, “Charities such as this are so necessary-
giving refugees a space...to express themselves and be proud of what they create, seems just as
important as food and a bed.” (goodchance.org.uk, N.d.). This framing of these therapies being
a crucial necessity and not a luxury weaves throughout many of the sources in this paper.

Movement Therapy

Movement therapy is another option that has proved therapeutic with refugee
populations. Similar to the other types of therapies mentioned, this approach may be more
acceptable for refugees coming from different cultures as traditional therapy may be
considered inappropriate (Dokter, 29, 1998). This also echoes what was mentioned in the yoga
therapy section that this type of healing offers a sense of community (Dokter, 29, 1998).
Dokter also mentions that it helps transcend the lack of common language that many refugees
have when put into a common setting (Dokter, 29, 1998). In Dokter’s book she describes a case
study of movement psychotherapy in the United Kingdom in which ten men from Angola, Iran,
Nigeria, Sudan, Zaire Algeria and Afghanistan from ages 25-41 were slated to attend 42 classes
during the course of one year (Dokter, 30, 1998). There was however a lack of consistent
attendance which created problems for some of the men who attended as it triggered
memories of disappearances and separations, thus making it more difficult for them to become
attached to one another (Dokter, 30-31, 1998).
One participant said the dances were a good method for him to connect with his ancestors and cultural tradition (Dokter, 34, 1998). The interesting aspect of this type of intervention is that it is metaphorical in nature as for example them “pulling on a large stretchy cloth "softly as a calm ocean and then roughly as a rough sea (Dokter, 34, 1998). They also ran around the room seemingly looking for how they were before then contorting themselves to show how they had to adapt (Dokter, 34, 1998). The complexity of their emotions was clear in how aggression came out during some of sessions.

Dance therapy is also used amongst mainly children and women in different camps. Earlier in this paper the group Collateral Repair was mentioned in regard to yoga therapy, one of the teachers of this program is quoted as saying:

“Dance is a universal language- a way in which we can cross cultural borders, share a sense of connection, find physical freedom, and experience and transform emotion. It can be a tool for well-being, health and for building community. Dance can help us to be in the present moment, to let go, to enjoy our physicality. I have seen through my work with women and girls how dance empowers and gives us a place to celebrate what we have, ourselves and each other. “ (Dokter 34, 1998).
Conclusion

In this thesis, I have explored the world of Complementary and Alternative Healing with refugee communities around the globe and throughout the years. I have shown that techniques like movement therapy, theater healing, and yoga, have been used with considerable benefits including reduced PTSD, better integration into one’s community and the increased ability to tell one’s story giving power to the refugee over their own experiences. I have also demonstrated how it can be efficacious in many forms as a supplement and/or alternative to Eurocentric and, critics argue, (neo-)colonial ways of healing. From Vietnamese San Franciscans in the 1980’s to asylees from Syria and beyond, this thesis has shown that CAM is not only a great addition to a refugees life, but oftentimes a necessity. It is not a question of “if,” but rather “how” to implement such techniques in these communities. Through volunteering, education, and open arms, healing that was once looked upon as superfluous in the Western world, can now be unveiled for what it truly is, a way to enhance the quality of a refugee’s life.
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