Exploring the Efficacy of the Embodiment Practice that is Trauma Sensitive Yoga as a Complementary Intervention for Refugees

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Introduction

In recent history we have been faced with large movements of individuals due to an increasing amount of forcibly displaced people (Nickerson, 2018). Reasons such as armed conflicts, ecological and economic challenges create cohorts of refugees attempting to find better circumstances by moving through Europe (Nickerson, 2018). The 1951 Refugee Convention defines a refugee as: "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNCHR, 2019). Accepting the risks that the journey may bring – with human trafficking, capsizing at sea and maltreatment looming around the corner, there are currently about 25,4 million registered refugees who moved away from their home countries (Drožđek, 2019; UNCHR, 2019). In theory, if all refugees would move to one location and become a country, this country would be the fourth most populated country in the world (Drožđek & Silove, 2019). Studies on mental health in forced migration, show the impact of displacement, as well as the traumatic events pre- and during migration (Nickerson, 2018).

Papadopoulos (2007) stresses the that *becoming a refugee* is not a psychological or traumatic phenomenon in itself. He emphasizes that this is a socio-political phenomenon: people become refugees by said socio-political circumstances, as mentioned when defining the term 'refugee' by UNCHR (2019). Ordinary people seek refuge when they are forced to leave their homes and all that they know, as a result of political and/or military activity by certain groups or the state. When moving to a foreign country or region, an individual's needs are in jeopardy (Papadopoulos, 2007). These necessities include the entire spectrum of human needs: from the human survival basics (food, shelter and safety) to the 'higher ones' such as the need to belong, for love, status, self-actualization and self-esteem (Maslow, 1943). Eisenbruch (1991) used the term "cultural bereavement" when speaking about the refugee experience. The term cultural bereavement includes the loss of someone's home, material possessions, social networks, the sense of social belonging to a land, its symbols and its people (Eisenbruch, 1991). Besides cultural bereavement, the refugee population shows high prevalence of exposure to multiple traumatic experiences in one's country of origin and during displacement (Carlsson & Sonne, 2018).

Research shows that over a fourth of refugees who have experienced war, deal with trauma (Morina, 2018). Cultural differences, high rates of trauma and the growing amount of displaced people, call for therapeutic interventions as well as a consideration of what does and does not work in the refugee setting (Kirmayer, 2007). Patel (2019, p. 175) addresses the issues that currently exist in healthcare for refugees and highlights the dominance of Eurocentric models. Patel notes that the over-use of Eurocentric, medicalised constructs and measures without cultural validity, contribute to the rejection of local, culturally appropriate methods. Patel (2019, p. 155) also notes that in the development and provision of health care for (traumatized) refugee people, there is potential risk to do more harm than already has been done. She writes that with development and implementing health

care, power and interest are factors that are sometimes unconsciously, manifested and used in a harming way. Patel also states that most certainly, this is not the aim of health care for refugees as "there is increasing consensus across international organizations that any healthcare responses to refugees must *do no harm*, although what this means in practice remains unclear".

Kirmayer (2007) stresses the need for finding new methods to describe experiences and needs of refugees and their psychological trauma, in order to offer sufficient support. Fortunately, literature on universal bodily responses of trauma is expanding (Annamalai, 2014; Drožđek, 2007; van Stegeren et al., 2007; van der Kolk, 2015). The works on these bodily responses might create a common ground for victims' trauma across the world and therefore be helpful in a refugee setting where different cultures, religions and languages are present (Knipscheer & Kleber, 2012; Drožđek, & Wilson, 2007, p. 376). Recently, research has been growing on complementing trauma treatments with the embodiment practice of yoga (West, Liang & Spinazzola, 2017). Yoga can be seen as both a mind and a body practice (Nolan, 2016). The practices of Yoga have been used as a way to reduce disease and stress for thousands of years. With its origins in ancient Indian Philosophy, it is one of the oldest spiritual practices in the world (Jeter, Slutsky, Singh & Khalsa, 2015). Yoga might be a pathway for an additional bottom-up approach when treating trauma in refugees (Van der Kolk, 2015).

Emerson and Hopper (2011) have created a form of yoga called Trauma Center Trauma Sensitive Yoga (TCTSY/Trauma Sensitive Yoga). Trauma Sensitive Yoga is aimed to function as an additional therapy intervention for trauma survivors and can be implemented in an interreligious, intercultural setting (Emerson & Hopper, 2011, p. 26). Emerson (n.d.) writes that the Trauma Sensitive Yoga protocol derives from orienting the ethic of ahimsa, non-harming and what that means in the context of trauma. Emerson (n.d.) notes that Trauma Sensitive Yoga 'includes aspects such as sharing power in the relationship between facilitator and student, no physical assists, every cue being preceded by an invitation and the internal experience of the form taking precedence over the external expression." Trauma Sensitive Yoga could potentially be a form of yoga that answers to not only the prevalence of trauma in the refugee population, but also to the intercultural setting of refugee trauma treatments. This research will focus on the efficacy of the embodiment practice of Trauma Sensitive Yoga as a complementary treatment for refugees and how this ahimsa practice can contribute. The first chapter will focus on trauma with refugees and important factors needed in therapeutic interventions. The second chapter will examine why Trauma Sensitive Yoga may support treatment in this area. This chapter will involve findings of a small scaled, explorative study teaching Trauma Sensitive Yoga in a refugee-center in Amsterdam, the Netherlands. This study will describe the challenges as well as opportunities in the field of trauma and refugee-work.

Refugee Trauma and Literature Findings

Fazel, Wheeler and Danesh (2005) state that becoming a refugee can onset psychological trauma. A great deal of recent research confirms Fazel, Wheeler and Daneshs' (2007) statement (Annamalai; 2014; Carlsson & Sonne, 2018; Crumlish & O'Rourke, 2010; Morina, 2018; Papadopoulos, 2007). For example, there is a high prevalence of post-traumatic stress disorder (PTSD) reported in the refugee population (Johnson & Thompson, 2008). Morina (2018) further describes that the frequency of depression and/or PTSD is much higher in war-affected individuals than in people who have not had the experience of living in a conflict zone. In order to prevent further harm being done, it is important to be aware of the complexity of refugee trauma and cultural differences when diagnosing and treating refugees. This could possibly mean moving away from Eurocentric concepts like PTSD (Drožđek & Wilson, 2007, p. 260, Patel, 2019, p. 175). There is movement within the literature on developing new theories aiming to obviate these challenges and find different methods in treatment (Kärcher, 2004; Orth, Doorschodt, Verburgt, & Drožđek, 2004; Koch & Weidinger-von der Recke, 2009; Wertheim-Cahen, van Dijk, Schouten, Roozen, & Drožđek, 2004; de Winter & Drožđek, 2004). This chapter will explore the concept of trauma within the refugee population and will aim to describe the important factors needed in therapeutic interventions for refugees.

Intercultural Trauma in the Refugee Population

The response of a refugee to trauma, migration stressors and resettlement hardship can vary widely. This variation is based on cultural background, as well as personal traits such as resilience (Annamalai, 2014). To support the understanding of the experience of an individual who becomes a refugee, Papadopoulos (2007) stresses the importance in making a distinction between 'refugee trauma' and psychological trauma. Refugee trauma covers the full spectrum of phenomena of the specific refugee experience (Alcock, 2003; Boehnlein & Kinzie, 1995). It includes the "cultural bereavement" as defined above when describing the refugee experience. 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 (Maslow, 1943). 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 (Papadopoulos, 2007).

Research by Fazel, Wheeler and Danesh (2005) confirms the high prevalence of trauma by bringing forward that the refugees who are resettled in Western countries are about ten times more likely to suffer from PTSD than the average population in those countries. There is little known on the impact, nature and amount of experiences that could have contributed to the onset of the reported PTSD (Morina, 2018). Crumlish & O'Rourke (2010) express the complexity of using a clarification such as PTSD – which was developed in Western culture - in the intercultural setting of the refugee. As Johnson & Thompson (2008) describe in their meta-review, PTSD symptoms can have different meanings and value across cultures. Furthermore, some symptoms of PTSD may not be perceived in

every culture as particularly distressing (Drožđek & Wilson, 2007; Johnson & Thompson, 2008). These difficulties when utilising PTSD-concepts across cultures, imply that there is not only a need to reconsider and reshape these concepts, but also the treatments that address such conditions (Schnyder et al., 2016). Drožđek & Wilson (2007, p. 275) explain: "Culture, language, isolation, marginalization, lack of social support, poverty and other deprivations all can present major challenges in accessing and benefiting from therapy".

Important Components in Interventions

Research is growing in attempting to grasp the refugee experience and reshape – or move away from - Eurocentric concepts (Cicchetti, 2009; Drožđek & Wilson, 2012; Hobfoll, 1998; Hobfoll, 2001; Kira & Tummala-Narra, 2015; Miller, Kulkami & Kushner, 2006; Papadopoulos, 2007; Silove, 2013). Different models are introduced in order to find multi-faceted and multi-dimensional theories that provide more comprehension regarding the diversity and contextual determinants of psychopathological outcomes when dealing with refugee trauma (Drožđek & Silove, 2019). Given the complexity – with the influence of social and political factors as well as ecological and psychosocial factors, theories try to move further away from merely defining trauma and more towards a broader view (Cicchetti, 2009; Drožđek & Wilson, 2012; Hobfoll, 1998; Hobfoll, 2001; Kira & Tummala-Narra, 2015; Miller, Kulkami & Kushner, 2006; Papadopoulos, 2007; Silove, 2013). Some of these broadened theories create the foundation of descriptions that elaborate on key points in therapeutic interventions for refugees (Drožđek & Silove, 2019).

There are a few important factors in therapeutic interventions for refugees that come forward in research. Bemak, Chung & Pederen (2003) amplify the importance of empowering the client by focusing on 'self-help', involving a community that can function as support and building a trusting relationship with the client. Pearson, Lopez, & Cunningham (1998) also places emphasis on empowerment and self-management and explain that this focus leads to treatment which moves away from the medicalization of social and political problems. They state that empowerment and self-management must be used in healing of intrapsychic posttraumatic wounds. Kira and Tummala-Narra (2014) agree with the value of empowerment and add the importance of safety when treating refugees. Bessel van der Kolk (2015, pp. 265-266) confirms this by explaining that victims of trauma are continuously in a state of danger, bracing themselves against and neutralizing unwanted sensory experiences. Ley and Barrio (2019, pp. 320-321) agree with Van der Kolk (2015) and write on safety and refugees: "The sense of safety was not only shattered in the conflict area [..]. Refugees often have to expect a deportation for a long time and live in constant uncertainty and anxiety". Drožđek (2007) writes that it is important to be curious to traditional healing methods and utilize them in combination with methods rooted in western science. He states that traditional healing can support the understanding of treatment expectations clients from different cultures may have (Drožđek, 2007, p. 18).

Summary

This chapter examined the concept of refugee trauma and findings in research. The chapter aimed to describe important components in interventions. With refugees, the basic needs of a human being are in jeopardy (Maslow, 1943). Besides cultural bereavement, there is a high prevalence of trauma in the refugee population. (Fazel, Wheeler and Danesh, 2005; Morina, 2018). This chapter expressed the complexity when utilizing Eurocentric- diagnosis or concepts across cultures (Crumlish & O'Rourke, 2010; Johnson & Thompson, 2008; Schnyder et al., 2016). Written in this chapter is that broadening theories moving away from Eurocentric concepts are becoming the foundation of literature that focuses on important factors in trauma interventions for refugees (Drožđek & Silove, 2019). In order to find effective and respectful ways of support it is important what consensus research finds when it comes to treating refugee trauma. Empowerment, safety and community building are important factors when it comes to treating refugee trauma (Bemak, Chung & Pederen, 2003; Ley and Barrio, 2019; Pearson, Lopez, & Cunningham, Pearson, Lopez, & Cunningham, 1998; Kira & Tummala-Narra, 2015). As a result, traditional healing methods can be used in supporting the understanding of different cultures and expectations (Drožđek, 2007).

Trauma Sensitive Yoga as a Refugee Treatment

In recent years, research has developed on the treatment of yoga with trauma interventions (Nolan, 2016; Rousseau & Cook-Cottone, 2018; Van der Kolk, 2015; West, Liang & Spinazzola, 2017). The practice of yoga has been around for thousands of years and derives from ancient Indian Philosophy (Jeter, Slutsky, Singh & Khalsa, 2015). Trauma Sensitive Yoga is a form of yoga specifically developed for survivors of trauma (Emerson & Hopper, 2011). Trauma Sensitive Yoga could possibly answer to not only the great occurrence of trauma within the refugee group, but also to the intercultural setting the refugee population consists of. Yoga has the potential to provide an additional bottom-up approach when treating refugee trauma (Van der Kolk, 2015). This chapter will explore the possibility of yoga as a complementary treatment with refugees and the mechanisms behind this treatment. The chapter will end with findings from a small scaled explorative study, located in a refugee center in Amsterdam, the Netherlands.

Experiential therapies

Recent literature on experiential therapies with refugees has been promising (Kärcher, 2004; Orth, Doorschodt, Verburgt, & Drožđek, 2004; Koch & Weidinger-von der Recke, 2009; Wertheim-Cahen, van Dijk, Schouten, Roozen, & Drožđek, 2004; de Winter & Drožđek, 2004). One of the mechanisms behind why body-oriented therapies such as yoga have great potential when treating refugees, is the universal bodily response to trauma (van Stegeren et al., 2007; van der Kolk, 2015). Drožđek (2007) elaborates on the universal symptoms in the aftermath of trauma: "Victims describe having problems re-experiencing traumatic events, having nightmares and intrusive thoughts. They are suffering from hyper arousal, including poor sleep, poor concentration, and irritability. Avoidance

symptoms are common as well, especially those involving reminders that trigger memories of the past and violence..” (p. 9). Annamalai (2014) adds that especially with refugees, their psychosocial distress often outs itself in physical symptoms. Schnyder et al. (2018) write that working with physical symptoms that are connected to trauma might help therapists to find a ‘detour’ and help prepare the client to talk directly about the trauma. Besides the universal bodily reactions and preparation to talk about trauma, experiential therapies done in a group setting can support community building of the refugee which is mentioned as an important factor for refugee trauma treatment as well (Bemak, Chung & Pederen, 2003; Kira and Tummala-Narra, 2014). Drožđek (2007) also pinpoints the possibility of traditional healing methods moving away from the Eurocentric point of view and more towards a culturally appropriate therapy setting.

Vallath et al. (2010, p. 1) write that the practice of yoga influences all aspects of an individual: “vital, mental, emotional, intellectual and spiritual. It offers various levels and approaches to relax, energize, remodel and strengthen body and psyche.” Vallath et al. (2010) explains that the *asanas* (postures) and *pranayama* (breathing) stimulate harmonizing the physiological system and can support people when dealing with “the emotional aspects of chronic pain, reduce anxiety and depression effectively, and improve the quality of life perceived” (Vallath et al., 2010, p. 1). The practice of yoga outside of India has quickly become a multibillion-dollar industry with numerous of forms and shapes (Fish, 2006). However, it is a given that one cannot merely apply any form of yoga when working with refugee trauma. For example, the *asana* or posture practice in yoga has unfamiliar, some potentially culturally inappropriate movements, with potential to cause harm in an intercultural trauma treatment setting (Longacre, Lama, Silver Highfield & Grodin, 2012). Considering the intercultural refugee group as well as the ethic of ahimsa or non-violence, yoga as a complementary therapy should be implemented with caution and sensitivity (Longacre, Lama, Silver Highfield & Grodin, 2012).

Trauma Sensitive Yoga with Refugees in Amsterdam

Trauma Sensitive Yoga is a form of yoga that lives by the ethic of ahimsa. Emerson and Hopper (2011, pp. 30-31) write that Trauma Sensitive Yoga draws a priority shift from having a person in authority (the teacher or guru) stating what a yoga student must or mustn’t do, to focus on the students learning to listen to their own bodies and making choices that involve taking care of themselves. Postures and movements are optional and language is invitational. Trauma Sensitive Yoga is created for trauma survivors of all backgrounds and is based on the principles of Hatha Yoga (Emerson and Hopper, 2011, p. 31). TCTSY is taught in group or private setting. Each session of TCTSY focuses on asanas, pranayama and mindful silence (West, Liang & Spinazzola, 2017). TCTSY is built on three components: interoception, empowerment and safety. Invitational language and avoidance of long silences is applied to create a safe environment and to focus on body awareness and empowerment. As mentioned above, research reveals that empowerment and safety are two valuable factors when it comes to refugee trauma treatment. Research has shown that TCTSY has the

potential to assist in empowerment and promote sense of safety of oneself and one's body (Rhodes, 2015; West, Liang & Spinazzola, 2017).

Method. The potential of Trauma Sensitive Yoga as a complementary treatment for refugee trauma has been explored in a small explorative study in Amsterdam, the Netherlands. Using a participant observational approach (Harvey, 2011) the goal was to explore challenges and opportunities when combining refugee work with Trauma Sensitive Yoga. The primary researcher was present during every session with as primary goal to observe what works and what does not work - both inside and outside of the sessions.

Background. The group consisted of Eritrean women and according to Dutch Immigration Services (IND) Eritrean asylum seekers are the second largest group in the Netherlands, after the Syrian population. Most of the Eritrean asylum seekers are from 18 to 29 years old (Rijken & Horbach, 2017). In the media, Eritrea has the reputation of being the "North Korea of Africa" because of the dictatorship in the country (Rijken & Horbach, 2017). The UN stated in 2016: "'The commission has reasonable grounds to believe that crimes against humanity, namely, enslavement, imprisonment, enforced disappearance, torture, other inhumane acts, persecution, rape and murder, have been committed in Eritrea since 1991" (A/HRC/32/47). A recent Dutch publication, placed emphasis on the Eritrean refugee experience. It not only reflected on the trauma risks pre- and during migration, but it also declared the possible trauma exposure when staying in the Netherlands. Signs of possible human trafficking, ritual abuse and sexual exploitation were reported (Rijken & Horbach, 2017, p. 8).

Participants and Procedure. The Eritrean women who participated in the Trauma Sensitive Yoga sessions were between 19-26 years old. Four of the participants had a permanent residence and the other five were asylum seekers who exhausted all legal remedies but were not given residency. The set up of the program had an intention to be very accessible for those attending. The social center where the sessions took place highlighted how the women experienced difficulties integrating into the Eritrean refugee population - which is noticeably more difficult than other refugee groups in terms of inclusion. It seemed to be harder involving them in group activities, educational classes and so on. Therefore, the threshold for Trauma Sensitive Yoga sessions was kept very low. As a result. the group did not remain consistent during the weeks that the sessions were held. The attendance rate varied between 2-6 women a week. Each session ended with a moment of tea and chatting.

Findings. Overall, there were certain "to dos" and "cautions" that were found in the study - some specifically for a refugee population (Table 1). Some important findings are as follows: As the ahimsa practice Trauma Sensitive Yoga's aims to be, safety and connection are the two most important factors that one should consider. The asanas and session details come second. Besides that, the tea moment after the classes, turned out to be a very important factor in helping with connecting not only instructor and participant, but also in creating an intergroup connection. The study also highlighted the importance in educating oneself as an instructor and about the refugee group that you

guide, in order to better understand the socio-political and cultural behaviours. For example, familiarizing yourself with known greeting gestures and greeting words in their language in order to build up trust and comfort in the group, is vital for a teacher sharing the practice with refugee attendees. Being attentive to the needs of the group at all times was also very crucial. Furthermore, making sure that the location of the session is practical for everyone whilst trying to avoid triggers, is essential. If the refugees live in an asylum center for instance, try to avoid guiding the sessions at that location and create a safe space elsewhere. At last, if possible: having the support from a peer for the group who can speak the language and help when confusion or complications occur in a session, is incredibly helpful.

Table 1. Trauma Sensitive Yoga and Refugees

To dos	Cautions
Establish safety and connection before anything else	Don't lead with your own expectations of how a session 'should be'
Take time for a tea moment with the group afterwards	Avoid difficult language
Find a translator, preferably a peer who can join the sessions and clarify possible confusions	Avoid long pauses in the sessions
Educate yourself about the social/political/cultural context of events faced by this particular refugee population	Don't prepare a session and merely stick to it, tailor your session to the groups wishes – be attentive to their needs
Send reminders about the sessions	Don't teach a session too far away from where the population is staying, making it as accessible as possible for them to join
Learn about cultural appropriate ways of greeting in your refugee population	
Find a peer who can join the sessions and show different options	Don't add on difficult postures you can't communicate well enough

Summary

This chapter explored how Trauma Sensitive Yoga could work as a complementary treatment when treating refugee trauma. Universal bodily responses were mentioned as one of the reasons why yoga could be of great potential when combined with refugee work (Drožđek, 2007; Van der Kolk, 2015). Yoga sessions could also function as support prior to talking about traumatic experiences, as well as helping with community building (Bemak, Chung & Pederen, 2003; Schnyder, 2018). The chapter ended with findings of an explorative study based in Amsterdam, the Netherlands. Findings in the study demonstrated how important safety and connection was before anything else. A moment of drinking tea, educating oneself about the socio-political and cultural context, being attentive in the session and the location were also found to be of significant value.

Conclusion

This research aimed to describe the challenges as well as the opportunities in the field of trauma and refugee-work. Trauma and refugees, as well as important components in therapeutic interventions, were explored. The possibility of yoga being of any value when treating refugee trauma, was examined. The first chapter has examined the concept of refugee trauma and the findings

in literature. The chapter aimed to describe relevant components in interventions. Papadolous (2007) was introduced to give an image of the refugee experience. The basic needs of a human being are in jeopardy, as well as the need to belong, for love, status, self-actualization and self-esteem (Maslow, 1943). Besides that, there is a high prevalence of trauma in the refugee population, given the experience pre-, during and post migration (Fazel, Wheeler and Danesh, 2005; Morina, 2018). This chapter expressed the complexity when utilizing Eurocentric diagnosis or concepts across cultures (Crumlish & O'Rourke, 2010; Johnson & Thompson, 2008; Schnyder et al., 2016). Various models are introduced to move away from these concepts and find multi-faceted and multi-dimensional theories. These broadened theories are the foundation of literature that focuses on important factors in trauma interventions for refugees (Drožđek & Silove, 2019). The consensus within this research is as follows: empowerment, safety and community building are important factors when it comes to treating refugee trauma (Bemak, Chung & Pederen, 2003; Ley and Barrio, 2019; Pearson, Lopez, & Cunningham, Pearson, Lopez, & Cunningham, 1998; Kira & Tummala-Narra, 2015). Traditional healing methods can be implemented to support the understanding of different cultures and expectations in treatment (Drožđek, 2007). Working with these multi-faceted theories and important components within refugee work can give us a clearer view on how to work with refugee trauma in interventions.

The second chapter explored how Trauma Sensitive Yoga could function as a complementary treatment when dealing with refugee trauma. It explored the mechanisms behind Trauma Sensitive Yoga and aimed to connect these components' findings in research to what works with refugee trauma work. The universal bodily responses were mentioned as one of the reasons why yoga could be of great potential with refugee work (Drožđek, 2007; Van der Kolk, 2015). It can also function as a 'detour' to help prepare the client to talk about traumatic experiences and support community building (Bemak, Chung & Pederen, 2003; Schnyder, 2018). The chapter ended with findings of an explorative study based in Amsterdam, the Netherlands. It implemented the ahimsa practice of Trauma Sensitive Yoga with female Eritrean refugees. Eritrean refugees are one of the largest refugee groups in the Netherlands and are of great risk of trauma not only in their home countries, but also during the migration process and during their stay in the Netherlands (Rijken & Horbach, 2017, p. 8). Findings in the study were in line with previous literature, which demonstrated how important safety and connection were before anything else. A moment of drinking tea, educating oneself about the socio-political and cultural context, being attentive in the session and the location were valuable factors as well.

To conclude, Trauma Sensitive Yoga has the potential to be a complementary treatment with refugees. Literature on refugee trauma, universal trauma responses and yoga as a therapy treatment, find consensus in what is important in treatment: safety, empowerment and connection. Trauma Sensitive Yoga, implemented from the ethic of ahimsa with caution and cultural sensitivity, can offer a safe place where connection and empowerment are promoted and trauma is treated using a bottom-

up approach. Further, broader research is of need in order to make Trauma Sensitive Yoga known and accessible within the refugee population.

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