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Creating Safety: Dance/Movement Therapy with Refugees

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Creating Safety: Dance/Movement Therapy with Refugees

Jessica Lee Arroyo

Submitted in partial completion of the
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May 2018

Dedication

This thesis is dedicated to my classmates, for their kind words and open hearts. We were always in it together. To the staff and faculty of the DMT program, including Susan Orkand and Elise Risher, who encouraged and inspired me to remain open, be kind to myself, and to try, try, and try again. To my supervisors at my internship, including Susan Lasher, who fostered my sense of self, growth, and leadership in ways I never thought possible. Thank you.

To my family, for their unconditional love and support, smiles and laughter. To my mother, Miriam Arroyo, for being my number one cheerleader, nourisher, and late-night-snack-maker, and for reminding me of the importance of hard work and dedication. To my father, José Arroyo, whose presence never left me, and for his everlasting guidance from above. To my friends, for offering breaks of fun when I needed it most. To Gaspare, for his endless patience, love, and grounding every step of the way; for never letting me give up, and for his constant support in me following my dreams; I truly could not have imagined getting through these two years without you by my side.

And to the refugee and immigrant families from the Summer Connections program, whose resiliency touched my heart that summer in 2017, thank you.

Abstract

This thesis is a research based study that focuses on the use of dance/movement therapy in creating the experience of safety for refugees. With 65.6 million displaced people worldwide, and 22.5 million being refugees, the need for safety is ever growing. Beginning with a brief description of the policies and process refugees must go through when entering the United States, this thesis aims to scratch the surface in describing the difficulties refugees experience.

Much of the trauma they have endured has affected their bodies, and especially their integration of self. Dance/Movement therapy, which focuses on the body and movement, can help refugees to connect to themselves, their experiences, their therapist, and their communities. The role of dance/movement therapy and the therapist in creating an experience of safety for a refugee is discussed.

Keywords: refugees, safety, trauma, kinesthetic empathy, attunement, breath, body awareness, dance/movement therapy, therapist, therapeutic relationship

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Growing up in Queens, New York, I was surrounded with people from all walks of life and all different countries. I prided myself on coming from a diverse community, which translated to having a diverse and accepting outlook on life. As I began my graduate program, I began to study humanity more in depth. I strengthened my interest in human connection and the power of community and relationships. This very same year, 2016, the presidency in the United States shifted. Suddenly, tensions rose both throughout the country, and for me personally, as I continued to study dance/movement therapy and the vulnerable populations we, as therapists, would serve. As I watched the news, my understanding of politics and current events grew, and my yearning to help those in need did, too.

In the summer of 2017, I was presented with an opportunity by my college, to work with refugee and immigrant families. My role was to facilitate activities for the families which included arts and crafts, sports, dancing, practicing the English language, studying, and more. I was thrilled to do something in support of a vulnerable population. Little did I know, this program would change my life. Over the course of six short weeks, I noticed a shift in the families. In the beginning, for example, the children played with only their siblings or cousins, and the adults similarly hung around only their relatives. Towards the end, everyone played, ate, and did all the activities together.

My role was particular to dancing and moving with the group. I brought only a stereo, and wondered how this would unfold. On one of the days, I had a mixed group of girls, some from Syria and some from Venezuela. Most of them understood English, and if not, they were able to translate for each other. The girls ended up taking turns picking music from their countries, and teaching each other how to dance to the music. I was fascinated by the girls' willingness to join each other and connect on a body level. I was also curious about the connection they

had formed through movement. They continued to listen to each other's music and learn from one another for the rest of the summer. Eventually, the mothers and fathers joined and we had to move outside to accommodate for space. I recall looking around and feeling such a wonderful energy about the group as they moved in a circle together; families from Syria, Venezuela, Mexico, Iran, and more, children and adults, families and facilitators, men and women, boys and girls. What a powerful feeling seeing everyone enjoy this moment together.

One of the couples explained to us that on the days they came to the program, they got to have a little date. They were able to go out onto the dock, overlooking the river, and spend time together, knowing their children were safe. What a powerful statement. I took this with me and I wondered, what was it about being together and moving together that made these families feel safe.

My intent behind this thesis is to address the struggles and experiences of the refugee population, and to advocate for dance/movement therapy as a modality that can promote their resiliency. The need for refugees to feel like they are safe in their everyday lives, and in their minds and bodies, is crucial in order to transition and reach their full potential. Creative art therapies and dance/movement therapy, in specific, can aid in their journey to become self sufficient and independent, while allowing them to explore their emotions and feelings in a safe manner. Additionally, I would like to stress the importance of the therapist in creating a safe space for the refugee to explore themselves and their relationships comfortably.

Policies, Current Events, and Refugees

On January 27th, 2017, Donald J. Trump, the 45th president of the United States of America, signed an executive order *Protecting the Nation from the Foreign Terrorist Entry into the United States*. This executive order immediately banned all travel from Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen into the United States (The White House, 2017). It halted the U.S. Refugee program for 120 days while the government reviewed security procedures, and also lowered the number of refugees allowed to enter the U.S. from 110,000 to a record low of 45,000 for the fiscal year of 2017 (The White House, 2017). According to the White House, the last time the number of refugees allowed to enter into the United States decreased was in 2001, after the events that occurred on September 11th (The White House, 2017). This order additionally indefinitely barred refugees from Syria from entering the U.S.

According to the United States Citizenship and Immigration Services (USCIS), a **refugee** is someone of special humanitarian concern who was persecuted, or fears persecution, due to their race, religion, nationality, political opinion, or membership in a social group (USCIS, 2017). The U.N. Refugee Treaty and the U.S. Refugee Act describe a refugee as “a person who, owing to well-founded fear of persecution for reasons of race, religion nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country” (Lundy and Hilado, 2018). Particular to the United States, refugee status is given to an individual once they are screened and interviewed. Within 12 months, the refugee is authorized and expected to find work and become somewhat self-sufficient. After the initial 12 months, they are required to apply for a green card and to adjust their status to legal permanent resident (USCIS,

2017). After five years, they may apply for citizenship, although it is not required (USCIS, 2017).

In order to become resettled as a refugee in the United States, one must go through a lengthy process, which can take on average, 18-24 months, and, in some cases, longer. Resettlement is the transfer of refugees from the country in which they have sought asylum to another country, such as the U.S., that has agreed to admit them as refugees, and to grant them permanent settlement and the opportunity for eventual citizenship (Lundy and Hilado, 2018). The person generally will receive a referral to the United States Refugee Admissions Program (USRAP), which is endorsed by the government. The USRAP is comprised of USCIS of the U.S. Department of Homeland Security, the Office of Refugee Resettlement (ORR) of the U.S. Department of Health and Human Services, the Bureau of Population, Refugees and Migration (PRM) of the U.S. Department of State, five international and/or nongovernmental organizations (NGOs) operating Resettlement Support Centers around the world under the supervision and funding of the PRM, nine domestic nongovernmental organizations with a total of about 315 affiliated offices across the United States, and thousands of private citizens who volunteer their time and skills to help refugees resettle within the United States (USRAP, 2018).

An individual's case may include a spouse, child (unmarried and under 21), and sometimes, other family members. If not, one may file a refugee relative petition or an affidavit of relationship for a spouse, child, or parents. When the United Nations High Commissioner for Refugees (UNHCR), a U.S. Embassy, or a NGO refers an applicant to the US for resettlement, the case is first received and processed by a Resettlement Support Center (RSC) (USRAP, 2018). The PRM manages and funds nine RSC's around the world, which prepare eligible refugee applications for U.S. resettlement consideration. After the refugee applicant completes the applica-

tion, they have a security screening by the Department of State and the Department of Homeland Security. The applicant will also have an interview with the United States Citizenship and Immigration Services (USCIS), who will review all of the information and determine if the applicant is eligible for refugee status (USCIS, 2018). Once the individual is approved by the USCIS, they will have a health screening to identify their medical needs, as well as to ensure no contagious disease enters the U.S. Lastly, the RSC will match the refugee with a U.S. based resettlement agency which specialized in newly arrived refugees. Those approved receive assistance from the Department of State's Reception and Placement Program.

In fiscal year 2016, there were 22.5 million refugees worldwide (Figure 1 on the following page), and almost 85,000 of them were accepted into the U.S. Each year from 2013 through 2015, almost 70,000 refugees were accepted into the U.S. (RPC, 2017). However, during the most recent period, in 2017, the U.S. accepted just 53,716 refugees (RPC, 2017). Had the executive order not passed, the number would have been higher, as it was in previous years, according to the Refugee Admissions Reports from the Refugee Processing Center (RPC, 2017). The highest number of refugees from any nation in 2017 came from the Democratic Republic of Congo (DRC). This country alone accounted for 9,377 of the refugees entering the U.S., lower than the year before when 16,370 refugees were admitted from the DRC. These numbers were followed by Iraq, with 6,886 refugees admitted, Syria, with 6,557 refugees admitted, Somalia, with 6,130 refugees admitted, and Burma with 5,078 refugees admitted; all of which were lower numbers than the previous year (RPC, 2017).

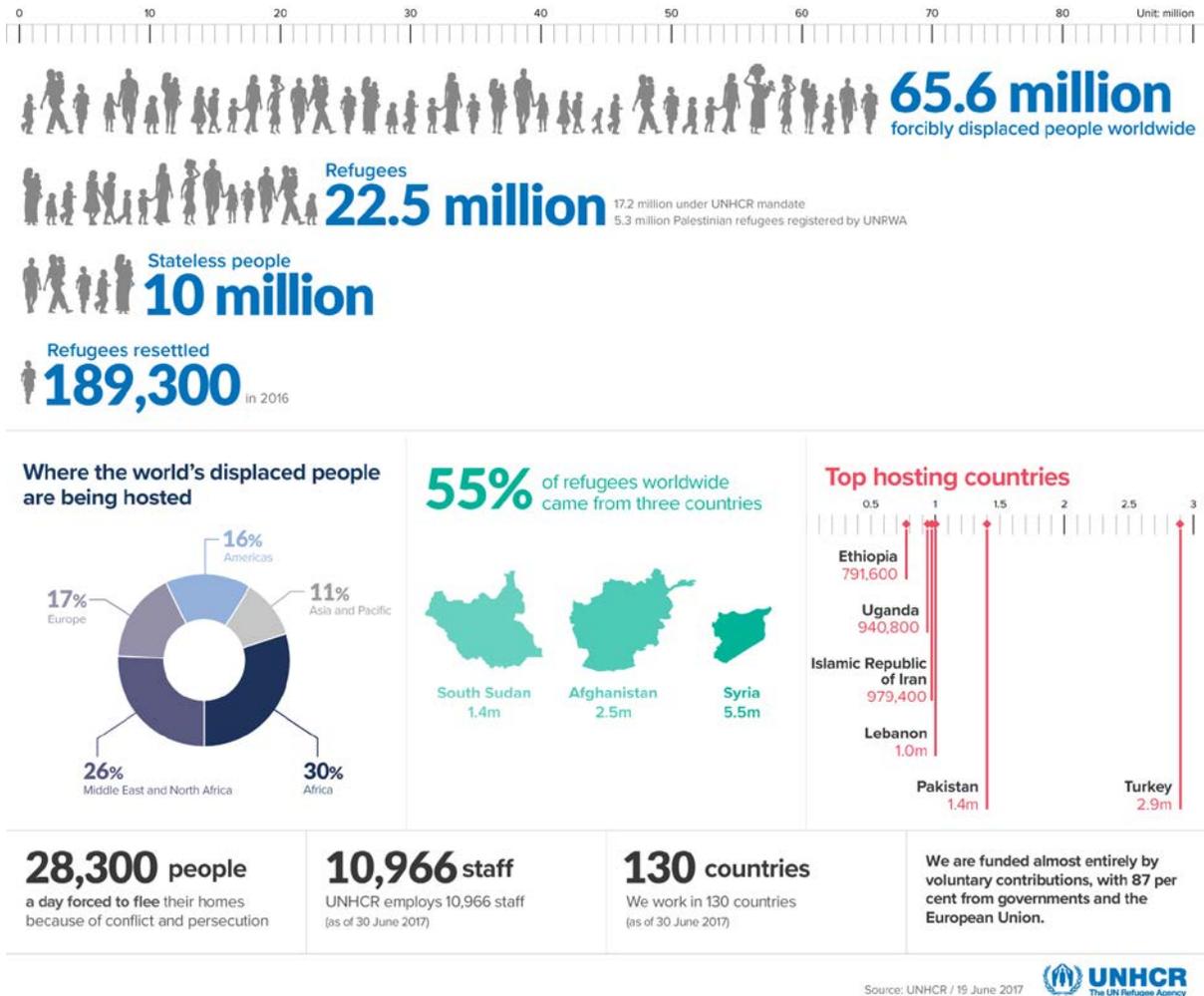


Figure 1. Figures at a Glance / UNHCR / 2017

In 2017, 4.1 million people were displaced from the DRC, causing the U.N. to declare a “mega-crisis” (DRC Profile, 2017). The U.N. reported that mass graves were found in the province of Kasai, with reports of up to 2,000 people killed for ethnic-related violence. Despite sending 19,000 UN peacekeepers, there are at least 60 armed or militant groups continuing to terrorize and take-over weakly governed communities (Global Conflict Tracker, n.d.). Throughout the country there are constant reports of rape and sexual violence, extreme poverty, and other massive human rights violations. Many of the issues in the DRC stem from the 1994 genocide in

Rwanda (Global Conflict Tracker, n.d.). While there was a peace treaty almost ten years later, the country is still experiencing extreme violence until this day.

Syria, which has the third largest refugee population settling in the U.S., has a reported number of over five million refugees worldwide, with over 12 million people being uprooted since just 2011 (Global Conflict Tracker, n.d.). In 2011, 15 school children were arrested and tortured for partaking in a peaceful protest against the government. The army responded with shots fired, killing four people during the protest, and one more during one of the individual's funerals. The people of Syria were enraged, and demanded the president resign. As a result, by 2012 there was a Civil war between the army, rebels against the government, and the Islamic State, a group known to have extreme, violent views, and to use violence against anyone in disagreement (Why is there war in Syria, 2018). They are also known for persecuting other religious groups, such as Christians and Yazidis. This caused even more violence, and more people to flee to neighboring countries during 2014, such as Iraq.

Iraq, which has the second highest amount of refugees resettling into the U.S., reported 5.4 million displaced people in 2017 as well (Global Conflict Tracker, 2018). Much of the lasting violence stems from the Iraq War during 2003 to 2011, and the neighboring civil war in Syria. Just last year, there was a reported 7,000 American troops still in Iraq. Much of the war against the Islamic State has also spilled into countries in Africa, such as Somalia, which has the fourth largest number of refugees settling in the U.S. Two million people have been reportedly displaced from Somalia, leading to not only ongoing violence, but famine as well (Global Conflict Tracker, 2018). In 2011, reports of famine spread across the country, leaving hundreds of thousands of people to flee.

Religious wars have also ravished the country of Myanmar in recent years. The UN has reported consistent widespread human rights violations, such as child labor and child soldiers, sexual violence, human trafficking, genocide, and more. The Burmese government is denying the Rohingya Muslim community citizenship, and therefore, medical treatment, education, and other basic services (Global Conflict Tracker, 2018). They have also restricted marriage, family planning, employment, and freedom of movement. In September, 6,700 people, including 730 children under the age of five, were reportedly killed (Global Conflict Tracker, 2018). The state of the country has led over a million people to flee their homes and move to camps and neighboring countries. However, due to poor living conditions in the camps, many are still falling victim to violence and disease. While such devastating conditions have been listed in just five countries, it is important to note that similar crises are occurring around the world, contributing to the amount of refugees seeking aid and assistance, particularly in the U.S.

Adjustment

According to Lundy and Hilado (2018), the adjustment phase is the most critical for the refugee. Unique to refugees is the challenge of rebuilding their lives shortly after being displaced from their homes. Often, they have experienced traumatic situations, leaving them with little to no resources, especially within their new country (Lundy and Hilado, 2018). For example, they may have difficulty with housing, which can contribute to a continued feeling of separation even within their new settlements. Within the U.S., the ORR has six significant guiding principles that aid in the process, which include data-informed decision making, tending to newly arriving refugees, careful consideration for appropriate placement and services, client-centered case management which is based on individual needs, health and mental health services, and outreach. There-

fore, resettlement agencies offer resettlement and adjustment services, including housing, case management support, employment services, English language training, medical assistance, mental health services, citizenship applications, family reunification, and youth services, along with cash and food assistance for a limited time. Additionally, resettlement agencies will consider and address specific needs for women and girls, children and adolescents, the elderly, individuals with disabilities, LGBTQ individuals, minorities, and indigenous groups. Those who have experienced specific conditions such as torture, human trafficking, female genital mutilation, polygamous marriages, child marriages, history of HIV and/or AIDS, for example, will also be considered. This is to aid in the refugees' transition into the U.S. and to help them become self-sufficient.

Elements of Adjustment

Financial and Employment Resources Before arriving in the U.S., refugees sign a promissory note in which they agree to repay the U.S. Government for the travel expenses, typically within five years. This is an essential step for refugees to establish a credit history, and therefore allows them to make their way towards financial self-reliance. Often, refugees will also arrive to the U.S. with few economic resources. Financial support is critical for refugees to regain their standing, especially in a new country. Resettlement agencies will allocate housing funds, as well as access to medical insurance and food stamps to aid in their transition, in order to get the refugees started financially. However, at times, highly educated professionals may find themselves accepting jobs at a lower skill and pay level in order to meet their basic needs of survival, leaving them to live at or around the poverty line. For this reason, it is critical for resettlement agencies to consider the refugee's skills and work history, along with available jobs, when offering

resources to newly arrived refugees. The ability to support oneself and one's family is critical in the refugee's sense of self-worth, which is vital to their overall adjustment (Lundy and Hilado, 2018). However, while the U.S. emphasizes self-sufficiency as a primary goal of resettlement, it is important to also consider trauma history and additional challenges faced by the individual as they adjust, because this can add difficulty to becoming self-sufficient (Lundy and Hilado, 2018). Thus, agencies provide additional resources for language training and health services to aid in the process of finding stable employment.

Housing Resettlement agencies in the U.S. are responsible for providing refugees with affordable housing upon arrival. Three months of housing funds are included within the initial costs of resettlement by the ORR. Usually, the organization will also teach the clients how to pay rent, where to go for maintenance, and any other related skills. As a basic human need, having shelter can provide the refugee with feelings of safety, security, reduced stress, and better adjustment outcomes in general (Lundy and Hilado, 2018 and ORR, 2015).

Language Training The U.S. has the least stringent language and education requirements for refugees to be resettled. Usually, resettlement agencies will offer intensive English Language Training programs. These programs generally include language used in the workplace, language to foster daily living skills, and language about navigating the local community resources such as health services, groceries, schools, financial institutions, public transportation, etc (Lundy and Hilado, 2018). Language training is vital to the refugee in order to become independent and stable in their resettlement.

Access to Community Refugees greatly benefit from thoughtful housing and community resources, especially those that can connect them to important aspects of their native culture. The validation of religious practices and cultural events can be very valuable to refugees (Lundy and

Hilado, 2018). Access to training and education about the community is vital. This includes ensuring refugees know where they can buy foods native to their home country as well as information about religious communities.

Family and Social Support Social support is defined as the positive interactions with family, friends, and/or professionals, which promote coping by providing resources and/or emotional guidance (Stewart and Lagille, 2000, as cited in Lundy and Hilado, 2018). Social support is necessary during a transition of this depth. According to Simich (2005), having social support can help refugees foster a sense of empowerment through community and social integration. Building networks and sharing experiences and problems can reduce stress levels and contribute to their physical and mental health as well (Simich, 2005, as cited in Lundy and Hilado, 2018). Under the premise that families and communities thrive when connected, family reunification is a priority in the U.S. for resettlement programs.

Health and Mental Health Support Upon arrival into the U.S., resettlement agencies provide health resources to refugees, such as referrals to doctors, in order to treat both chronic and treatable illnesses. Medical services that are essential to refugees may include access to medical insurance, access to diverse health care providers, psycho-education on health issues and management, and general medical care oversight to ensure the proper care is allocated to those who need it. According to Lundy and Hilado, receiving medical and mental health services can help refugees feel supported. It can additionally serve as a platform for processing and healing both physically and psychologically, from prior experiences that may affect their ability to adjust to a new life (Lundy and Hilado, 2018).

Additionally, mental health must also be addressed upon entry into the U.S. The ORR and the agencies also provide multiple resources for mental health screenings, consultations, and ser-

vices (ORR Network Services, 2015). Often, refugees are found to have anxiety, depression, Post-Traumatic Stress Disorder, sleep disorders, somatic complaints, and other severe mental illnesses (Silove, 2017 and Mental Health, [n.d.]). Specific to the refugee experience is often some form of traumatic experience and, when the response is prolonged, factors such as independence, healing, and resiliency are affected (Lundy and Hilado, 2018). Adequate mental health support is essential for refugees in order to assess the source of distress within their transition and to support them as best as possible to maximize their ability to adjust to their new lives. In order for mental health services to be effective, providers must remain culturally responsive, be able to utilize strength-based approaches specific to the individual's situation, and practice trauma-informed approaches (Lundy and Hilado, 2018). One example of this is using interpreters when necessary to prevent misunderstandings and linguistic errors.

Despite having access to mental health services, refugees sometimes face many barriers when maneuvering the process. Some of the barriers may include mental health stigmas, lack of resources in native languages, and lack of access to interpreters. Additionally, refugees may still be discriminated against after their arrival. Lack of culturally sensitive services and a shortage of minority mental health workers may impact the mental health experience of the refugee. These difficulties can create a challenged sense of safety and belonging, as well as a challenged sense of trust in systems of care (Greenberg, [n.d.]).

Common Experiences

The experiences refugees face can be vast and diverse, depending on the current state of their particular countries of origin. Van der Veer notes that one major commonality amongst refugees is that they've suffered from traumatic experiences (Van der Veer, 1998). Many of the countries facing refugee crises are undergoing war, violence, and abuse of powers. An example

of abuse of power is the Burmese government refusing citizenship to the native people of Rohingya. Another example of abuse from the government is the civil war occurring in Syria. Abuse may come from authorities of totalitarian regimes or other armed militant groups. Because of these conditions, refugees have been found to share many traumatic experiences such as political repression, detention, torture, violence, disappearance of relatives, separation and loss, exile, fears, and other hardships (Van der Veer, 1998).

Political Repression is described by Van der Veer (1998) as repression by the government or regime on the individual prior to fleeing, including limits to freedom and/or intimidation by authorities. A current example of this is the civil war occurring in Syria, between those who are in support of and those who are against the president. Over 450,000 people have died due to the conflict. A reported 10,204 citizens died in the year 2017 alone (Death Tolls, [n.d.] and Why is there a war in Syria?, 2018). These extreme numbers are casualties to a civil war which has spilled over into neighboring countries, becoming a worldwide crisis.

Political repression can also occur to those who have certain political beliefs that differ from the leaders, or those who simply belong to the minority (Van der Veer, 1998). In Myanmar, the government and army deny the Rohingya Muslim community citizenship. This means they are unable to access health services, education, and other basic human resources. Repression and punishment by the government can cause rising tension and fear for survival for those still within the country, and ultimately many are forcibly leaving. Since 2012, a reported 168,000 people had fled Myanmar, with 87,000 having fled between 2016-2017 (Al Jazeera, 2018).

Because of the repression caused by the government, many refugees face detention. **Detention** refers to when a refugee is arrested and/or detained by authoritative figures such as police or militant groups within their country (Van der Veer, 1998). According to the International

Detention Coalition, detention is referred to as the deprivation of liberty due to migration (What is immigration detention?, [n.d.]). It can include being threatened, removal from society and normal responsibilities, isolation from loved ones, and sometimes subject to torture or violence. Detention can occur when authorities come into contact with an individual whose identity or migration status is unable to be established, such as when a refugee is attempting to cross a border. Some governments may detain the individual until their identity can be verified, or the nature of their reason for fleeing can be determined.

Whether in detention camps or not, many individuals seeking safety experience **violence**. Violence is defined as any use of physical force that may injure, damage, or destroy someone or something (Violence, n.d.). Van Der Veer discusses two general types of violence experienced by refugees, including terror and combat (Van der Veer, 1998). When violence is used against a community, it can be referred to as terror. Fear of violence occurring to the individual can cause them to fear for their survival and safety, and additionally, it may add to their reasoning for fleeing. Many times, those in fear, such as the Rohingya community, the Syrian civilians, and those from the DRC, among others, have not committed any crimes. Violence may also affect soldiers in combat, due to actions they performed and/or attacks they have come face-to-face with protecting their army, government, and/or country. These experiences can be traumatic in themselves, and can create an array of emotions for those affected. (Van Der Veer, 1998).

Another form of violence often experienced by refugees is the act of **torture**. It can be described as an act of violence that is directed towards the physical and/or mental integrity of the individual (Van der Veer, 1998). It can include physical and/or psychological torment over extended periods of time, and generally is aimed at an individual in order to provide any authority with information, a confession, or to assert power (WMA, [n.d.]). The information is then used

to incriminate the individual, someone they know, or a group they are included in. In 2016, a reported 76 out of 183 countries still practiced torture, with the highest amount of psychological intervention referrals coming from Sri Lanka, Iran, Afghanistan, and Nigeria (Where does torture happen, [n.d.]).

According to the World Medical Association, torture is considered to be one of the most serious violations to a person's human rights, destroying the individual's dignity, body, and mind (WMA, [n.d.]). Acts of physical torture can include, but are not limited to, hitting, kicking, burning, stabbing, severe beatings and/or whippings, electric shock, drowning, hanging by arms and/or legs, excessive standing, forced exercise, exposure to extreme temperatures, lack of aid, forced drug intake, and sexual violence and rape (Van der Veer, 1998 and Genefke, 1992 as cited in Gray, 2001). Additionally, acts of psychological torture can include, but again are not limited to, imprisonment, detention, isolation, light and sensory deprivation, sleep deprivation, forced witnessing of torture or execution of loved ones, being forced to partake in the torture of another, mock executions, starvation, and sexual violence (Van der Veer, 1998 and Genefke, 1992 as cited in Gray, 2001). Gray (2001) described the effects of torture as being beyond human comprehension and often inexpressible from victims (Gray, 2001). She found that victims often experienced dissociation, intimacy issues, and a need for safety after experiencing torture (Gray, 2001).

Other common experiences refugees face are **exile, separation, and loss**. Exile can be described as a state or period of time where one is absent from their country or home (exile, n.d.). This adjustment can have an array of effects on the wellness of refugees. Individuals often experience long waits before being accepted as refugees into other countries, especially the U.S. Once in exile, they may continue to feel involved with the events of their home country, while also adjusting into their new homes. Sometimes, the possibility of returning home, or the possi-

bly of being rejected in their new homes, can affect their psychological well-being (Van der Veer, 1998). Additionally, many refugees lose contact with their close friends and family due to exile. Potential causes for loss of contact may include arrest, detention, and/or the possibility of death for those left behind. Feelings of confusion, uncertainty, and concern for the well-being of their loved one may arise for the refugee (Van der Veer, 1998). Aside from the loss of social support, refugees are also losing pets, their homes, and other material objects. Because the adjustment is so substantial, it is important to not only use holistic interventions with refugees, but to also consider the importance of rebuilding social relationships (Van der Veer, 1998) and other aspects of their lives.

Stuart Turner discusses the many **fears** refugees face. Most importantly is their fear for survival. When facing such experiences as repression, detention, violence and torture, some refugees may become generally fearful and experience the perception that no space is safe, and even neutral situations may seem threatening (Turner, 2007). Throughout the research, refugees have been found to experience fear even after they've arrived in their new country. This can include the fear of what may happen in the future, which can be heavily based on their feelings of their past experiences. Fear may also be experienced due to the loss of connections with relatives, including a fear for both their loved one's safety, and their own.

Post Migration Experiences

Once the individual becomes a refugee, they begin the process referred to as the resettlement period (Lundy and Hilado, 2018). After arriving to the U.S., they begin to rebuild and integrate a new social identity aligning with their new environment (Lundy and Hilado, 2018). Within this time of adjustment, the refugee may go through an array of feelings and emotions. Gener-

ally, the refugee may first experience positive feelings, such as happiness or excitement to finally be in their new home. According to Lundy and Hilado, the refugee may then experience feelings of culture shock, which can be described as an overwhelming feeling in regards to the new culture around them (Lundy and Hilado, 2018). This can add to the challenge of adjusting. Eventually, the refugee may experience feelings of familiarity and adaptation. At this point, a level of comfort is emerging for the refugee in regards to their new environment (Lundy and Hilado, 2018). Ultimately, the refugee is working to feel completely comfortable and fully functioning within their new home. However, each refugee's experience is different, and the time it may take for one to feel comfortable can vastly vary.

Despite resettlement laws and best efforts put up by resettlement agencies, there is still a chance that refugees will face discrimination even after entering the U.S. (Alayarian, 2007). Especially with the laws changing under the new presidency, there is a newfound fear of facing detention, prolonged uncertainty, racism, and more injustices. For example, there may be discrimination experienced in the workplace and the community. According to Lundy and Hilado, marginalization can be experienced in educational, professional, legal, and social settings (Lundy and Hilado, 2018). Because of these experiences, refugees face additional challenges when trying to adjust to their new lives.

Trauma

According to the American Psychological Association, **trauma** is an emotional response to a terrible event (APA, 2018). Trauma can happen to anyone, after any disastrous event, such as war, sexual violence, and natural disasters, to name a few. Typically, after the event, reactions

such as shock, denial, flashbacks, and even physical symptoms, such as headaches or nausea, are common, both short and long term.

Trauma is often an experience refugees face during and after their personal experiences, some of which were described above. Sometimes refugees are not just having reactions to isolated traumatic experiences from their past, but also towards what may feel like a consistent barrage of emotional and cultural challenges. This can include how they perceive and navigate themselves and the world around them (Lundy and Hilado, 2018).

Traumatization occurs in three stages for refugees. The first stage begins when the individual experiences repression and/or persecution, or faces other violations to their human rights within their native country (Van der Veer, 1998). At this time, there may be social or political changes that affect the individual, causing tensions to rise. The next stage of traumatization is when the individual experiences and/or witnesses direct war trauma (Van der Veer, 1998). This may include if and when the refugee becomes a victim of torture, terror, or war, or experiences deprivations while trying to escape, separation from loved ones, or other torment (Lundy and Hilado, 2018). The last stage of traumatization for a refugee is when the refugee faces the process of uprooting and living their life in exile (Van der Veer, 1998).

Refugees may also experience what Lundy and Hilado refer to as a **delayed response**. This is when a particular occurrence unexpectedly confronts them with their traumatic past, or echoes the original trauma (Lundy and Hilado, 2018). An example of this is a change in the law or executive orders that may directly or indirectly affect the refugee and/or their network. Gray (2017, November) explained that after the laws changed in 2017, a multitude of refugees began seeking therapy for newly experienced and/or reoccurring symptoms. Many of these individuals experience **traumatic memories**. Brewin (2003) proposes a dual-representation model of trau-

matic memory. In this model, there are narrative memories which are verbally accessible and there are emotional memories that are situationally accessible or can be triggered (Brewin, 2003). These memories can be triggered, for example, by a shift in policies or laws, by hearing news from their country, from hearing a certain sound, smelling a certain smell, and more. Because emotional memories lie within the unconscious (Turner, 2007), they manifest within the body. Brewin explained that during periods of reliving, or times when they had such memories, people described their experiences with more sensation words, and they showed more bodily movement, such as changes in breath and affect (Brewin, 2003).

Somatic Symptoms

There is often a difficulty in expressing one's self in words after experiencing trauma, leaving the individual limited in verbal language (Dokter, 1998). Many refugees experience feelings of shame and guilt, self-destructive behavior, psychosomatic symptoms, somatic discomfort and pain, intrusive memories, nightmares, and dissociation after trauma (Gray, 2001 and Dokter, 1998). Experiences such as violence and torture often occur on the body and, therefore, the memories remain within the body (Gray, 2001).

Refugees may also experience a feeling of home-sickness after arrival into a new country. Clients have reported related somatic symptoms such as gastric and intestinal problems, sleep disturbances, appetite loss, headache, fever and aches (Gray, 2001). It has also been reported that clients have experienced exaggerated startle responses, hyper-arousal, rapid heart beating, and high levels of body tension after trauma (Gray, 2001). Many clients have reported issues with physical alignment and posture, which therefore has affected their ability to stand up straight and support themselves (Gray, 2001). Some have also described feeling skinless or raw, like an emp-

ty shell (Gray, 2001). Felt sensations have also included flushed skin, warm flushes throughout their bodies, dizziness, cracking bones, heaviness in the body, numbness in the legs, pain in the back and neck (Verreault, 2017). These somatic experiences can mean a lack of personal well-being, as well as difficulty expressing oneself. A feeling of constriction with breath can be associated with high levels of anxiety and blocks to perceptual processes (Gray, 2001).

Kinesphere, described as the space around the body, serves as an individual's bridge to the world (Gray, 2001 as cited in Bartenieff, 1980). Movement disturbances can affect the use of one's kinesphere, body image, and movement repertoire, which in turn can reflect a disconnection in relationships and physical reality for refugees (Gray, 2001 as cited in Levy, 1988). Movement repertoire provides an indication of one's expressive capacity, which, in turn, reflects one's emotional range. After experiencing trauma, a refugee can experience significant shifts in their emotional range and capacities. Additionally, a disconnect within the body can reflect a disruption of the basic organization of the individual (Gray, 2001). Disorganization is a commonly described experience for refugees.

According to Gray (2001), if sensation is too unbearable to an individual, the physical experience can shut down and disconnect from perceptual, emotional, and/or mental experiences. For a refugee, any sensation can produce **flooding**, defined broadly as experiencing too much sensation or feeling too quickly (Gray, 2001). It can include hypersensitivity, hyper-arousal, and can also create **dissociation**, which can fragment the human system. It can, additionally, disrupt the relationship to the self. Dissociation is a disruption in the integrated functions of consciousness, memory, identity, or perception; possibly due to trauma one has experienced (Turner, 2007). It can destroy the integrity, vitality, and creativity of the human being (Gray, 2001).

Refugees may feel as though their bodies are not a part of themselves, and they may grapple with their identities and feelings in regards to their homes. Home, for a refugee, is an ambiguous word, because it is both left behind and newly created (Dokter, 1998). They may feel as though they are in limbo, or the in between space, because they have left their previous home, yet their new home still feels foreign. Because they are submersed into an overwhelmingly different culture, feeling in limbo can lead to an arbitrarily pieced together sense of self (Dieterich-Hartwell and Koch, 2017). Facing a foreign society that has different customs, norms, values, behaviors, and rhythms can add to feelings of homesickness, which is one of the most significant aspects of experienced stress for refugees (Gray, 2011).

Creative Art Therapies

There is a multitude of treatment options for refugees, including therapies such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) (Lundy and Hilado, 2018). All of these options assist clients in coping with traumatic experiences. However, language is the means of communication within these approaches, meaning these approaches require verbal processing. Sometimes the words to describe one's feelings and experiences can be impossible to find. For this reason, the creative art therapies can be of extreme usefulness with a variety of populations, including refugees. Through movement, art, music, and drama, refugees can sensorily, or by means of all senses, explore and process their feelings and experiences.

Creative art therapies engage non-verbal communication within the individual through the use of multi-sensorial experiences (Dieterich-Hartwell, 2017). They can provide a "symbolic" language to access and express unacknowledged feelings and, additionally, they can provide a

means of integrating this language into their personalities and daily life, enabling therapeutic change to take place (Dieterich-Hartwell, 2017). Creative art therapies can be utilized to help refugees maintain their cultural identity, especially when they feel some of their identity has been lost or is different than their new culture (Dieterich-Hartwell, 2017). Playing music from one's country or doing traditional dances are examples of how this may happen. Refugees may also find it helpful to externalize their trauma through creative arts before they can access these emotions verbally (Dieterich-Hartwell, 2017). Dieterich-Hartwell and Koch (2017) propose that creative art therapies can serve as a temporary home for refugees, by serving as a safe and enactive transitional space, as it offers a place to be oneself, a container that holds and keeps for the refugee. Temporary speaks to the experience of change, transformation, and bridging old and new experiences, as creative art therapies can serve initially as a container and then, as a bridge to the new culture around them (Dieterich-Hartwell and Koch, 2017).

It has been demonstrated that **art therapy** and the use of art materials has a soothing and relaxing effect on clients, which can decrease their stress reactions (Dieterich-Hartwell, 2017). In a case study referred to by Dieterich-Hartwell (2017), the art making process allowed the client to externalize and contain intrusive images and memories, which allowed him to slowly gain the ability to control them. In another study, specific to refugees, the combination of art therapy and mindfulness assisted the clients in creating tools for safety, resilience, and overcoming loss (Kalmanowitz and Ho, 2016). Results indicated that when combined, mindfulness and art therapy address different aspects of the individual experience, and social context, through engagement in processing (Kalmanowitz and Ho, 2016). According to Dieterich-Hartwell and Koch (2017), the creative process of art making and perceiving can promote healing as well as making and finding meaning for life. Providing culturally sensitive art therapy means valuing diversity, mul-

ticultural competence, and promotion of empowerment, all of which are crucial in the transition for refugees (Dieterich-Hartwell and Koch, 2017). Additionally, one's identity can be strengthened, and a sense of momentary home stability and remembrance can be experienced through the art process (Dieterich-Hartwell and Koch, 2017).

According to Dieterich-Hartwell and Koch (2017), **music therapy** rests on the foundational principle that music is unique to the human experience and can play a role in evoking emotions. For some, it is based off the premise that while music preferences are individual, they stem from one's cultural backgrounds. Sometimes listening to songs from one's country can strengthen a sense of self and help maintain personal and cultural individuality (Dieterich-Hartwell and Koch, 2017). Music therapy can also be used to re-enter specific emotional states in order to help the client connect to their inner resources for growth, while maintaining both individual and cultural identity and personality, and being more present in the new environment (Dieterich-Hartwell and Koch, 2017).

Through the use of group music therapy, it has been demonstrated that post traumatic stress disorder symptoms have been reduced (Dieterich-Hartwell, 2017). This was true particularly for those who were previously not responsive to Cognitive Behavioral Therapy (verbal therapy). Music therapy has also acted as a safe container for clients, allowing for boundaries to become reframed, and for traumatic memories to safely be accessed (Dieterich-Hartwell and Koch, 2017). This resulted in not only an increase in openness and intimacy for the clients, but a reduction in blood pressure and heart rate as well (Dieterich-Hartwell, 2017).

It has also been demonstrated that **drama therapy** can safely support reflection and self-regulation for clients who have experienced trauma, by helping them find their own language as they tell their own story, explore their experiences, and share themes with others (Dieterich-

Hartwell and Koch, 2017). Through this process, clients can experience togetherness. Through facilitation of role play, improvisation, and storytelling, clients can safely work through the embodied expression of internal conflicts (Dieterich-Hartwell and Koch, 2017). With roles and masks providing distance, clients can act out their emotions and experiences in a safe environment. Through drama therapy, individuals who have experienced trauma can engage with themselves safely. For example, a client might safely work through revenge fantasies while processing and reflecting (Dieterich-Hartwell and Koch, 2017).

Dance/Movement Therapy

For clients, such as refugees, who have experienced trauma, there is an importance and need for body based therapies and interventions. As is evident from the bodily symptoms described, the focus of dance/movement therapy on body and movement and its relationship to psychological processes is highly relevant to the recovery from the disintegration of the self (Dokter, 1998). According to the American Dance Therapy Association (ADTA), dance/movement therapy is the psychotherapeutic use of movement to support the emotional, cognitive, physical, and social integration of the individual (ADTA, 2018). In dance/movement therapy, the focus is the integration and connection of the body and the mind of the client, with the body and movement as the main tools for intervention. It is based on the premise that the body and mind are interconnected and inseparable, and that the body reflects unconscious processes (Dieterich-Hartwell, 2017).

Dance/movement therapy differs from other therapies because of its direct and extensive use of movement and the body as the medium for communication, self-expression and awareness (Verreault, 2017). Before people communicate verbally, they create sounds and move their bod-

ies through space. The individual's body and movement patterns communicate and express their individual, familial, and cultural psyche (Dokter, 1998), while holding a lifetime of memories and experiences. "The human body is the site of all human experience, from the most mundane to the most sublime" (Gray, 2011). The body holds all of our experiences, whether they remain in our stream of consciousness or unconsciousness, whether they are positive or negative experiences. Through the use of dance/movement therapy, one can access and express the unconscious through the body. The aim is transformation through movement (Dokter, 1998).

Verreault (2017) also found that breaking up with the chair set up of verbal therapies contributed to a feeling of ease within the body. Dance/movement therapy can help a client to kinesiologically engage with sensations, emotions, and memories which can then lead to improved physical, mental, and emotional well-being (Tantia, 2014). Additionally, dance/movement therapy uses elements which include music, rhythmicity, expressive movement, narrative movement, and spirituality to assist clients. Dance/movement therapy emphasizes self-awareness, self-expression, and self-exploration through honest interactions and communication between the client and therapist.

Through the therapeutic relationship, the client can collaboratively work with the therapist to reconstruct relationships (Gray, 2001). Dance/movement therapy can be done in individual sessions and group sessions, with the uniqueness of the individual and their needs as the priority. While eventually it may be advised that the individual join a group to begin the experience of larger relational healing, it is important for the healing process and reconstruction of relationship to begin with the individual and therapist (Gray, 2001). The holistic nature of dance/movement therapy and the focus on the body appear to strengthen existing resources within individuals,

both in individual sessions and in group settings, while also addressing vulnerabilities (Gray, 2001).

If the individual is ready for group therapy, they may find an interest in others styles of moving, their culture, and their similarities. Sharing movement gestures and rituals with a group can also contribute to the feeling of community. Emphasizing participants' cultural backgrounds, creativity, and resources through bodily engagement during dance/movement therapy sessions can help individuals to address their vulnerabilities, help them to regain a sense of bodily control, alleviate stress, and enhance resilience. Moving with others can also help reduce depression as well as somatic complaints (Verreault, 2017).

For refugees specifically, there may be a sense of isolation due to the separation from family and friends, as well as their assimilation into a new culture. Addressing cultural differences and sources of distress in group sessions can help refugees to rebuild trust and engage in re-socialization (Gray, 2001). Within a group, they may find they are not alone and experience a sense of togetherness (Verreault, 2017), while being able to build new relationships and connections with other refugees who may have similar experiences, enhancing their experience of safety. Because many of these findings were attributed to the idea of safety, it is important to understand how creative arts therapies, and specifically dance/movement therapy, can provide the experience of safety for vulnerable populations such as refugees.

Discussion

Dance/Movement Therapy and Safety

According to the Merriam-Webster Dictionary, the word **safe** means “free from harm or risk; secure from threat of danger, harm, or loss” (Safe, n.d.). Tantia (2014) suggests that safety

is a subjective concept and depends on the experiences the individual has had throughout their life. If a person does not feel safe within their own body, they may have difficulty engaging in the therapeutic process. Tantia (2014) argues that it is crucial to begin establishing safety externally before creating a sense of safety internally. It is suggested to use a slow, gradual progression for creating safety, based on the readiness of the client, which begins with a focus on the environment (Tantia, 2014). From here, it is suggested to shift the attention to body boundaries, and finally to sensations within the body (Tantia, 2014). Following this gentle path can lead the client to a more integrated experience of embodied awareness (Tantia, 2014).

In order to create a safe environment for clients, several points need to be thoroughly considered. It is important to remember that each client has had different experiences, and therefore should have unique person-centered treatment. Additionally, according to Dieterich-Hartwell (2017), it is also important that the space should be inviting, comfortable, and consistent. She suggests that the client bring an object or objects into the setting to generate feelings of comfort and security. Wilson and Drozdek (2015) state that although a physically safe environment is necessary, it is not sufficient. Verreault (2017) suggests the dance/movement therapist themselves are also a part of their client's new environment, and therefore should be open, supportive, mindful, and prepared for the unknown.

Aside from physical safety, psychological safety and social safety are crucial in helping refugees indulge in the therapeutic process. Psychological safety, refers to the ability to be safe with oneself, and rely on one's own ability to self-protect and cope with any impulses, and social safety refers to the sense of feeling safe with other people (Wilson and Drozdek, 2015). Because refugees have experience trauma, their ability to protect themselves has been shattered. In order to experience psychological safety, refugees must gain or regain a sense of empowerment and

resiliency within themselves (Wilson and Drozdek, 2015) by integrating all aspects of themselves. Out of integration can come wholeness, and out of wholeness can come meaning (Wilson and Drozdek, 2015).

The concepts of dance/movement therapy can be used to build and provide a safe space for refugees. By providing a feeling of ease for self-disclosure through nonverbal expression in a contained setting, one can focus on bodily engagement (Verreault, 2017). Dance/movement therapy supports participants in gaining awareness of their bodies and in connecting to others through movement, while respecting their own physical and emotional boundaries (Verreault, 2017). Through dance/movement therapy, safety can be translated onto a body level. Because it prioritizes the body as a resource, it can support individuals in reconnecting with themselves and others around them, thus supporting empowerment and resiliency.

Dieterich-Hartwell (2017) proposes a general model for dance/movement therapy interventions with clients who have experienced trauma, which includes three main components: safety, regulating hyperarousal, and attending to interoception. She states that safety is a prerequisite for the latter two components. In several models, like Dieterich-Hartwell's, safety and stabilization is generally the first phase in treatment. Like Dieterich-Hartwell, I propose that safety is the number one criterion for therapy, especially when working with refugees. I also propose that through the use of dance/movement therapy, one can find safety within their own bodies, creating space to further explore and process their emotions and experiences safely.

Verreault (2017) discusses four sub themes under safety when using dance/movement therapy with refugees, including safe spaces, taking time, boundaries, and being at ease. Like Dieterich-Hartwell's model, it is proposed that safety is crucial in order to indulge in the experience of being at ease. In Verreault's study, her clients reported experiencing physical and emotional

safety in the therapeutic setting when they were given consistent space and time to be themselves (Verreault, 2017). Giving clients a sense of open control over the pacing and development of the process is also crucial (Gray, 2001) in establishing safety within the therapeutic exchange.

The respect of physical and emotional **boundaries** plays a significant role in creating an experience of safety. In Verreault's (2017) study, the clients were often given the chance to do their own movement with great respect for their limitations, as well as the chance to do what they needed for their bodies. Throughout the session, the clients were reminded of the limits of their boundaries, to move in careful ways, and to take rest when required. Gray (2001) too, emphasized the balance between activation and relaxation when using the body in therapy.

Healthy human boundaries help maintain balance between coming together and moving away from others (Gray, 2001). While boundaries are fluid and flexible, ruptured boundaries, which are a symptom of trauma, can significantly impact the experience of the refugee. Isolation and fusion are the two extremes and can lead to rigidity or merging. This means the person is experiencing difficulties moving in and out of relationships (Gray, 2001). Boundaries are crucial in treatment for a refugee because they have likely been crossed a multitude of times. They have reached their limits, and yet continued on. Once a therapist can establish a safe physical space for the refugee, they can begin to create safety for the client in other dimensions, such as safety within relationships and, most importantly, safety within their own bodies. A commonality most refugees have is that their boundaries have been crossed, leaving them with a sense of confusion and discomfort within their own bodies. Therefore, maintaining boundaries can contribute to a feeling of safety.

Titration can be particularly helpful for refugees struggling with disorganization, dissociation, and boundaries or, contrarily, those who are avoidant and resistant to body work. It requires

that the stimulus or energetic charge be broken into smaller pieces, so that the pace of work is more manageable (Gray, 2011). In other words, it means moving slowly through the therapeutic process in order to integrate the whole of the individual along with the traumatic experience. This can include the use of positive imagery, memories, past or present social contacts, interests, and personal and work experiences that enhance the individual's sense of integrity, strength, and ultimately, self (Gray, 2011). It can also include the use of props; such as therapy balls, stretch bands, scarves, balloons, and feathers, which can facilitate titration and pacing (Gray, 2001 and Verreault, 2017). The use of props can promote engagement, playfulness, and focus with elements of curiosity and surprise. The use of props and titration can also allow the refugee to form connections with themselves, their therapist, and eventually, others around them.

Working with the **breath** is an aspect of dance/movement therapy that can be of vital use for refugees. Refugees often hold their breath, breathe shallowly or rapidly, or sometimes, appear not to breathe at all, as a protection against experiencing increased bodily sensation and emotion (Gray, 2011). For this reason, an introduction to the breath and expansion of breath must be carefully managed with titration, in an effort to help the refugee feel as comfortable as possible, without overwhelming them. Gray (2011) discusses working with the spine, breath, and sense of weight (as a metaphor for presence) in her practice with refugees. Through a gradual process, the therapist can encourage reallocation of feelings, such as those of remorse, grief, and loss (Gray, 2011). By carefully working with the breath, one can begin to establish and explore their awareness of their body in a safe manner.

Body awareness is an important aspect within dance/movement therapy. Expanding and exploring body awareness can contribute to the desomatization of bodily symptoms (Verreault, 2017). Through the use of breath work and titration, refugees can begin to find, understand, and

explore the connection with their bodies. By offering choices, such as the opportunity to lead another in movement or in a dance from their country, select what music to use, and decide when to rest (Verreault, 2017) or be active, body needs can be addressed. Because of the bodily sensations and symptoms refugees often experience, awareness of such sensations is crucial in the therapeutic process. This can be explored by attending to sounds, such as yawning, sighing, and breathing, as well as impulses to move or not (Gray, 2011). It is also important that the therapist pay attention to any difficulties or limits experienced by the client, as well as any shifts in posture or the body in general. Because tiredness is also commonly described, refugees may find it difficult to move and have a lack of focus and concentration. Acknowledgement and allowance to rest, relax, and be silent between activities may enhance safety and one's ability to be here and now, while opening the door to an awareness of the self. By building new positive bodily experiences through movement, the individual may be provided with a sense of empowerment, self-agency, and connectedness (Gray, 2011).

Dieterich-Hartwell (2017) proposes that when safety is experienced by the individual, interoception can then begin to be explored, and therefore the individual can proceed in their healing process. Interoception is defined as a sense of the physiological state of the entire body, including awareness of emotions and moods (Craig, 2003, as cited in Dieterich Hartwell, 2017). Some of the applications for exploring interoception within dance/movement therapy include identifying and paying attention to physical sensations through the use of breath and recognizing patterns (Dieterich-Hartwell, 2017). Dieterich-Hartwell (2017) suggests that through the application of movement interventions, the therapist can aid in regulating hyperarousal and attending to interoception.

The Role of the Dance/Movement Therapist

The therapeutic relationship is crucial in establishing safety for a refugee client. The role of the therapist varies as they observe, evaluate, process, and intervene. They play a significant role in exploring relationship, while additionally holding the responsibility of facilitating interventions that will allow the client to create connections, gain awareness of self, and be able to integrate into their new identity and community. The depth of the reality that exists for refugees requires a capacity from the therapist to be flexible and adjust their models and interventions (Dokter, 1998). Attending with an open-mind and attitude, and being present, can allow the therapist to hold the space, and attend fully to the client. Additionally, having a clear sense of self, and a clear sense of separation between client and therapist is important for working with refugees. Self-awareness of one's own quality of movements and self-regulation are important qualities for the therapist to have.

The dance/movement therapist brings a unique aspect to the therapeutic exchange and relationship in that they utilize the body and movement alongside verbal communication for interventions. By engaging with kinesthetic empathy and attunement, the therapist can make mindful decisions and interventions with the client. **Kinesthetic empathy** is the practice of attuning to another by observing and witnessing their bodies and movement (Verreault, 2017). It is expressed through the dance/movement therapist's sensitive replication of the individual's movement attitude and behavior (Levy, 1995). The therapist's role is to observe the client's state, including their movement, posture, facial expression, gaze, willingness, and ability to share and express their emotions and experiences (Gray, 2017) with kinesthetic empathy.

When the therapist responds with kinesthetic empathy, trust and the relationship develop, allowing the client to feel safer in authentically exploring and expressing themselves. Gray

(2017) suggests that trust is built on safety, and relationships are built on trust; and the continuum of safety to trust to relationship is fundamental to humanity and dignity. Through the practice of kinesthetic empathy, the therapist can meet and understand the client in movement, while becoming a mirror and witnessing and reflecting the client's nonverbal expression (Gray, 2001), adding to their sense of humanity.

Attunement, described as matching a quality of the client's movement without necessarily taking on the entire shape, form, or rhythmic aspect of the action (Chaiklin and Wengrower, 2016), is also necessary in developing the therapeutic relationship. By attuning and mirroring the client's movement, a sense of security, support, and connection can form and be explored. Offering support and validation through shared movement can add to feelings of safety within dance/movement therapy sessions. By learning from one another and joining one another, the experience of reciprocity and exchange can help trust develop within the relationship (Hartwell, 2017). By witnessing and embodying the client's movement, the therapist provides a mirror to looking into the self, and facilitates the process of change, while creating the necessary environment for the individual to continue exploring themselves (Dokter, 1998).

By responding to clients with kinesthetic empathy and attunement, the dance/movement therapist can make mindful decisions when facilitating interventions, such as what music to use and when to introduce and include it. Music can elicit emotions and memories, can produce feelings of arousal and calm, can activate the brain, and more. It is up to the therapist to be mindful of neutrality in both lyrics and melody, and to use music with steady, rhythmic beats when appropriate. Using the music and dance patterns from the client's country can bring comfortability into the session and within the therapeutic relationship (Dokter, 1998) as it can with group members within movement groups as well.

Additionally, it is the therapist's responsibility to learn and be culturally responsible when working with refugees. This includes understanding their own cultural identity, but also the dynamics of the culture the refugee comes from as well the dynamics of the community's culture in which the refugee is now submerged. Becoming familiar with the nonverbal expressive modes of the client's culture helps to avoid culturally biased stereotyping and ethnocentrism while fully understanding the client as an individual (Caldwell, 2013).

The dance/movement therapist's role is, most importantly, to facilitate individualized, unique, person-centered interventions for the client. Providing a container for the client by adding elements of familiarity and structure can reduce feelings of uncertainty and add to feelings of safety within therapy. This is especially important for individuals in the early stages of therapy, as they test the waters of yet another new experience (Dieterich-Hartwell and Koch, 2017) in order to establish the therapeutic relationships. It is up to the therapist to encourage the client to integrate all the different aspects of their world in a gradual and comfortable manner. Through dance/movement therapy, the therapist can see what the body reveals and can gently and respectfully nurture the awareness in the client that their body is a home and/or a relatively safe place to return (Gray, 2001).

Conclusion

With 65.6 million displaced people worldwide, and 22.5 million being refugees, the need for safety is ever growing. Refugees have endured political repression, detention, violence, torture, exile, separation, and/or loss. Much of the trauma they have endured has affected their bodies, and especially their integration of self. In fact, the trauma experienced can often be too difficult to verbally discuss and explore. Creative art therapies can allow space for refugees to senso-

rily process their experiences and emotions. Dance/movement therapy, which focuses on the body and movement, can help refugees to connect to themselves, their experiences, the therapist, and their communities. By facilitating mindful movement interventions, the dance/movement therapist can help the refugee establish body awareness, boundaries, and relationships. The role of the dance/movement therapist is to respond with kinesthetic empathy and attunement, and to guide the refugee in a gradual and comfortable manner. By exploring one's body and experiences with the therapist, trust and relationship can develop, contributing to the therapeutic relationship. When trust and relationship are present, feelings of safety can be experienced, leading to the experience of humanity. By utilizing dance/movement therapy, a refugee can experience safety.

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