

HEALING THROUGH EXPOSURE: THE POTENTIAL BENEFIT OF
DRAMATHERAPY IN EAST AFRICAN REFUGEE CAMPS

By

Camille Kashaka

Submitted to the

Faculty of the College of Arts and Sciences

of American University

in Partial Fulfillment of

The Requirements for the Degree of

Master of Arts

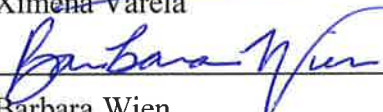
In

Arts Management

Chair:



Ximena Varela



Barbara Wien



Cynthia Farrell Johnson



Dean of the College of Arts and Sciences

Date

May 1, 2013

2013

American University

Washington, D.C. 20016

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ABSTRACT

The objective of this study is to identify the potential benefits of a dramatherapy program in an East African refugee camp. In order to understand the value of such a program, the methods used include a review of the political/social/economic history of the region of East Africa including texts on conflicts in the area. The main psychological and mental health issues found in the refugee camps were connected to post-traumatic stress disorder (PTSD). For this reason, a review of literature on PTSD was conducted, as well as a thorough review of literature on current and historical models of dramatherapy, but not excluding psychodrama and sociodrama. The information found in these texts proved valuable in learning about the treatment of victims of PTSD. Lastly, interviews with experts in these fields were conducted and compiled.

The results of this research lead to the conclusion that dramatherapy can be an essential tool in remedying the mental ills brought to and developed in East African refugee camps, but must contain some focus on education and skill-building activities in order to be a community remedy. Current models of dramatherapy promote mental, emotional and spiritual well-being while increasing the ability to be critical and communicative in everyday life. Dramatherapy has the potential to help individuals and groups recover from the trauma they experienced in their homes and in the refugee camps while also fostering an environment for fundamental social and political change.

TABLE OF CONTENTS

ABSTRACT	ii
LIST OF TABLES.....	iv
LIST OF ILLUSTRATIONS.....	v
GLOSSARY OF TERMS.....	vi
METHODOLOGY	1
PROBLEM FORMATION.....	3
HISTORICAL OVERVIEW	5
LITERATURE.....	6
CONCLUSION	53
APPENDIX A SEIR MODEL FROM DOUGLASS	54
APPENDIX B STORY FROM YOUNG MAN IN KAKUMA REFUGEE CAMP	55
REFERENCES	Error! Bookmark not defined.

LIST OF TABLES

Table

1. Refugee Populations in East Africa.....	28
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LIST OF ILLUSTRATIONS

Figure

1. Program Summary	47
2. Outcomes	49
3. Using Theatre Techniques	50
4. Community Interaction.....	51

GLOSSARY OF TERMS

Refugee: someone who "owing to a well-founded fear of being persecuted 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 to, or owing to such fear, is unwilling to avail himself of the protection of that country."¹

Post-Traumatic Stress Disorder (PTSD): an anxiety disorder experienced after a person has been exposed to a traumatic event or an extreme stressor to which they responded with fear, helplessness or horror. A traumatic event is characterized by its capacity to provoke "fear, helplessness or horror in response to the threat of injury or death."²

Dramatherapy: the use of theatrical and dramatic techniques to promote the growth and mental health of a group of people.³

Psychodrama: the use of theatrical and dramatic techniques to promote the growth and mental health of an individual.⁴

Sociodrama: dramatic play in order to reflect problems in groups or collective relationships⁵

Sociometry: method for quantitatively measuring relationships⁶

Land degradation: process in which human interaction with the land adversely affects the biophysical nature and value of that land⁷

¹ UNHCR 2012

² Yehuda 2002

³ Jennings 1994

⁴ Jennings 1994

⁵ Jennings 1994

⁶ Moreno 2012

⁷ Kibreab 1996

METHODOLOGY

The first step included a rigorous review of literature pertaining to dramatherapy, post-traumatic stress disorder (PTSD), refugee crises, and the political/social/economic history of the region.

Research started with political/social/economic history in order to gain a firm grasp of the current state of affairs in the region. This led to literature regarding the refugee crisis in the area. The literature on current affairs of refugee populations took mostly the form of news articles and biographies about people who had actually spent time in the camps.

A separate line of thinking came from research on dramatherapy and finding that many of the current applications of these techniques came in the form of treatment of PTSD.

Information on PTSD connected behaviors that occur in refugee camps and populations around the world to the symptoms of the disorder. Thus, the focus of the entire thesis shifted to determining the benefits of using dramatherapy techniques to treat PTSD in refugee camps in the East African region.

Interviews were conducted with people who had expertise in practice and theory of the themes that were to be addressed. All three had experience with the use of the arts abroad in order to deal with psycho-social stability of members of conflict zone populations.

Maxwel Okuto, a program manager at the Amani People's Theatre in Nairobi, Kenya was interviewed during a 10 day visit I made to that country from October 14-23, 2012. His focus is on teaching the performance techniques and principles of Augusto Boal to oppressed and impoverished populations around the city. He has also visited the Kakuma refugee camp in Northern Kenya and was able to provide a lot of insight and notes from that program.

Cynthia Farrell Johnson, a former foreign services officer and visual artist who has seen and used the arts to facilitate diplomacy and conflict management, was interviewed in her home in Silver Spring, MD in November 2012.

Caelin Briggs from Refugees International gave information about the organization; what it does, who it serves and major trends in refugeeism in the area. During this in-person interview in November of 2012, she provided insight into the current problems facing refugees, as well as internally displaced persons, in the region.

PROBLEM FORMATION

In East African refugee camps, there are circumstances that have driven millions of people away from their homes. Are there ways to alleviate the seeming futility of the situation of the refugees in camps in East Africa? This research posits that dramatherapy could potentially aid in confronting many of the ills faced by the refugees in this region. In order to most effectively argue this point, we must explore the many current theories and models of dramatherapy. We must also define a mental health benefit to refugees specifically through dramatherapy.

Refugee camps are disease-ridden, often bloody and gruesome, and provoke unimaginable fear in the hearts of people who are now seeking refuge in other countries. The problem here is that those countries are faced with scarcity and violent conflict as well. Resources are low and massive influxes of incomers exert pressure on the host nation. In East Africa, refugee camps are over crowded and dangerous. They include facilities that were created to be temporary but have survived for decades. This is to say, the conflicts and environments that have forced people into the camps have also lasted for decades. The assumption can be made that the structure of the systems in these environments has proven incapable of providing refuge for the people involved.

One of the major effects of the problems faced in these camps is the prevalent symptoms of Post-Traumatic Stress Disorder (PTSD). There are linear connections to current treatment of PTSD and the technique of dramatherapy. It is the thesis of this paper that a major contributor to the mental illness faced by refugees in East Africa is due to PTSD and can be treated through dramatherapy, psychodrama and sociodrama. Lastly, this work will outline the steps toward moving refugees in these camps beyond individual recovery toward the recovery of the

community as a whole in a way that could facilitate structural and behavioral change in greater society.

The following contains a review of the historical background of the region in order to gain a more accurate grasp of the current climate and reason for the many conflicts plaguing the area. This will help to contextualize the literature chosen to reinforce the point that dramatherapy is a viable method in healing and recovery among East African refugees. The first section describes the journey of dramatherapy itself in becoming more widely known and used through implementation in a number of programs world wide.

The next section deconstructs refugeeism and the mental effects of conflict on refugees, within and without the camps. By understanding the causes of these mental health issues, we are better able to understand the needs that dramatherapy could address when used as a recovery model with refugees.

A careful analysis of these factors allow for the development of a program and the needs that may arise in order to actually implement this program in a refugee camp. Finally, a conclusion will be drawn.

HISTORICAL OVERVIEW

East Africa is rife with civil war and post-Cold War era conflicts. Land degradation, immense financial debt to colonial powers as well as arms deals pervade the region and have forced these nations into economically dependent states. Land disputes have become a major player in conflicts because valuable resources are in one region but claimed by two or more. Tribalism has become a mechanism for inciting power struggles that have led to genocides all over the region. Because of these reasons, violence, hunger and fear have become so great and people have fled for their safety. Hence, there has been a major migration from many directions into East African refugee camps.

The psychological effects of this displacement, the trauma experienced in home countries and within the refugee camps, are great. Dramatherapy, psychodrama, and sociodrama have been used for years in the treatment of PTSD as well as other mental illnesses by healthcare professionals around the world. This includes many of the scholars that will be featured in this work. These are the same mental illnesses that may accompany refugees into the camps. The different models of dramatherapy, psychodrama and sociodrama vary in terms of focus, but all incorporate reenactments and storytelling to recover from trauma.

LITERATURE

Definition, History and Current Trends of Dramatherapy

In order to understand the benefit that dramatherapy and its counterparts (psychodrama and sociodrama) may provide, it is important to understand how they were formulated and developed. Schools of thought on psychodrama and dramatherapy include the developmental, role, and ritual models of therapy. They are all rooted in sociometry as developed by J. Moreno (Moreno 1941). The Self-Esteem and Recovery Model (SEIR) uses concepts from both psychodrama and dramatherapy in order to provide patients with valuable skills to succeed in the world. All of these models will be defined in order to understand how they can be implemented to work the specific trauma experienced by refugees.

In *Foundations of Psychodrama: History, Theory and Practice* by Adam Blatner, psychodrama is defined as a method for exploring psychological and social problems by having participants enact the relevant events in their lives instead of just talking about them (Blatner 2000). Psychodrama adds the dimensions of space, action and imagination to the typical verbal discussion in therapy. This method allows problems and situations that are passed to reoccur through action. It derives, through action, how the participants are feeling in the present, and reveal and decide on how they view the future. It brings out unspoken thoughts and feelings, encounters with people who are not present, fantasies of what others might be feeling (empathy), envisioning the future, and other ways of viewing the problem. Psychodrama is meant to be a corrective or emancipatory approach to recovery.

Dramatherapy and psychodrama are very similar in nature. According to *The Handbook of Dramatherapy*, the major differences include group versus individual models for therapy and the use of theatrical devices. Dramatherapy may start with the individual but current models tend

to lean toward the journey of the group into a realization. Psychodrama, then focuses on the journey of the individual. Dramatherapy places emphasis on creativity and expression while psychodrama deals heavily with the relationship between patient and therapist (Jennings, 1994). This book does, however, fall short on its definition of psychodrama by claiming that this relationship between the patient and the therapist focuses on verbal communication. It does conform to the idea that dramatherapy evolved from psychodrama but it does not explain the consistent relationship between the two. In today's models of recovery through the arts, there is a clear continuity between the two. Both stem from sociodrama, a concept developed by J. L. Moreno, which will be defined more fully later.

One model of dramatherapy defined by Ann Cattanach is the developmental model. She suggests that working with the life stages of individuals and groups has a healing quality. She says,

“This kind of working would include the change, flux and transformations experienced through social, cultural and psychological aspects of life: how we struggle to integrate the conflicted elements of experience. When that struggle is explored symbolically through the fictions we create in dramatherapy then the healing process could be described as restoring life through art.” (Cattanach 1994)

The model is developmental because it contrasts with other schools of thought that human dysfunction occurs when something is out of balance within the psyche and must be righted. Cattanach suggests that it is, instead, caused by a blockage in development. Treatment must include identifying that blockage and assessing where in the developmental sequence the person has stopped him/herself. This sequence spans a person's entire lifetime, not just childhood (Cattanach 1994). Through this model, the group is allowed to create a “fictional present” in order to explore the past and future from a safe distance. Cattanach stresses the importance of creating a safe space for these processes to occur. The “fictional present” is a part of that safe

space and allows access to the point in the person's developmental history so as to identify that blockage. This is also true of dramatic fiction. Not only does dramatic play allow the individual and the group to move forward and backward in time, but it also creates a number of other circumstances apart from their reality. This is especially important in refugee populations that have experienced many traumatic events that cumulatively lead to symptoms of PTSD. This model of dramatherapy leaves room to connect those individual traumatic events to each other and find a pathway from trauma to recovery. Cattanach says, "There are no chance accidents or irrelevancies to obscure the logic of our fictional world so we can develop new meanings for ourselves uncluttered by the constraints of our own reality." (Cattanach 1994) This leads to the foundation of both dramatherapy and psychodrama: sociometry.

Sociometry is a way of measuring relationships among people (Moreno 1941). From this idea, sociodrama unfolded. Sociodrama is an action method in which people spontaneously enact social situations as a way to understand the situations more fully. It promotes problem-solving, explores levels of feelings about events, and expresses issues about an event or conflict with no current resolution. Techniques involving role-reversal, doubling, future projection, soliloquy, freeze frames, and asides, sociodrama focuses on the collective aspects of the roles we play. It helps groups explore cultural roles and how they feel about them.

This concept is also used in the "Role Model" of dramatherapy as defined by Brenda Meldrum. In this model, Meldrum states that it is the therapist's job ("therapist" being only one of many roles of that person) to help the patient to find behaviors that are more appropriate to their role as well as increasing the number of roles available to them (Meldrum 1994).

Meldrum also gives a more concise definition of "role" by saying that it is a social concept. "It is not possible to think of being in a role except with reference to other people. So

role is the behavior that the person engages in when taking on a position in relation to others. The others too have expectations of how the person should behave in that role,” (Meldrum 1994). This is an important distinction because it addresses the enormity of the hole created from role-stripping and how it can shake the foundation of a community. When individuals of a community have their social roles revoked, the entire community suffers. Refugees are constantly faced with redefining their roles after being forced from their countries. While at home, they had jobs, families, and other social roles. As a refugee, the job is lost. The family may be separated or killed. Other relationships are destroyed. Each refugee finds him or herself in a foreign country with a foreign culture and a foreign environment. They can be enveloped in this blank state and must reclaim their identity.

The dramatic basis for this model of dramatherapy is evident, yet intricate and intimate. The use of impersonation and enactment in drama is imperative to creating art, and so it is in creating new roles. Meldrum addresses the paradox of impersonation by saying that when one takes on a character, one is “me” and “not-me” at the same time. This paradox leads some actors to regard “doing as being”. This leads to another key distinction in the role model of dramatherapy: distancing.

Meldrum describes the concept of distancing with regards to dramatherapy theorist Robert Landy by saying:

“The over-distanced person keeps rigid boundaries between self and other, projecting onto others their own feelings and thoughts, thus seeing the other as a reflection of themselves. The under-distanced person identifies him or herself too readily with the emotions and behaviour of others, losing boundaries between the self and other.”
(Meldrum 1994)

The goal of dramatherapy, then, is to move toward balance of these two extremes where the boundaries are flexible to change. The person should be able to interact with him- or herself.

This balance, as named by Landy, is the *aesthetic distance*. This increases one's ability to use the "role" as a conduit between the self and the social environment. Roles, again, are of a social design. Development of a role must come from interaction with other people. In dramatherapy, the journey of the individual is done by journeying with a group. This technique helps to reestablish roles through intrapersonal reflection and critical analysis as well as interpersonal interaction within the group. In a situation such as a refugee camp, there is a concentration of people with similar stories and similar trauma. This model can help refugees reestablish their individual roles as well as assigning themselves new roles within the group. It forces the refugees to confront others as reflections of themselves and understanding what their unique experience means to the greater social and political situation that they face. Empathy, an important part of the theatrical process, becomes a tool in healing via the role model.

One last model of dramatherapy stems from ritual drama which, as Sue Jennings suggests, is a form of drama that emphasizes a return to ritual and ceremony in an effort to stabilize the chaos of role removal and identity crises. It is her belief that "ritual and ceremony structure our passage through life" and that "many clients who come into therapy have been cut off from the appropriate ritual form to complete necessary rites of passage" (Jennings 1994).

Jennings refers to this ritual model of dramatherapy as "theatre of healing" and states that "it emphasizes the interplay between the several aspects of the human personality and, in particular, the interaction of the physical and metaphysical through the imaginative dramatic act." Her first task is to define dramatic ritual as a set of performed actions that involve metaphor and symbol that communicates change, status and values and also affects us. Ritual must cause and effect thought. Responses to ritual happen on physical and corporeal (of the body), affective, cognitive, imaginative and metaphysical levels (Jennings 1994).

The most important point in this model is that there is created, through the integration of different levels of responses to ritual, a new form of expression - a new language- to express things that are difficult to express with existing languages. Ritual dramatherapy is participatory and involves the development of the body and voice. When these skills are practiced and improved, participants are able to experiment and discover new ways to communicate. Jennings suggests that when attempting to teach these skills, the dramatherapist must not rely on one movement system because that limits the extent to which the patient can express him or herself. Multiple movement systems (ie yoga, mime, modern dance) must be combined and employed (Jennings1994).

These definitive texts all are used to substantiate claims from the arts world for healing and recovery from mental illness. Leveton argues that our social roles influence decision making: “In situations in which a person is ordered to commit violence on a neighbor to protect their own family from violence as happened in the Rwandan crisis, the role conflict is intense and traumatizing. Role stripping occurs when one is removed from a role, without consent and usually without much notice. It is clear to see how dramatically this occurs for oppressed peoples who may be stripped of many roles all at once,” (Leveton 2010). By creating and expressing roles and universes, a traumatized person can regain whatever he or she has lost during the traumatic event.

This idea was reinforced during this research by Cynthia Farrell Johnson, a former Foreign Service Officer and a visual artist. She suggests that the role of the artist in societies abroad is often different from in the US. Her experiences in conflict zones in Africa and South America have shown her the healing power of art. “People need art to take their minds off of the horror. It makes people feel good and smile. That's enough to be worth it,” she says. Johnson’s

art focuses on finding the beauty within difficult situations and promoting that. “There are enough people engaged in negative and destructive behavior,” says Johnson. She wants to bring something into the environment that will make people stop and smile. “There is a healing power in the arts. We can't get enough of it. Every single person has a way of expressing themselves and every single person has an artist within. Whatever way people express themselves, its okay. They should explore that and find their voice.” (Johnson, 2012)

This statement is supported by the research conducted in *Self-esteem, recovery and the performing arts* by Donna Douglass where mental health practitioners, educators and students are given tools to be able to incorporate the performing arts into therapy and curricula in order to help people with mental illness to recover. The use of the performing arts not only addresses specific issues with a patient, but it also addresses anxiety and stress associated with performance. Stress reduction skills are acquired through the process of becoming more comfortable with performance. She also offers recovery models and evidence of improved cognition and stigma removal through a number of illustrations and case studies. This book proves to be a powerful source of primary research with regard to the use of the arts in recovery.

One case study in this book is on the effects of the performing arts on the recovery of adults with a serious mental illness. In this case, the need was described as a weakness in preparing adults with serious and persistent mental illness (SMI) with the entry skills required and the confidence and/or self-esteem necessary to pursue vocational or educational goals. These entry skills included attention, concentration and memory skills, social skills, impulse control, frustration tolerance and responsibility for one's behavior, following directions, accepting constructive criticism, cooperation in a group, willingness to risk failure, and task completion.

· Cynthia Johnson interviewed on November 15, 2012

The report made evaluations on a program that is based on modeling, behavioral rehearsal and role-playing that occurs in a community and is designed to promote normalization and community integration. The program was evaluated by pre- and post-test design through implementing the program and then developing data on the program effectiveness on the necessary skills for entry mentioned previously.

A summary of the study concluded that previous approaches to rehabilitating people with SMI focused on helping patients to enter/re-enter the workplace. However, there are few programs that help people with SMI to obtain the basic skills necessary to enter those established programs. These programs also fail to address the concept of community integration, which is an essential item since these people are stigmatized and isolated from the community. Through the program, which included two groups (Introduction to Musical Theatre Class and the Musical Theatre Company), a number of students made significant gains in skill development, self-confidence, and motivation over a six month period. There was also a trend of decreased anger, depressed mood, and improved quality of life (Douglass 2011).

Johnson shared her experience with the healing power of arts with regards to the stigmatization of learning disabilities, which also can cause low self-esteem and confidence. Her sons have learning disabilities. Engagement in the arts have helped them develop ways to work in an environment that does not cater to them. The arts calm them down and help them feel better. In an interview for this paper, she said, "It is important to teach people art. It gives them a voice and an outlet that is healthy and it makes them feel better." From a wider perspective, she mentions the practical applications of the arts in mental health. "The arts develop discipline and focus. It heals," she says. She made a reference to David Brooks and his book *The Social Animal* to make the point that "It takes emotional intelligence, not just the rational mind, to make

important decisions. Give people the tools to have emotional intelligence. You've got to have head and heart. If one is stronger than the other, you're not going to make good decisions.”

Douglass introduces a recovery model known as SEIR (Self-esteem and Recovery) that potentially gives people the tools to have the emotional intelligence that Johnson describes. Douglass defines recovery as “an improved quality of life that includes self-actualization, life satisfaction and well-being, personal empowerment and community reintegration.” This model was developed over 50 years of work with seriously mentally ill people. The focus of this model of recovery is on self-esteem and self-efficacy. It includes the following themes that should be included in recovery programs:

1. Understanding and Acceptance: This includes peer group work that serves as a family offering “support, safety, common interests and trust-building activities.”

This is applicable to any dramatherapy program because it involves a journey as a group to healing and recovery. Trust-building is a vital part of the theatrical process and must happen by virtue of the implementation of the dramatic process (Douglass 2011).

2. Fun and Enjoyment: SEIR programs must encourage students to take life less seriously and find humor in the stress of their situations. This may come from engaging the group in non-mental health related activities within the community.

While this is not common of dramatherapy programs generally, it can be encouraged outside of the program itself. Suggesting that the group enjoy time outside of the group is a powerful way to reinforce the trust of the group that can be brought back into the venue in which therapy is taking place (Douglass 2011).

3. Role Shifting: This concept must come from interaction within the community. SEIR students

experience positive results by interacting with community volunteers in rewarding activities.

This is a recurring theme in most of the literature about dramatherapy. Role-stripping is a major side effect of traumatic events and must be addressed in order to move forward in the therapeutic process. People are defined by their roles in a society. Without purposeful role, a person cannot have a positive self-image, another element of recovery. The role model of dramatherapy described earlier in Sue Jennings' literature focuses attention to this element of recovery (Douglass 2011). It is also applicable in the Invisible Theatre techniques described by Augusto Boal where the audience interacts with the performers in order to resolve issues brought up in the dramatic action. Invisible theatre will be defined later in this text, but it is important to note that when participants in the SEIR model invoke the use of Invisible theatre, the product will be the attachment to different roles and a reclaiming of identity.

4. Meaningful Routines: Douglass describes this as the reasons to get out of bed in the morning. By giving the participants productive activities that are motivational, they become a part of their daily routine. When SEIR activities become a part of that routine, participants become more motivated to attend the classes and rehearsals.

When participants place importance and value of the theatrical process on their daily life, it becomes easier to access that creative and vulnerable space that dramatherapy seeks to develop (Douglass 2011).

5. Employment: SEIR programs should offer activities that build work-readiness skills. This model promotes the encouragement of participants to view the program as they would a job. This includes punctuality, notification of absences in advance, following through on commitments, and accepting constructive criticism.

Employment is generally a major goal for people involved in this program. So, too, is it a major goal for refugees in camps who are waiting to return home. As will be discussed later, refugees are not only focused on current crises within the camp like hunger and disease. They are often forward-thinking and want a mechanism with which to climb from their current situation and into a place where they can actualize their personal goals which include education and employment (Douglass 2011).

6. Esteem: Every aspect of the SEIR model offers a chance for success. This is a core element of the model and therefore pervades every part of it. This is in an effort to strive to reach the eight core goals of the SEIR program. “Successful experiences play a significant role in helping students achieve these goals, leading to improved self-esteem, a major step toward recovery.” (Douglass 2011)

7. Anger: This is a major barrier to entering into any social or employment environment. It also disrupts the rehearsal or class of the SEIR program. This should be dealt with by addressing the anger and acknowledging the validity of the emotion. Following that, it must be emphasized that anger is counterproductive toward their recovery. Controlling emotions is a requirement in participation.

This is an excellent example of how the theatrical process can help to temper and/or control emotions. By teaching and practicing theatre exercises that redirect or channel emotions, participants are better able to focus their emotional energy in more healthy directions. By simply engaging in a dramatic work that can employ emotions that the participant is feeling can not only channel those emotions, but also allows for critical analysis of their disposition and its causes. It can give room to explore other people and promote empathy and understanding as well as validating the participants’ emotional space (Douglass 2011).

8. Integrative Aspects: SEIR activities must be symbiotic in order to allow for integration. The program, its activities and the fellowship involved should give an experience of affirmation apart from their mental illness. Essentially must realize they are a person who happens to have a mental illness, they are not a mentally ill person.

With regards to the refugees who need recovery from PTSD and development of mental health, this is essential. They must be able to recognize themselves and each other with more humanity than as victims or villains. They must not identify as broken or shells of themselves, but as whole people who have the ability and the worth to recover from their situations (Douglass 2011). See Appendix A for a graphic display of the SEIR model.

The SEIR model of recovery includes three components: goals, process and behaviors. These components are shown graphically in the appendix. This structure suggests that developing goals leads to a process to achieve those goals that, in turn, leads to changes in behavior (Douglass 2011). By creating goals that are rooted in the eight objectives listed earlier in partnership with the participants, the journey can be very individualized within the group yet strive toward common goals. Defining the path to a theatrical presentation can run parallel to the path to recovery using these objectives.

A major trend among people with mental illness, including PTSD, is a high stress level. The SEIR addresses this barrier to recovery by identifying the causes. Douglass believes that much of the stress experienced by these people stem from an incapability to make decisions, take risks, and learning from failures. They, then, develop an unhealthy dependence on others in all aspects of daily living (Douglass 2011). This is another tangent on the edge of role-stripping and the sociometric results of refugeeism. Because individual refugees have been stripped of their identities, their roles in society, they are left with very few choices. To exist in a refugee camp is

to exist without choice. They are at the mercy of the camp resources and the international humanitarian aid community. They live in fear of violence, sexual assault, hunger, and disease. The scarcity of resources within the camp make these fears even more valid.

Deegan addresses the stress and anxiety fostered by the mental health system by dehumanizing and disempowering mental health patients. According to Deegan, “Almost everything you do gets understood in reference to your illness,” (Deegan in Douglass 2011). This way of thinking further strips patients of previous roles and must be reduced. By defining one’s wholeness by their disability is cramping and increases the chasm between illness and recovery. This identity can cause anger and stress because it reduces one’s existence in life to an illness. Participants in SEIR and dramatherapy must find independence. It is the goal of these programs to promote independence and self-efficacy and so activities must be designed to do that. Activities should be participant-driven.

Resilience is another attribute of the SEIR model. Douglass defines resilience as “the capacity to recover from extremes of trauma and stress” (Douglass 2011). Douglass criticizes the lack of focus of resiliency in mental health clinical practice and states firmly that it is a necessary component to healing and recovery. Her recommendations for any program designed to reduce stress and increase resiliency should include incorporating humor into daily life, focusing on the positive and avoiding negative self-talk, exercising regularly to reduce stress, developing coping mechanisms, taking controlled risks to develop courage and create a “hardiness” toward dealing with stressful events, setting realistic goals, avoiding overcommitment, rewards for success, learning impulse control and dealing with anger in a healthy way, viewing mistakes as building blocks to learning, taking responsibility for behavior and actions, rest and relaxation, and understanding that no one is perfect (Douglass 2011).

The use of the theatrical process is almost tailor made for learning to deal with stress and anxiety while promoting confidence. Douglass illustrates how theatre reduces anxiety by first acknowledging that people with mental illness are usually very self-critical and have negative perceptions of the future because they have experienced one failure after another. It is important that the SEIR program begins and ends with development of a positive attitude toward self and the participants' chances for recovery. This can start with "positive self-talk." She then addresses anxiety and how it can be good and bad. Douglas says, "The process of reducing stress and learning to deal with performance anxiety can be, surprisingly, a positive experience if it offers frequent opportunities for success." One way to address the anxiety is to be very open with the process involved in preparing the piece of theatre and getting a show on the stage. This reduces anxiety and allows participants a space to even be excited about performance (Douglass 2011).

Dealing with performance anxiety can be difficult and requires patience. However, this anxiety can be healthy as it contributes to the need for the participants to engage in taking controlled risks and learning to deal with stressful events. Douglass recommends using different types of audiences to ease into the performance element of theatre. Class performances where participants are the performers and the audience members are helpful because the group is a supportive structure with an intimate understanding of the nature of the material being performed. It is the safest performance space. Participants must support each other with positive responses like applause and compliments. Once SEIR staff feel they are ready, the participants can be asked to critique each other with self-critique, group-critique and/anonymous critiques.

Participants may then begin performing for small audiences. An example of this could be to have a few other staff members sit before the performers. This performance can be casual and involve cue cards or disclaimers that the piece is a work in progress. This will reduce anxiety yet

allow for a boost of self-confidence. SEIR programs also recommend previews, where friends and family members can attend. It should still be a small performance but have more of the theatricality intended for a full performance. Before the “big show”, the participants may take the performance to a small community gathering. This should be a supportive and appreciative group that will increase the number of strangers but is still a safe space. The “big show” needs to be organized so that negative anxiety can be maximally reduced. The process needs to happen as smoothly as possible so that the participants can concentrate on their performance and not on the negative self-image that is habitual. After the performance, some activity, like a cast party, should be arranged so as to enjoy the success of the show, which is imperative to the effectiveness of the performance (Douglass 2011).

The SEIR model of recovery, though practical in clinical application, does not address the greater needs of refugees to understand the political, social, and economic reasons behind their current situations. There needs to be an educational element to recovering from the trauma that has greater political and environmental implications because once mental health has been stabilized, refugees have to live within their reality.

Theatre and Pedagogy of the Oppressed

There is strong evidence that theatre as a mechanism for social change could be implemented to help to heal the wounds of a population that is traumatized as a group as well with the teachings of Augusto Boal and Paulo Freire. Freire's *Pedagogy of the Oppressed* gives a concrete link between education and social change. He argues that freedom and knowledge are dependent upon each other. Freire calls liberation a mutual process, not a self-achievement. The process of humanization and its counterpart, dehumanization, describe in philosophical terms, the nature of “recognition”, one of the milestones in the recovery process from trauma:

“Dehumanization, which marks not only those whose humanity has been stolen, but also (though in a different way) those who have stolen it, is a distortion of the vocation of becoming more fully human.”

(Freire 2000)

Freire uses to this “dehumanization” to explain the stripping of roles that occurs when the oppressor dominates the oppressed. He explains that though this is a historical fact, it is not a destiny. It is something that can be avoided when we recognize the roles of ourselves and others. Through dramatherapy, refugees will be confronted with the roles that they may have participated in stripping from others. It is important to remember that refugee camps are full of opponents as well. Freire declares that the balance between oppressor and oppressed can be tipped.

“Because it is a distortion of being more fully human, sooner or later being less human leads the oppressed to struggle against those who made them so. In order for this struggle to have meaning, the oppressed must not, in seeking to regain their humanity (which is a way to create it), become in turn oppressors of the oppressors, but rather restorers of the humanity of both.” (Freire 2000)

Here, Freire is commenting on a peculiar nature of the refugee camp. On a less structural level, a refugee camp houses the oppressor and the oppressed. People in refugee camps are both victim and criminal and are forced to live side by side in a camp that has few resources and depends on cooperation. There is unprecedented violence and abuse in the camps. In an article written by a freelance journalist who is also a resident of Dadaab Refugee Camp for the UN Integrated Regional Information Networks, Iftin Hujale describes the adversity in the camp:

“I remember one morning in late December 2011 when the police entered the residential blocks and started beating people; I heard people screaming and policemen shouting. I saw many people running behind our fence as they called out for me to follow. My mother was frightened, she was scared for me. From the look on her face I could tell how helpless she was feeling as she grabbed her falling headscarf. I did not run at first, until I saw the police beating an old man.”

Hujale continues to relay that this incident had bigger and broader violent events. Women were raped or victims of attempted rape, children were beaten, suffered homelessness, and had no access to healthcare. Dadaab, he says, is unsafe. There is no protection for the refugees. In a place that is a refuge for people who were victimized and persecuted in their home countries, they are still victims of violence and abuse. The fact that victims and oppressors are crammed side by side in these camps makes it difficult for civil discourse to occur. The personal stories of refugees and soldiers alike describe this circumstance.

Ishmael Beah describes his life in *A Long Way Gone: Memoirs of a Boy Soldier*. In this autobiography, Beah describes his time as a child soldier and being forced into drug use and addiction as well as being made to murder and maim civilians. From the perspective of his victims and their loved ones, he was a villain. However, he too was a refugee in the same camps as the victims. This is not an unusual circumstance. In the camps, people from opposing tribes are both fleeing their homelands. These refugees are expected to peacefully coexist in these camps despite the atrocities thrown across tribes and lands in their home countries. If this is to happen, the struggle for humanization that Freire talks about must come from education and empathy and understanding the fundamental and structural entities in place that have caused these circumstances.

The danger that Freire warns about is the tendency for the oppressed to become the oppressor. Because they have been conditioned by the oppressors about what freedom looks like, they tend to fight for that position of power, which would then make them the oppressor. In terms of a refugee camp, the common perception of the powerholder is that of violence and rape. Just as many of the regimes in the East African region started out as liberation movements and

deteriorated into dictatorial autonomies full of violence and mistrust, so too is the danger with in the refugee camp. It is important to understand fully the type of liberation and freedom that the refugees are striving for. This can be discussed, illustrated and mass communicated through dramatherapy and theatre performance.

In the same vein, Boal speaks of theatre as a conduit linking knowledge to freedom and change. Using philosophy and a deconstruction of the elements of drama, Boal claims that theatre is political. His analysis of theatre as a process ties very heavily into the literature mentioned earlier that links drama methods to healing and recovery. The process of theatre is the process of critical analysis and self-discovery. The process demands empathy through character work and plot study. The concept of catharsis, to purge oneself of emotions built up and stifled, is especially important in this text as Boal suggests that societies repress this process through politics, bureaucracy, habits and customs. Theatre functions as an instrument for purification. This is a major contributor to the healing process from PTSD. It also creates a habit of empathy, a function that is imperative to fully engaging in dramatherapy, psychodrama and sociodrama, as they all require the switching of roles in order to explore different outcomes to the traumatic experience and those involved. The process of theatre is collective. It does not work without an audience. It does not work without the performer.

To begin, catharsis is therapeutic. It also provides a space for the performer and the audience member to address pent up aggression and emotion in a forum that creates discussion and confrontation of an issue as a part of that cathartic moment (Boal 1985).

Boal calls this function of theatre one of purification. The relationship between the audience and the performer in Boal's literature is very important. He suggests that empathy is the relationship between the character and the spectator from the first moment of performance (Boal

1985). This idea is key as it directs the performer to engage in a dialogue with the audience from conception of a theatrical piece. Boal states, "...art, in any of its modes, genres, or styles, always constitutes a sensorial way of transmitting certain kinds of knowledge—subjective or objective, individual or social, particular or general, abstract or concrete, super- or infrastructural," (Boal 1985).

The nature of dramatherapy in a refugee camp can not and will not stop with individual recovery. Boal's suggestion that theatre is political by virtue of it being a messenger is tied closely to the group and community orientation of dramatherapy as a clinical practice. "The theatre, in particular, is determined by society much more stringently than the other arts, because of its immediate contact with the public, and its great power to convince," (Boal 1985). Boal is charging those engaged in theatre with a responsibility to consider the power of the message within a dramatic presentation. This can tie closely to the warning posed by Freire earlier. The oppressed must not become the oppressor. Knowledge is a powerful tool that can be wielded by the masses through the outcomes of a dramatherapy program.

Augusto Boal's objective in *Theatre of the Oppressed* is to show in practice how the theatre can be placed at the service of the oppressed, so that they can express themselves with literally a new language. By breaking theatre into its parts, he literally turned it into a new language in Peru in order to teach literacy. He also used photography to help the participants learn language skills. By asking questions in Spanish and requesting the answers be in photographs, the participants were forced to reconceptualize language in to something that communicates but may not be familiar.

By using this new language, participants are able to discover new concepts. This is outlined in what Boal called the Poetics of the Oppressed. The goal of the Poetics is to change

the spectators from passive beings in the theatrical phenomenon into subjects, actors, and transformers of dramatic action. The Poetics encourage a focus on the action instead of the character. The spectator is to become the protagonist and can change the dramatic action. Boal states that theatre is not a revolution in itself, it is the rehearsal for the revolution (Boal 1985).

This revolution, Boal urges, is one that transfers the means of production to the people so that the people can utilize them. When Boal mentions “the people”, he means specifically, the oppressed. His methods for teaching theatre are not reserved for the conventional notion of the actor. Boal intended for theatre to be given to the masses, the trained and untrained alike. The means of production are within the human body. This is the main source of sound and movement. In order to control the means of production, a person must first control his/her own body, know his/her body, to make it capable of more expression. This happens in four phases:

1. **Know the body**- exploring the body in order to understand its limitations and possibilities. This refers to both the individual body and the body of the group. It includes understanding social distortions and possibilities for rehabilitation.
2. **Make the body expressive**- this is intended to use the knowledge that was gained in the first phase to create new forms of expression. Even within the teaching phase (games and exercises designed to use the body to express), participants are encouraged to create their own games that will test the limits of physical expression.

3. Theatre as language

- a. Simultaneous Dramaturgy- audiences are able to stop a performance during a point where a character is being oppressed and suggest different actions in order to change the outcome of the piece. This is an example of making the

spectator move from passive viewing to active participation. It allows them to have input in the dramatic action.

- b. Image Theatre- enacting a concept nonverbally. For example, asking a group to create a visual representation of the concept of “Peace” is one way to find the different physical representations of what “Peace” looks like to the people.
- c. Forum Theatre- born of “Simultaneous Dramaturgy”, Boal developed a form of theatre that starts with a scripted core that tells the story of oppression that is relevant to the audience viewing it. This play is performed once where the audience sees the oppressed fail to overturn the oppressor. The play is then performed a second time and the audience is turned into what Boal calls the spect-actor. The spect-actor can stop the play and take the place of the oppressed and do action that could possibly overturn the oppressor. Once that is done, the spect-actor takes the place of the oppressor and finds ways to keep the oppressed oppressed. This course of action is used to find all the possible pathways to liberation.

- 4. **Theatre as discourse**- theatre should be used to engage in a dialogue and use the knowledge obtained by the individual to contribute to the collective body of knowledge. In this way, the masses are less disconnected and a structure of solidarity can be built. (Boal 1985)

To rein in the theories of Augusto Boal and Paulo Freire, it is important to reiterate the connection between the implicit value of education and community engagement and dramatherapy. The community is an important factor in dramatherapy as a supportive entity toward recovery in people with mental illness. The community includes those people in the

refugee camps. The rate of PTSD in refugee camps would expand beyond the participants in a dramatherapy program. There is also an explicit need to foster an environment that allows for political freedom within the program as the circumstances that brought the refugees there in the first place are political. There is little separation between the political and social nature of Freire and Boal's theories and the paths to recovery in dramatherapy theories.

Definition of Refugee

In Zolberg, Suhrke, and Aguayo's book *Escape from Violence: Conflict and the Refugee Crisis in the Developing World*, the definition of "refugee" is given as and a background of the political implications of the word in the international arena. It provides details about comparable refugee situations and how the rest of the world has dealt with these crises.

By dedicating a chapter to the historical context of the word "refugee", we are given multiple perspectives on how the phenomenon has persisted throughout history. It describes the everyday parlance meaning of the term as anyone who has felt compelled to abandon his or her home. However, the book also discusses the very rigid definition of "refugee" in the international legal sense. The United Nations High Commissioner's Office for Refugees (UNHCR) defines the term as "A refugee is someone who owing to a well-founded fear of being persecuted 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 to, or owing to such fear, is unwilling to avail himself of the protection of that country," (UNHCR 2012)

Beyond defining who a refugee is, the contemporary crisis of refugeeism has become a major topic of discussion in the international human rights arena. *Escape from Violence* also describes refugee movements historically and leads up to the modern crises, describing conditions in home countries, camps and resettlement destinations. The creation of UNHCR is

described in detail as a successor to the International Refugee Organization in 1949. The IRO was created after World War II in order to deal with refugees from Europe. The organization had an innovative model in that for the first time, people applied for refugee status and a staff of “eligibility officers” decided whether or not these applicants fell under the organization's mandate.

Because the IRO was an agency with a finite goal, it was expected to complete this goal by 1951. The UNHCR was then created to succeed the IRO but was still focused on the plight of Europeans. The international community was largely ignored (Zolberg 1989).

Table 1 shows the most current populations of refugees in the countries of interest. These numbers are constantly changing and many camps are having difficulties keeping registration because of large influxes of refugees.

Refugee Populations in East Africa

Refugee Camps Great Lakes	Population	Refugee Camps in the Horn of Africa	Population
Burundia	35,659	Djibouti	20,340
Kenya	566,487	Eritrea	4,719
Tanzania	131,243	Ethiopia	288,844
Uganda	139,443	Somalia	2,099

Source: UNHCR.org

Cause of the Influx of Refugees in East Africa

Richard Dowden traces the modern histories of several African states in *Africa: Altered States, Ordinary Miracles*. A commonality among Dowden's research along with other sources of literature is that these countries face land degradation that stems from colonialism, unstable regimes after Independence, tribal rivalries and power struggles that are instigated by international agencies (Dowden 2010) . In *People on the Edge in the Horn*, Gaim Kibreab describes the purposes and profit motives behind degrading the land in this region beyond repair.

Subsistence farming was replaced with commercial agriculture. The government in these countries mandated the increase of commercial agriculture, ridding the soil of the necessary nutrients for it to grow more varied crops. Essentially, focusing on cash crops has created an environment in which the people are unable to grow crops that they can eat. They starve. These people then go in search of food and eventually become refugees. Governments place these refugees in camps, reception centers and settlements because this concentration of people makes it easier to reallocate land and other resources toward commercial agriculture. This maximizes short-term gains and minimizes short-term losses. The long-term effects are ignored or overlooked (Kibreab 1996).

Another major reason for the explosion of refugee populations in this region stems from internal conflicts after independence and tribal rivalries that have been instigated by international powers. Andrew Natsios' book *S. Sudan, South Sudan, and Darfur: What Everyone Needs to Know* describes the two civil wars that brought about the genocide of millions and displaced almost twice as many. Through the supply of weapons by international entities, 2.5 million people were killed in violent conflicts. Insistence on tribal superiority was an effective means by which war could continue, genocide committed, and weapons purchased. Later, after the state split in two, Sudan and South Sudan, the boundary separating the two became a point of violent contention as oil in the south was claimed by the north. The countries have offered peace agreements but they have done little to completely stop the extreme violence that has been a part of the culture for decades. In *Africa*, Dowden describes similar situations in Uganda, Somalia, and Rwanda. Violent conflicts fueled by international interests have become a strong economic force in post-independence East Africa (Natsios 2012).

Unstable regimes have shaken Africa to its core. In East Africa, the nature of regime

change has often been sudden, violent, and fundamentally different. Drawing on tribal differences, these countries have had coup d'etats that are so sudden and violent that are based less on political differences and more on fear mongering and military training. For example, according to Dowden and others, Idi Amin was a member of the military and a favorite of the British Empire. Though not sophisticated in the ways of African politics, Amin was able to overthrow his predecessor and violently reign in Uganda for eight years under gross human rights violations. His rule ended in his exile to Libya and Saudi Arabia where he eventually died. In Somalia, drought and famine rack the people who are now fleeing for safety in other countries. However, Somalia has also been a constant host to war that it is now a part of the culture. In the early nineties, the country had a regime change as the Barre administration was overturned by clan-based opposition groups that were supported by Ethiopia and Libya. While the interim president was Ali Mahdi Muhammad, different political and military parties refused to recognize him as such. Barre continued to claim the presidency. This caused a split among the major parties and clan affiliations and eventually, armed conflict arose. The Soviet Union and the United States became major arms dealers to Somalia and the conflict destroyed many agricultural centers and food distribution was interrupted. The violent conflicts were largely ethnically based and genocide and famine pervaded, forcing people from their native lands as refugees (Dowden 2010).

Post Traumatic Stress Disorder in the Refugees

According to Rachel Yehuda's article "Post Traumatic Stress Disorder" published in the New England Journal of Medicine, a traumatic event is characterized by its capacity to provoke "fear, helplessness or horror in response to the threat of injury or death".

To be diagnosed with PTSD, a person must have been exposed to a traumatic event or an

extreme stressor to which they responded with fear, helplessness or horror. They must also exhibit three types of symptoms: 1. re-experiencing of the event, 2. avoidance of reminders of the event, and 3. hyperarousal for at least one month.

The article further defines each of those three symptoms. Re-experiencing the event comes in the form of unwanted recollections of the incident through distressing images, nightmares or flashbacks. Avoidance refers to attempts to avoid people, places or thoughts associated with the incident. Hyperarousal includes the physiological manifestations like insomnia, irritability, impaired concentration, hypervigilance and increased startle reactions (Yehuda 2002).

Refugees have been known to experience flashbacks and nightmares associated with traumatic events. Valentino Achak Deng, in Dave Eggers' book *What is the What* and numerous speeches, often speaks about nightmares and flash backs:

“I had many curious thoughts during the day. Dreams appeared before me. When I stood or turned quickly, I felt a dizziness that numbed my limbs and brought white flies to my eyes, and occasionally with this disorientation came people I once knew. I would see my father, or the baby of my stepmother, or my bed at home. I often saw the head of the dead man in the river, though in my visions I saw his face, which had been stripped like the faceless man's,” (Eggers 2007)

Deng spent time in the Kakuma refugee camp in Kenya, the same camp that the Amani People's Theatre hosted a dramatherapy program. Unrelated to the APT program, Deng also engaged in drama in Kakuma, though not through a dramatherapy program. Deng joined the drama club headed by one of his teachers in the camp and became a student director in the program. The club wrote plays that they performed throughout the camp that addressed issues that arose in within the camp.

“So we wrote and performed dramas about AIDS and how to prevent it. We wrote a play about anger management and conflict resolution. One play concerned castes and social

discrimination in the camp, another covered the effects of war on children. We performed a one-act proposing gender equality – that the boys and girls of Sudan, like those in Kenya, should be treated the same – and to our continual amazement, the plays were appreciated and we received very little resistance, at least overtly, to our message.” (Eggers 2007)

This program got Deng notoriety within the camp and eventually led him out of the camp into the United States where he had a difficult time integrating into American society. The power of theatre helped him through his time in the camp but the eventuality that he would leave was not addressed. He had not been adequately prepared for life outside of the camp. The drama program helped him gain confidence that would make him a powerful public speaker later in life. It allowed him to take on greater leadership roles within the camp and help motivate other youths to engage in their education within the camp. These are very clear examples of how theatre can contribute to recovering from the symptoms of PTSD. However, it can be debated that though he did reap many of the spiritual and emotional benefits of engaging in the theatrical process, he would have extracted more value from a model of dramatherapy that places some importance on recovery and resilience.

In *A Long Way Gone: Memoirs of a Boy Soldier*, Ishmael Beah recounts horrible images of violence that haunted him when there was no apparent threat of danger. In one chapter, Beah describes how sleep evaded him for months after leaving the military as a child. It took him several months to learn to sleep again without medicine. When he was finally able to sleep, he would wake up only an hour later:

“I would dream that a faceless gunman had tied me up and begun to slit my throat with the zigzag edge of his bayonet. I would feel the pain that the knife inflicted as the man sawed my neck. I’d wake up sweating and throwing punches in the air. I would run outside to the middle of the soccer field and rock back and forth, my arms wrapped around my legs. I would try desperately to think about my childhood, but I couldn’t. The war memories had formed a barrier that I had to break in order to think about any moment in my life before the war.” (Beah 2007)

The way that Beah relived his bloody past was through nightmares and insomnia; the classic

signs of PTSD. He was constantly told by staff members at the rehabilitation hospital that he was living in at the time that the violent acts he committed while a child soldier were not his fault. His stay in rehab was due to the drug addiction that resulted from being forced to use cocaine and gun powder by his superiors in the military. Their assertions did not convince him and he found it insincere a lot of the time. After finding a nurse in the hospital that allowed him to talk without making any diagnoses or judgments about his story, he began to trust her above the rest. After one particularly excruciating nightmare occurred, she could tell that Beah was more troubled than usual. He recounted the nightmare to the nurse. This was the first dream he had had of his family since they were murdered and he had been recruited into the government army at age 12. He was now 16 years old. He says of retelling this dream: “At first she just listened to me, and then gradually she started asking questions to make me talk about the lives I had lived before and during the war. ‘None of these things are your fault,’ she would always say sternly at the end of every conversation. Even though I had heard that phrase from every staff member—and frankly I had always hated it – I began that day to believe it,” (Beah 2007).

Both autobiographical sketches show clear parallels to avoidance and hyperarousal. The violence in refugee camps are often reactions to hyperarousal, as claimed by Jimmie Briggs in *Innocence Lost: When Child Soldiers Go to War*. Within the foreword, Aryeh Neier states, “Neglecting them after they have been taught to kill compounds the tragedy of their lives and, most likely, helps to ensure that they pose a continuing threat to the lives of others,” (Neier in Briggs 2005).

PTSD symptoms are similar to depression and anxiety, so the diagnosis is often missed unless inquiries are specifically made about the occurrence of a traumatic event. Yehuda claims that simply providing a mechanism through which patients can disclose such events, an

important barrier to treatment is broken down by legitimizing the event as a valid reason for symptoms. Beah's recollection of his experiences at the rehabilitation hospital is a powerful example of this. Beah did not trust the other staff members, but this particular nurse allowed him to talk when he wanted and allowed him not to talk when he did not. Dramatherapy must ease into discussions about the traumatic incident in order to truly derive response to the treatment. The developmental model of dramatherapy described earlier could be used to draw the pre-traumatic event lives of the participant out into the narrative of the group.

Dramatherapy provides a space and safety to disclose events of trauma within a group of people who are displaying similar symptoms and are also in need of validation. The models of dramatherapy described earlier provide a number of means to express the cumulative trauma through a number of conversations and exercises in disclosure with other refugees. Yehuda shares that experiencing or learning about a traumatic event challenges a person's sense of safety, leading to feelings of vulnerability and powerlessness. Recovery from the event involves confronting human vulnerability in a way that promotes the development of resilience (Yehuda 2002). One such way is the Douglass' SEIR model of recovery, which does place a high level of importance on resilience.

Treatment and Recovery

PTSD typically involves interpersonal violence like rape, assault, and torture or the exposure to events that are life-threatening like disasters. It can also occur in people who have witnessed a violent injury or the unnatural death of another person. There need only be sufficient associated terror or shock. Many of these events are common in the civil wars and genocides that have been experienced or witnessed by refugees in this region of the world. A trend found in people exhibiting PTSD symptoms is that they blame themselves for failing to act in a way that

could have averted the event (Yehuda 2002). Current dramatherapy models can address this distress through role playing and the developmental model described by Cattanach, where the “fictional reality” allows the participant to deal with specific moments in time that are hindering recovery.

According to Yehuda, being able to confront distressing emotions related to their experiences will promote habituation, so that over time, their thoughts about and emotional responses to the event will become less distressing. This treatment, she stresses, should come in three parts: education, feeling of safety, and support. Education should help patients understand the nature of their condition and process of recovery. They must know that their symptoms are psycho-biological reactions, not weakness. Especially in a community in which mental illness is not necessarily considered part of the crisis, as in refugee camps, this factor for treatment is truly important. The feeling of safety refers to the reluctance of patients to seek help. Treatment for PTSD must assure patients that vulnerability is a necessary part to recovery and create a space where the patient can believe that. Dramatherapy is particularly useful in this aspect because the theatrical process drives participants toward vulnerability. Support refers to the need to confront fears and emotions in a structured format without feeling overwhelmed. This should be kept in mind when dealing with dramatherapy considering the nature of group work. There must be a structure that allows for participants to not be bogged down by the tragedy of others. This may limit the number of members in a group.

Yehuda asserts that the exposure therapy, cognitive, anxiety management and group management techniques are generally accepted as the most effective when dealing with PTSD symptoms; Exposure therapy helps patients confront painful memories. This is a behavioral treatment that is common for PTSD patients. It should be paired with relaxation techniques as the

patients are also experiencing hyperarousal and could react adversely to treatment. Exposing someone to the stressors associated with their trauma is a sensitive technique and should be worked up to with less stressful memories or situations. In the case of dramatherapy, it is important to keep this in mind and not try to extract the most painful parts of a person's traumatic event from the beginning. A setting of trust must be strong in its foundation and then exposure therapy can be applied to the dramatherapy treatment.

Cognitive therapy helps patients process their thoughts or beliefs. This is often used to correct or redirect thoughts. It is used to modify dysfunctional thinking or behavior. This type of therapy is connected to the SEIR model of recovery that places an emphasis in reversing negative self-talk and creating opportunities to find the positive attributes within a person's reality.

Anxiety management helps patients learn to control their anxiety and work through it. Interpersonal therapies help patients understand the ways in which the traumatic event continues to affect relationships and other aspects of their lives. This, too, is a goal that is sewn into the design of the SEIR model of recovery. Through performance, anxiety can be managed and lessened while still providing opportunities for participants to take risks and accumulate successes that can lead to higher self-esteem.

Group therapy may also be helpful in reducing isolation and stigma. This technique uses the presence of others to help in treatment. Dramatherapy is designed to involve a group. The theatrical process exists within a group. It is most helpful in removing or reducing interpersonal and social anxiety (Yehuda 2002).

In "Psychological trauma an Evidence for Enhanced Vulnerability for Post-Traumatic Stress Disorder through Previous Trauma among West Nile Refugees" published in BMC

Psychology Journal, doctors explain that the severity of previous cumulative trauma is linearly related to symptoms of PTSD. It is not always the severity of the single traumatic event that sparks PTSD. High levels of trauma exposure is found in populations affected by civil war. This study found that the presence of high numbers of PTSD cases requires the implementation of individual and community based treatment programs. Given the limited resources in refugee camps, these centers must be created to provide short-term care and must be manageable by local personnel (Neuner 2004).

Problems in Refugee Camps

The problems that face the refugees in their homelands also follow them to the refugee camps. The literature suggests that refugee camps are rife with violence, hunger, abuse, abductions, overpopulation and unskilled masses. Through articles and autobiographical sources, the truest nature of the camps becomes apparent.

Amani People's Theatre (APT) is an organization in Nairobi, Kenya and is focused on conflict transformation and peacebuilding through theatre. The mission is to “provide space and skills for individuals and communities to respond to conflict in all its forms and in all levels of society in a creative and redemptive way that reaffirms the sanctity of human life.” Through a number of programs, APT has been able to use theatre as a peacebuilding mechanism around Kenya including the use of dramatherapy among refugees. APT uses impact assessment and indicators to evaluate the effectiveness of their programming. In order to fully understand the needs of the people that APT wishes to help, including refugees in the Kakuma refugee camp, they have developed the following principles:

- People’s theatre should be the dialectical anti-thesis to education for domestication. It should seek to provide space for liberation, critical reflection and creative transformation

of both the oppressors and the oppressed.

- APT must provide a space to dispel the myths that change the narrative of the people to shape a society of complacency and self-hatred. The narrative of the people should be from the people, and not the hegemonic power players. Theatre shapes society and should, therefore, include the narrative of that society in an honest way.
- People's theatre provides an educational space that uses dialogue and interaction to learn and teach. Systems and structures that are currently in place force the learner into a position of listener only mentality and does not provide room for discussion or creativity. People's theatre should provide that type of room. APT uses the teachings of Augusto Boal to encourage participants to understand what life is and imagine what it could be.
- Human beings should be the makers of culture instead of objects of tradition. APT provokes people to take an active role in shaping society to fit the needs and wants of the people within it. APT hopes to cultivate artists who are able to create art that destroys the image of themselves that society has assigned to them. They should have the tools to act to transform that image to what they could become. This includes APT commitment to include direct involvement with violent conflict and transforming it.

Finally, product evaluation for APT hinges on the final impact of the project and is judged based on the situational analysis. For the program in the refugee camp, the following questions are asked:

Are violent fights fewer?

Are people talking more?

Are people talking together who were not talking before?

Are people planning action to make change?

Are there changes in patterns of exclusion, marginalization, and injustice?

How is power perceived and utilized after the process?

Have the participants made plans for short-term actions to take? (Specifically what plans?)

Do they attempt those plans and creatively adapt rather than abandon them in the face of the inevitable obstacles?

Do they request more specific help, tailored to the needs that arise with new generations of problems?

The Sangwa Amahoro refugee initiative is one of many programs that APT has that is evaluated using these questions. This case shows measurable impacts on the personal stories of some refugees. These impacts are positive reinforcement that dramatherapy in refugee camps can be a powerful tool in conflict transformation and recovery from mental illness. The initiative is a therapeutic activity that APT engaged in for three years from January 2000 through December 2002. This project dealt with Burundian refugees who had fled to Kenya. The main purpose behind this program was to provide a space for Burundian refugees to congregate and converse. It gave them an opportunity to share their experiences, their culture, and their difficulties and develop collective responses to these issues. The initiator of the program, Cyriaque Manirabarusha, used this program to help the refugees involved remember their home their history, and chart future strategies. For the refugees, the program provides a way to learn coping mechanisms for their situation. APT focused on therapeutic healing with this program and providing mechanisms for dealing with their trauma.

From this program was born a partnership with another refugee camp in Kenya. In the refugee camp Kakuma, which holds 95,000 people from that came from Sudan, Somalia, and DR Congo, APT used theatre techniques from Augusto Boal to promote peacebuilding and conflict transformation. APT used the following objectives in the camp:

- Create a space for young people to come to terms with trauma of refugee life and enhance a commitment to peace building with a view to work from personal healing to community/societal transformation
- Provide a resource built from refugee experiences and reflections that can be used for future training and peace building work in similar circumstances.

This project included five groups within the refugee camp that were directly involved with the peace education department of the UNHCR. These groups were known as the “locals”, “dropout girls”, “out of schoolboys”, “the peace drama group”, and “teachers.” A major challenge in dealing with the groups was the language barrier. The “dropout girls” (actually adult women) had no working knowledge of English, which is the language in which APT works. A translator was used but this also poses a challenge in that there is inherently a loss in information in that chain of communication. Despite this challenge, however, one of the facilitators, Susan Owiro-Chege, said that the participants were enthusiastic about their involvement in the activities that were done in the workshops. She noted that the photography became a very powerful tool in communicating non-verbally.

The workshops held in Kakuma used APT’s traditional approach of interactively engaging in discussion on issues that these people faced as refugees in the camp and the conflicts back in their home countries. The issues that the refugees brought up ranged from fights at the water pumps, to harassment by local chiefs, police and marriage rites. Maxwell Okuto, a program

manager with APT, described two major challenges with working with refugees in Kakuma.

First was the challenge of addressing the conflict itself:

“As a group of refugees, they still carry the grudge that they had in their countries to the refugee camp. As everyone was fleeing, enemies met at the refugee camp. Some people had been killed so the grudge was fertile. Government agents, members of rebel groups, everyone came to the camps. Many conflicts. Psychological conflicts. They were trained with dramatherapy skills to deal with conflict. Theatre techniques like forum theatre were used.”

Secondly, APT tried to address the need to coexist in a community. “How do you start working together as a community? Some of the women were raped. Some people lost family members.

Using artistic methods to bring them into focusing on personal conflicts were key and then community conflicts.”

Through the workshops, participants engaged in role shifting and their perceptions of their aggressors changed simply by taking on the role of the aggressor. For example, the “Dropout girls” engaged in a role playing exercise where they were to take on the role of the Kenya Police and one APT facilitator became a UNHCR officer. The APT facilitator used the words that the women had used earlier in their discussion of the police within the scene. He said, “You are corrupt. You have become rich because of our tribulations. When we first arrived here, you people, the Turkana, used to beg for food from us. You are rapists. You are very bad people.” The participants, who had used these same phrases before the role playing exercise, became as angry as the police. One woman said, “You can not talk to us like that. You are in our land.” Another woman said, “Surely you cannot tell people such things even if they have wronged you. Not all policemen are bad anyway.” One last girl responded with, “You have never been a policeman, so you can not know how they work, and you have no right to talk to us like that.” By doing this exercise, the women were able to realize that there were deeper issues within

these conflicts and that the policemen did have a certain level of humanity that was ignored because of the constant fighting between the two sides.

Another positive outcome from the refugees participating in APT's program comes from the narrative of a young man who shared his story about constant fights at a water pump in the camp. These fights are common and stem from frustration, the harsh environment and general hunger within the camp. The young man shared a story of conflict transformation with APT: "In June this year while on my way to the UNHCR camp, as I passed by our water point, I noticed a crowd of people by the water point in a gathering that looked rather unusual. I rushed to the site only to find two women fighting." The young man saw that one of the women fighting was his sister. Instead of joining in the fight, as was generally the case, the young man organized a council with community members and leaders. The decision was made that the ladies should visit the water point at different times. Should they disobey this law, they would be banished from the water point all together. The young man who would have once turned to violence not only avoided violent conflict himself, but he saved the two women and others who would join from engaging in that fight ever again. The full story can be found in Appendix C.

This story suggests a positive outcome from the training. Moving one mindset to be peace-oriented is a huge success within a refugee camp because the adversity faced by these people almost always dictates their response. Though these successes are measurable, there are still challenges that the organization continued to face while in the Kakuma refugee camp.

Michael Owiso, an APT facilitator, said that a major barrier in working with the young refugees is their continual hope that they will return home. While this is not an impossibility, in the face of an escalation of conflict in their home countries, preaching peace and reconciliation is an extremely difficult task. Even resettlement (moving a refugee to a new country outside of the

refugee camp), which is a benefit in terms of the ability to acquire skills and move forward with their recovery, can be disillusioning to the refugee who hopes to return home. Integration also becomes a challenge for refugees who have only known life in the camp. Refugee camps are not meant to be permanent settlements. Therefore, a problem that must be addressed is the integration of these refugees into a society unlike that in the camp or in their home country.

These challenges, though disheartening and at times, disillusioning, can be addressed through dramatherapy models. The SEIR model of recovery stands strong in the way of integration into society as it focuses on challenging participants to become more confident and independent in a society in which they have previously been marginalized and stigmatized. The same is true for the refugee within the camp and in resettlement areas. One major illustration of this is the recent comments made in Israel with regards to African refugees likening them to a “problem” in the country and a threat to national identity and security. It is important to take a holistic look at the problems faced by refugees within the camp and tailor any therapy, especially dramatherapy, to address those issues.

One of the major themes in the camps is that of overpopulation. In a press release from MSF (Medicins sans Frontieres or Doctors without Borders) called “Dadaab Refugee Camps: Back to Square One”, the doctors complain that the demand for resources and humanitarian aid far outweighs supply as the camp grows larger and larger. Dadaab is the largest refugee camp in the world. They are becoming a humanitarian emergency. According to the UNHCR's website, Dadaab was designed to hold 90,000 refugees. Today it hosts over 450,000. There is severe malnourishment. Because of the large volume of new refugees arriving everyday, registration has been complicated. There has been no registration of refugees since October 2011 when two MSF workers were kidnapped and security is dwindling. New camps on the outskirts of Dadaab are

not operational. The camps are still in an emergency situation. With the little security and distribution of food interrupted, there is an urgent need for the refugees to get protection and care.

Caelin Briggs, an advocate for Refugees International (RI) in the Great Lakes and Sudans region also spoke in an interview about common problems in the camps. She says that security and protection are major problems for internally displaced people (IDP) as well as refugees. Compounding that, there is the chronic nature of the problems in camps. Diseases like cholera keep occurring. “Why is this happening again?” Chronic problems do not seem to have a system to address it. There should be systems in place to deal with it.

According to Briggs, another gap in aid in these camps come in the form of psycho-social programming. Psycho-social programs are common for children. Extraordinarily high rates of trauma with these mass populations of displaced people, we should have psycho-social people on the ground to receive them.

RI does not think the peacekeepers are effective in Congo or many other conflict zones. Briggs has spent a large amount of time with the Congolese conflict recently. She has seen that refugee camps in the region are in need of greater accountability across the board, from peacekeepers and the Congolese army to the governments in the region. There is a greater chance of things changing in the region.

UN Peacekeepers are placed in DR Congo, according to the United Nations website because of the following: “The new mission has been authorized to use all necessary means to carry out its mandate relating, among other things, to the protection of civilians, humanitarian personnel and human rights defenders under imminent threat of physical violence and to support the Government of the DRC in its stabilization and peace consolidation efforts.” Briggs does not

believe they are being held accountable to this mandate and are, therefore ineffective. This ineffectiveness is dangerous as the refugees and IDP's are at the mercy of their protection.

RI puts together very short recommendations for different areas. They make reports so that they can influence congress and the state department and the way they deal with the situation. They talk to camp leaders and refugees one on one to get the information for these reports by asking questions like, "What is the one thing that will make a difference in your life?" Trends depend on where you are. It is difficult to say one refugee crisis is similar to another. "Some of the things that you do see across the board is education. People want their children to be educated."

A separate article from March of 2012 by Alphonse Gari talks about the relocation of 600,000 Somalian refugees back to Somalia. Hujale makes mention of the need to equip refugees with the tools to repair their homeland before sending them back. Gari, whose article was published by the Kenyan newspaper *The Star*, explains that the Internal Security Minister believes that transporting the refugees under the African Union Mission to Somalia (AMISOM) will keep them safe. The Transitional Federal Government (TFG) and Kenyan Defense Forces (KDF) will be collaborating with AMISOM in relocating these refugees safely (Gari, 2012).

Hundreds of thousands of refugees being relocated to Somalia sounds like a success but the questions posed by Hujale in his article go unanswered.

"Is there a long-term vision for refugees to be trained as leaders rather than just calling for donations to feed them? As the international community gathers to stabilize Somalia, what plans does the UN Refugee Agency have for Dadaab refugees who are supposed to go back and rebuild their home country? How much capacity do we have to run our own development programmes as managers to steer the fallen nation towards success? I think we had better learn how to fish instead of waiting for free fish."

He speaks on the youth organizations that exist to train young people how to reintegrate into their home countries and become a force of change. But what of the older refugees, people who

have spent decades away from home? There seem to be few resources for them to mobilize once they are relocated.

DRAMATHERAPY FOR REFUGEES: A PROPOSAL AND PRACTICAL CONSIDERATIONS

In order to develop a program that will integrate dramatherapy into healing and recovery among refugees, it is important to lay out objectives and goals for the individuals as well as the group. Facing the tangible reality of their situation is a difficult hurdle to overcome, but it is possible. However, for the group to heal, the political/social/economic environment in which these conflicts manifest must be addressed and practical means to promote change must be used.

Creating long-term objectives is important. While developing a larger network, the community must be included in the conception of any programming. Members of the community should be asked to act as partners in facilitating these programs in order to ensure that the cultural environment is comfortable and consistent with that of the people involved.

A dramatherapy program in this region will need to address the following: (1) personal recovery from PTSD; (2) collective healing of the community that includes empathy, forgiveness and redemption; (3) leveraging learning of drama and theatre techniques; and (4) interaction with the larger community within the camp in order to increase knowledge and awareness that promotes organization against violence and promotes peace (See Figure 1).

Summary: Critical Components

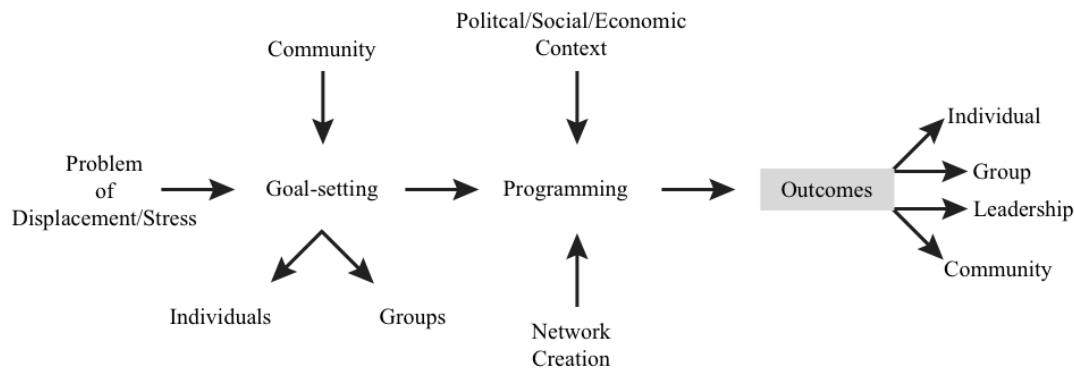


Figure 1. Program Summary

One of the major benefits of dramatherapy in East African refugee camps is the facilitation of gaining greater knowledge among the masses in order to engage in peaceful resistance to the structures that have caused the trauma in the first place. It can build itself around the pedagogical techniques of Freire and Boal by linking knowledge to freedom and liberation struggles. The concentration of refugees in these camps, though disruptive in many ways, does offer something in the way of delivering the means of production, as Boal suggests, to many. Thus, the stage will become a platform for knowledge to be shared on a greater scale.

Progress will be measured in terms of the goals set forth. Therefore, the first goal of personal recovery from PTSD will be measured by the reduction of symptoms. By addressing the event consistently through dramatherapy, it is reasonable to hypothesize that re-enactments (unintentionally or uncontrollably) will reduce. Avoidance will decrease as they become more comfortable discussing it. Hyperarousal will slow as reactions and thought processes with

regards to the event become more conscious and less reactive. There are clear indications of this in members of the Kakuma refugee camp that participated in the program from APT. Violent reactions were reduced. In Beah's autobiographical sketch, he also noted that constantly confronting his nightmares in a space that he felt safe in allowed him to be more receptive to healing. It is important to note that the barriers to recovery are very much built around the inaccessibility of memories of traumatic events and must be gently coaxed from the participant through fundamental trust in relationships.

The second goal of collective healing will be measured by the comfort between the group involved, stabilization of self-image, and more consistent use of consensus decision-making. Using Leveton's concept of sociometry, dramatherapy will allow refugees to articulate how they identify themselves and each other. People have multiple roles and the traumatic events experienced by the refugees have stripped them of many of these roles. By engaging in dramatherapy, refugees are able to reintroduce themselves to roles and get to know themselves and each other in a healthy way. The more they retake their roles and identities (intrapersonal and as a group), the more visible the improvement. By including many of the techniques of Augusto Boal, participants are given the tools to define their roles as well as the function of those roles in larger society. The incorporation of the SEIR model of recovery provides opportunities for success not only for the individual, but also for the group. In the same way that the individual feels more confident when they see that they can succeed, so can the group feel more confident. The growth that these group members experience together can foster an environment of trust and create the urge to peacefully coexist and transform conflicts from violent to constructive (see Figure 2).

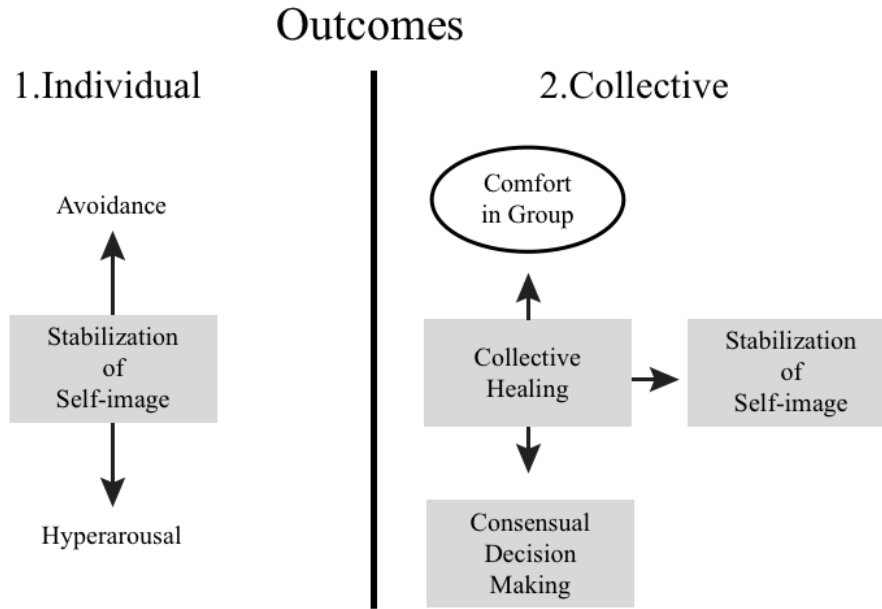


Figure 2. Outcomes

The increased knowledge of dramatic and theatrical techniques will be measured in terms of their implementation. When the refugees share stories, they will be able to do so with skills of presentation that do not need to be prompted by the teacher. Ideas like vocal projection and diaphragmatic breathing will become more common. The use of physical levels when staging a scene will become more complex and interesting. Storytelling techniques will become more varied. Characterization will become more complete and human. Based on the different dramatherapy models and their incorporation of Boal's techniques, participants would not only use what they learned, but will also create and define the way they perform (see Figure 3).

Leveraging Learning of Theatre Techniques and Drama

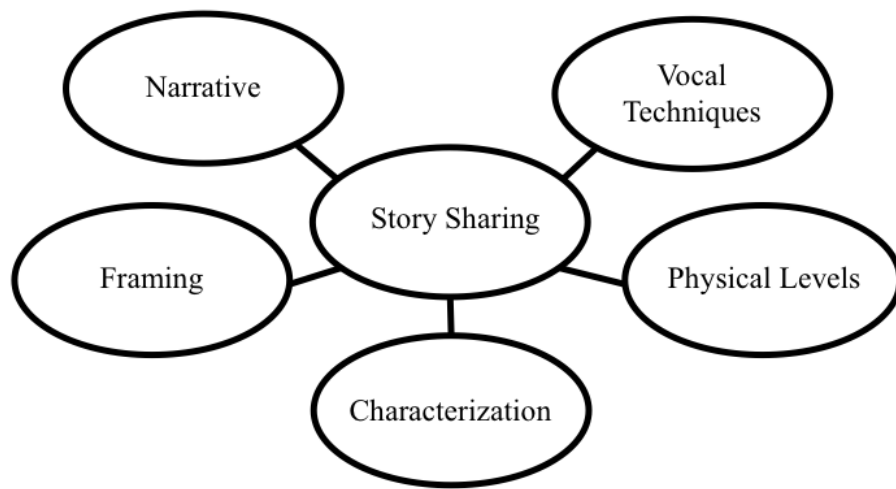


Figure 3. Using Theatre Techniques

The program will consist of therapy sessions that allow the refugees to share their stories, verbally or otherwise, about the different experiences they have. They also will have to consider why these events occurred, who is responsible, and address the structures and systems in place that have caused these events. By framing these sessions in a societal way, the refugees address not only their own pain, but that of their communities and nations. From that, they learn how to redesign their narratives so that they become works of art. They must build something, a piece of theatre, together and work through consensus to solve problems. With theatrical concepts like Invisible Theatre, where dramatic scenes are performed in unknowing crowds, theatre can truly be done anywhere. Theatre becomes a mirror they can hold up to themselves and the audience in front of whom they will perform.

The last goal, interaction with the larger audience, will be measured through frequency

and comfort. The more frequent the refugees perform, the more comfortable they will become. The more comfortable they become, the more frequently they will perform. The cycle will feed itself. Through this aesthetic of performance, however, the audience should be participating in the theatrical presentations as well. The audiences, which will consist mainly of fellow refugees in the camp, will become accustomed to this aesthetic and expect to be a part of the performance. Both performer and audience member will become more comfortable in participating in the process and grow together toward recovery and solidarity (see Figure 4).

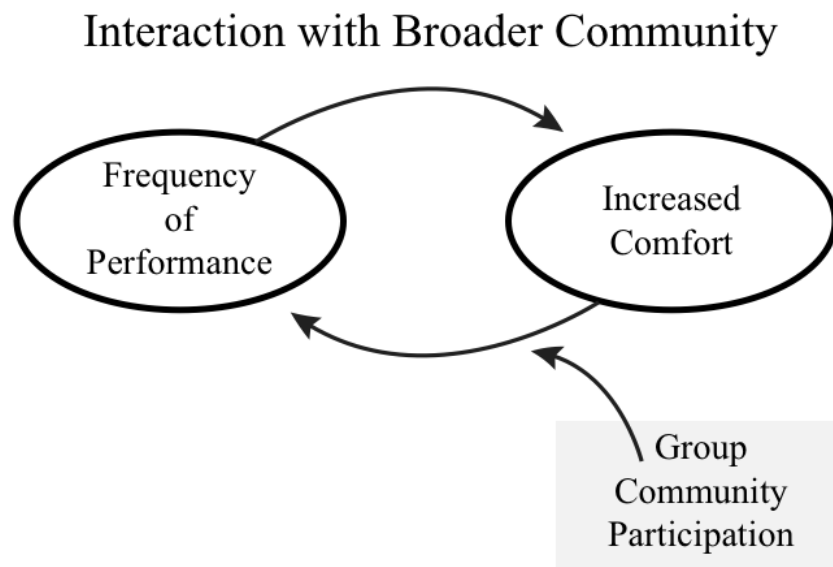


Figure 4. Community Interaction

These measurements must be taken through the lenses of the partners, those who know more intimately the struggle of the refugee in the camp. .

“Initially the therapist needs to offer an external environment which is safe enough for the group to get in touch with that early vulnerability to the world. This means that the therapist is responsible initially for the negotiation and establishment of the codes of

behaviour which will help and guide the processes in the group. The therapist must deal with basic practical organisational matters: issues like selection of group membership, and the setting for the group. There should be ground rules which define the boundaries and limitations to determine a code of acceptable behaviour. The choice of drama material should help focus the group and there should be a continuity in the structure of each individual drama session.” (Jennings 37)

While structure and continuity are truly important parts of long-term therapy and instrumental in recovery, it is important to note that there is a distance between the therapist and the patient. The selection of group members in a refugee camp will be a difficult task for any outsider to perform. Refugees face nightmares that are likely unimaginable to the psychologists working with them, but being in a situation where they are facing their pain with others who share it allow them to address their own needs and root for each other. They are validated. They are not alone. They share a narrative that the stage will allow them to give to the masses. These members must be chosen from a group of interested parties and ground rules should be determined by the therapist as well as members of the refugee camp in order to ensure cultural relevancy and understanding. Consensus is an important part of creating a group morale.

CONCLUSION

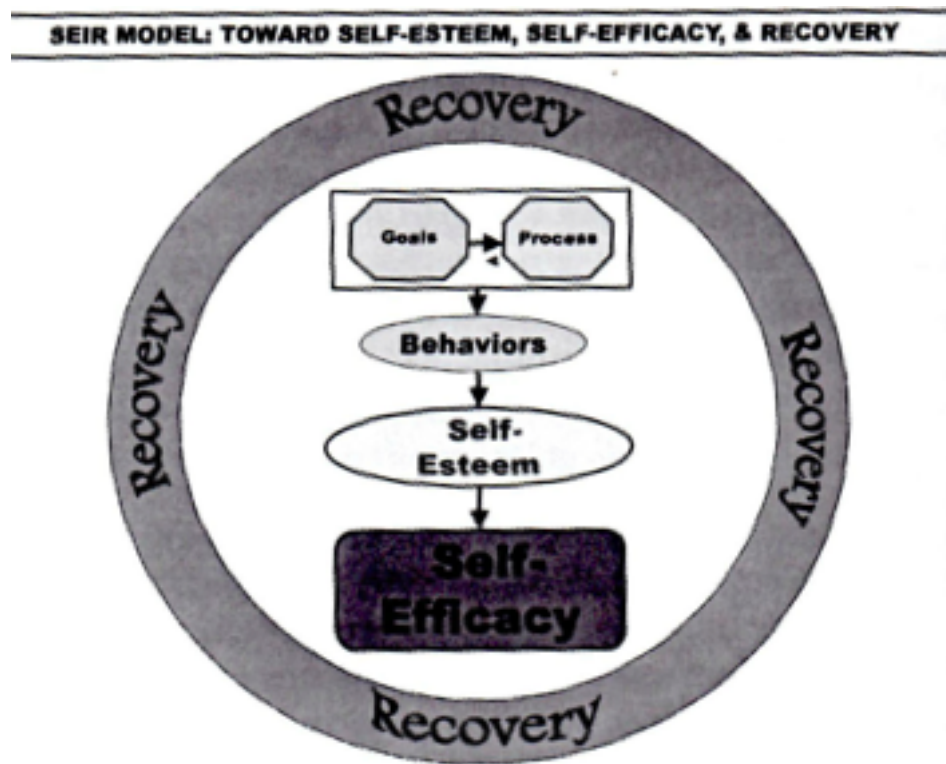
This paper began by posing questions asking about the possible benefits that dramatherapy would have to assist in East African refugees in their recovery. Are there ways to alleviate the seeming futility of the situation of the refugees in camps in East Africa (p. 7)? This paper answers with a resounding yes. The literature seems to lean toward positively acknowledging a link between drama and recovery. Drama as a pure art form as well as dramatherapy, psychodrama and sociodrama all have strong evidence supporting the hypothesis that they could be used in healing people who suffer from post-traumatic stress disorder.

The paper also asked what mental health benefits to refugees would occur specifically through engaging in dramatherapy. The literature also shows that there are diagnosable cases of PTSD within refugee communities in East Africa. From civil war to land degradation, famine and disease, to the extreme violence and abuse that exist within the camps themselves, refugees are exposed to many instances of trauma that can be identified and treated through the use of dramatherapy, psychodrama and sociodrama.

In summation, dramatherapy can provide a space for refugees to confront the trauma, fear, and devastation that haunt them in the refugee camps and cultivate relationships within the camp to strengthen peace and recover as a community.

APPENDIX A

SEIR MODEL FROM DOUGLASS



(Douglass, 2011)

APPENDIX B

STORY FROM YOUNG MAN IN KAKUMA REFUGEE CAMP

This story was told by a young man in the Kakuma Refugee Camp who was a part of the Amani People's Theatre conflict transformation training programs.

“In June this year while on my way to the UNHCR camp, as I passed by our water point, I noticed a crowd of people by the water point in a gathering that looked rather unusual. I rushed to the site only to find two women fighting. The others were either cheering them on or booing one of the two and calling them names. There were two camps and soon, they were all going to join in the fight, one of them happened to be my sister. I went and, with the help of another elderly man, pulled the two apart. We took them away from the crowd to a secluded place and asked them why they were fighting. One of them had jumped the queue. My sister was the one, she had always done it, they said. We sent each of them home and the following day called a meeting with the leaders from the area.

“The two ladies and their families were in attendance together with a few other people who draw water from the same point. We discovered that this was not the first time the two were starting a fight at the water point. With the agreement of everyone at the meeting, we organized timings for the two to draw water. In this way, they would not be able to meet and open their differences again at the water point. The leader of the water point was asked to enforce the directive and should any of them contravene it, she would be banished from drawing water at the water point. To date there has never been any other fight at the water point. Formerly, I would have just joined in the fight without finding out what was happening.”

(Amani People's Theatre, 2012)

REFERENCES

- "Back to Square One." *AllAfrica.com*. 21 Feb. 2012. Web. 27 Mar. 2012.
<<http://allafrica.com/stories/201202220863.html>>.
- Baim, Clark, Jorge Burmeister, and Manuela Maciel. *Psychodrama: Advances in Theory and Practice*. London: Routledge, 2007. Print.
- Beah, Ishmael. *A Long Way Gone: Memoirs of a Boy Soldier*. New York: Farrar, Straus and Giroux, 2007. Print.
- Blatner, Adam. *Foundations of Psychodrama: History, Theory and Practice*. 4th ed. New York City: Springer, 2004. Print.
- Boal, Augusto. *Theatre of the Oppressed*. New York: Theatre Communications Group, 1985. Print.
- Briggs, Jimmie. *Innocents Lost: When Child Soldiers Go to War*. New York: Basic, 2005. Print.
- "Centre for Community Dialogue and Change." *Centre for Community Dialogue and Change*. N.p., n.d. Web. 2 Feb. 2013. <www.ccdc.in>.
- Courtney, Richard. *Dictionary of Developmental Drama: The Use of Terminology in Educational Drama, Theatre Education, Creative Dramatics, Children's Theatre, Drama Therapy, and Related Areas*. Springfield, Ill., USA: C.C. Thomas, 1987. Print.
- Douglass, D. (2011). *Self-esteem, recovery and the performing arts*. Springfield, IL: Charles C. Thomas, Publisher.
- Dowden, Richard. *Africa: Altered States, Ordinary Miracles*. New York: Public Affairs, 2010. Print.
- "East Africa". *Merriam-Webster's Geographical Dictionary*, 3rd ed. 2001. Springfield, MA: Merriam-Webster, Inc.
- "East Africa". *The New Oxford Dictionary of English*, Judy Pearsall, ed. 2001. Oxford, UK: Oxford University Press
- Eggers, Dave. *What Is the What: The Autobiography of Valentino Achak Deng : A Novel*. New York: Vintage, 2007. Print.
- Freire, Paulo. *Pedagogy of the Oppressed*. New York: Continuum, 2000. Print.
- "Global Forest Resources Assessment 2000." *Table of Contents*. N.p., n.d. Web. 28 Jan. 2013.
- Jennings, Sue, Ann Cattanach, Steve Mitchell, Anna Chesner, and Brenda Meldrum. *The Handbook of Dramatherapy*. London: Routledge, 1994. Print.

- Joireman, Sandra Fullerton. *Institutional Change in the Horn of Africa: The Allocation of Property Rights and Implications ...* [S.l.]: Dissertation Com, 1997. Print.
- Kibreab, Gaim. *People on the Edge in the Horn: Displacement, Land Use & the Environment in the Gedaref Region, Sudan*. Lawrenceville, NJ: Red Sea, 1996. Print.
- Leveton, E. (Ed.). (2010). *Healing collective trauma using sociodrama and drama therapy*. New York: Springer Publishing.
- Malchiodi, Cathy A. *Expressive Therapies*. New York: Guilford, 2005. Print.
- Moreno, J. T. "Foundations of Sociometry: An Introduction." *American Sociological Association* 4.1 (1941): 15-35. 01 Apr. 2010. Web. <<http://www.jstor.org/stable/2785363>>.
- Natsios, Andrew S. *Sudan, South Sudan, and Darfur: What Everyone Needs to Know*. New York: Oxford UP, 2012. Print.
- Neuner, Frank, Maggie Schauer, Unni Karunakara, Christine Klaschik, Christina Robert, and Thomas Elbert. "Psychological Trauma and Evidence for Enhanced Vulnerability for Posttraumatic Stress Disorder through Previous Trauma among West Nile Refugees." *BMC Psychology* (2004): n. pag. Web.
- Hujale, Moulid I. "'I Never Regret Being in Dadaab'" *AllAfrica.com*. 23 Mar. 2012. Web. 27 Mar. 2012. <<http://allafrica.com/stories/201203231141.html>>.
- Gari, Alphonse. "Kenya: Somali Refugees to Be Relocated, Says Saitoti." *AllAfrica.com*. 18 Mar. 2012. Web. 27 Mar. 2012. <<http://allafrica.com/stories/201203200026.html>>.
- Palmowski, Jan (2003). *Dictionary of Contemporary World History: From 1900 to the present day* (Second ed.). Oxford University Press.
- Pearson, Mike, and Michael Shanks. *Theatre/archaeology: Disciplinary Dialogues*. London: Routledge, 2001. Print.
- Refugee Camps Worldwide*. Web. 27 Mar. 2012. <<http://millionsoulsaware.org/>>.
- UNHCR Welcome*. Web. 27 Mar. 2012. <<http://www.unhcr.org/>>.
- "Theatre of The Oppressed." *Theatre of The Oppressed*. N.p., n.d. Web. 14 Sept. 2012. <www.theatreoftheoppressed.org>.
- "The Forum Project." *The Forum Project*. N.p., n.d. Web. 14 Sept. 2012. <www.theforumproject.com>.
- "USCRI." *USCRI*. N.p., n.d. Web. 28 Jan. 2013. <www.refugees.org>.

Weiwei, Ai. "Politics, Power and Passion." *Nytimes.com*. N.p., 02 Dec. 2011. Web. 14 Sept. 2012. <http://www.nytimes.com/interactive/2011/12/02/opinion/magazine-global-agenda-big-question.html?_r=0>.

Yehuda, Rachel. "Post Traumatic Stress Disorder." *New England Journal of Medicine* 2nd ser. 346 (2002): n. pag. Web.

Zolberg, Aristide R., Astri Suhrke, and Sergio Aguayo. *Escape from Violence: Conflict and the Refugee Crisis in the Developing World*. New York: Oxford UP, 1989. Print.